

[Insert name and address of relevant licensing authority and its reference number (optional)]

**Application for a premises licence to be granted  
under the Licensing Act 2003**

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

Before completing this form please read the guidance notes at the end of the form.  
If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.  
You may wish to keep a copy of the completed form for your records.

South Lakeland District Council  
Public Protection

23 OCT 2015

I/we FIONA WILSON apply for a premises licence under section 17 of  
(Insert name(s) of applicant)  
the Licensing Act 2003 for the premises described in Part 1 below (the premises)  
and I/we are making this application to you as the relevant licensing authority in  
accordance with section 12 of the Licensing Act 2003

**Part 1 – Premises details**

Postal address of premises or, if none, ordnance survey map reference or description <u>THE HONEYPOT, THE SQUARE, HAWKHEAD,</u>	
Post town <u>AMBLESIDE</u>	Post code <u>LA22 0NZ</u>

Telephone number at premises (if any)

015394 36267

Non-domestic rateable value of premises

£10,500.00

**Part 2 – Applicant details**

Please state whether you are applying for a premises licence as

Please tick ✓ yes

- |    |   |                                     |                             |
|----|---|-------------------------------------|-----------------------------|
| a) | an individual or individuals*                   | <input checked="" type="checkbox"/> | please complete section (A) |
| b) | a person other than an individual*              |                                     |                             |
|    | i. as a limited company                         | <input type="checkbox"/>            | please complete section (B) |
|    | ii. as a partnership                            | <input type="checkbox"/>            | please complete section (B) |
|    | iii. as an unincorporated association or        | <input type="checkbox"/>            | please complete section (B) |
|    | iv. other (for example a statutory corporation) | <input type="checkbox"/>            | please complete section (B) |
| c) | a recognised club                               | <input type="checkbox"/>            | please complete section (B) |
| d) | a charity                                       | <input type="checkbox"/>            | please complete section (B) |

- e) the proprietor of an educational establishment ☐ please complete section (B)
- f) a health service body ☐ please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital ☐ please complete section (B)
- h) the chief officer of police of a police force in England and Wales ☐ please complete section (B)

\*If you are applying as a person described in (a) or (b) please confirm:

- Please tick ✓ yes
- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or ☐
  - I am making the application pursuant to a
    - statutory function or ☐
    - a function discharged by virtue of Her Majesty's prerogative ☐

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr ☐ Mrs ☒ Miss ☐ Ms ☐ Other title (for example, Rev) ☐

Surname WILSON First names FIONA

I am 18 years old or over

Please tick ✓ yes



Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

E-mail address (optional)

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other title (for example, Rev) ☐

Surname  First names

I am 18 years old or over ☐ Please tick  
✓ yes ☐

Current postal address if different from premises address

Post Town  Postcode

Daytime contact telephone number

E-mail address (optional)

(B) OTHER APPLICANTS.

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned

Name
Address
Registered number (where applicable)
Description of applicant (for example partnership, company, unincorporated association etc)
Telephone number (if any)
E-mail address (optional)

### Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
0	1	2015

If you wish the licence to be valid only for a limited period, when do you want it to end?

Day	Month	Year

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

Please give a general description of the premises (please read guidance note1)

THE HONEYPOT IS A DELICATESSEN  
AND BEEN ESTABLISHED FOR OVER  
50 YEARS PLUS.  
THE SHOP IS SITUATED ON THE SQUARE  
IN THE MIDDLE OF HAWKSHEAD.  
THE AIM OF THE LICENSE IS TO  
ENABLE THE SHOP TO SELL A FEW  
LOCAL BEERS TOGETHER WITH SOME  
SEASONAL GIFT AND NOVELTY BEERS.  
WE DON'T ENVISAGE STOCKING ANY MORE  
THAN @ £250 OF STOCK AND MEANT TO  
ADD VALUE TO OUR EXISTING FOOD GIFT  
RANGE. THE STOCK WILL BE HELD ON  
SHELVES BEHIND THE COUNTER AND STAFF  
MADE AWARE OF A THIN 25 POLICY.

What licensable activities do you intend to carry on from the premises?  
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

**Provision of regulated entertainment**

Please tick ✓ yes

- N/A
- a) plays (if ticking yes, fill in box A) ☐
  - b) films (if ticking yes, fill in box B) ☐
  - c) indoor sporting events (if ticking yes, fill in box C) ☐
  - d) boxing or wrestling entertainment (if ticking yes, fill in box D) ☐
  - e) live music (if ticking yes, fill in box E) ☐
  - f) recorded music (if ticking yes, fill in box F) ☐
  - g) performances of dance (if ticking yes, fill in box G) ☐
  - h) anything of a similar description to that falling within (e), (f) or (g)  
(if ticking yes, fill in box H) ☐

**Provision of entertainment facilities for:**

- N/A
- i) making music (if ticking yes, fill in box I) ☐
  - j) dancing (if ticking yes, fill in box J) ☐
  - k) entertainment of a similar description to that falling within (i) or (j)  
(if ticking yes, fill in box K) ☐

**Provision of late night refreshment** (if ticking yes, fill in box L) ☐

**Supply of alcohol** (if ticking yes, fill in box M) ☐

In all cases complete boxes N, O and P

# A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

# B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			
Wed			
Thur			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)  <i>N/A</i>
Fri			
Sat			
Sun			
			<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 5)

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick [Y]</u> (please read guidance note 2)	
Day	Start	Finish	Indoors	
Mon			Outdoors	
Tue			Both	
Wed				
Thur				
Fri				
Sat				
Sun				
			<u>Please give further details here</u> (please read guidance note 3)  <i>N/A</i>	
			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)	
			<u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5)	

