

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

Receipt No ..... 216671 .....

Initials ..... EME .....

Date