# E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			<div style="text-align: center;">N/A</div>	Please give further details here (please read guidance note 3)	
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
			State any seasonal variations for the performance of live music (please read guidance note 4)		
			Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 5)		

# F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			<div style="text-align: center;">N/A</div>	Please give further details here (please read guidance note 3)	
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
			State any seasonal variations for playing recorded music (please read guidance note 4)		
			Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		



**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)</b>	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	<b>Please give further details here (please read guidance note 3)</b>		
Mon			N/A		
Tue					
Wed					
Thur			<b>State any seasonal variations for the performance of dance (please read guidance note 4)</b>		
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)</b>		
Sat					
Sun					

**H**

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of entertainment you will be providing</b>		
Day	Start	Finish	<b>Will this entertainment take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)</b>	Indoor	
				Outdoor	
				Both	
Mon			<b>Please give further details here (please read guidance note 3)</b>		
Tue					
Wed					
Thur			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)</b>		
Fri					

Sat			<p><b>Non standard timings.</b> Where you intend to use the premises for the entertainment of similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list (please read guidance note 5)</p>
Sun			

NIA

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing																															
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr><td>Mon</td><td></td><td></td></tr> <tr><td>Tue</td><td></td><td></td></tr> <tr><td>Wed</td><td></td><td></td></tr> <tr><td>Thur</td><td></td><td></td></tr> <tr><td>Fri</td><td></td><td></td></tr> <tr><td>Sat</td><td></td><td></td></tr> <tr><td>Sun</td><td></td><td></td></tr> </tbody> </table>			Day	Start	Finish	Mon			Tue			Wed			Thur			Fri			Sat			Sun			Will the facilities for making music be indoors or outdoors or both – please tick [Y] (please read guidance note 2)	<table border="1"> <tr><td>Indoors</td><td></td></tr> <tr><td>Outdoors</td><td></td></tr> <tr><td>Both</td><td></td></tr> </table>	Indoors		Outdoors		Both	
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			Please give further details here (please read guidance note 3)																															
			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)																															
			Non standard timings. Where you intend to use the premises for provision of facilities for making music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)																															

NIA

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick [Y] (see guidance note 2)																															
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Day	Start	Finish																																
			Please give a description of the facilities for dancing you will be providing																															

NIA

Mon			Please give further details here (please read guidance note 3)
Tue			
Wed			
Thur			State any seasonal variations for providing dancing facilities (please read guidance note 4)  N/A
Fri			
Sat			
Sun			Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)

K

Provision of facilities for entertainment of a similar description to that falling within I or J Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing	
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick [Y] (please read guidance note 2)  N/A	Indoor
				Outdoor
				Both
Mon			Please give further details here (please read guidance note 3)	
Tue				
Wed				
Thur			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within j or k (please read guidance note 4)	
Fri				
Sat				
Sun			Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within I or J at different times to those listed in the column on the left, please list (please read guidance note 5)	

**L**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)  <div style="text-align: center; font-size: 2em; transform: rotate(-15deg);">N/A</div>		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list (please read guidance note 5)					

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption (Please tick box Y) (please read guidance note 7)	On the premises	
				Off the premises	✓
				Both	
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	0830	18.00			
Tue	0830	18.00			
Wed	0830	18.00			
Thur	0830	18.00			
Fri	18.30	18.00			
Sat	18.30	18.00			
Non-standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 5)					

Sun	0830	1800	

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name..... FIONA WILSON

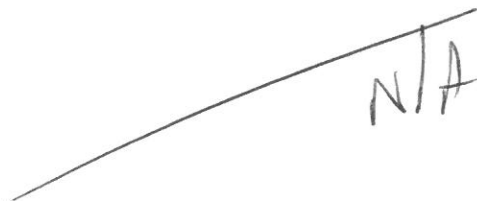
Address..... 

Personal Licence number(if known) .....

Issuing licensing authority (if known).....

**N**

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)



**O**

Hours premises are open to the public Standard timings (please read guidance note 6)			State any seasonal variation (please read guidance note 4)
Day	Start	Finish	
Mon	0830	18.00	FROM NOVEMBER -> FEBRUARY THE SHOP CLOSES AT 17.00...
Tue	0830	18.00	
Wed	0830	18.00	
Thur	0830	18.00	
Fri	0830	18.00	
Sat	0830	18.00	
Sun	0830	18.00	
			Non standard timings. Where you intend to use the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 5)

P

Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)

THE FEW BEERS THAT WE INTEND TO  
SELL WILL BE WELL OUT OF REACH OF  
CHILDREN.

b) The prevention of crime and disorder

N/A

c) Public safety

N/A

d) The prevention of public nuisance

N/A

e) The protection of children from harm

THE FEW STAFF WE HAVE WILL BE MADE  
WELL AWARE OF "THINK 25" AND IF IN  
DOUBT A PROOF OF AGE WILL BE  
REQUESTED

Please tick ✓ yes

- I have made or enclosed payment of the fee ☒
- I have enclosed the plan of the premises ☒
- I have sent copies of this application and the plan to responsible authorities and others where applicable ☒
- I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable ☒
- I understand that I must now advertise my application ☒
- I understand that if I do not comply with the above requirements my application will be rejected ☒

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION**

**Part 4 – Signatures** (please read guidance note 10)

**Signature of applicant or applicant's solicitor or other duly authorised agent.** (See guidance note 11) **If signing on behalf of the applicant please state in what capacity.**

Signature 

Date 22/10/15

Capacity OWNER

**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent.** (please read guidance note 12) **If signing on behalf of the applicant please state in what capacity.**

Signature .....

Date.....

Capacity .....

**Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)**

Post town

Post code

Telephone number (if any)

If you would prefer us to correspond with you by e-mail your e-mail address (optional)



# PLAN - HONEY POT, HAWKSHED

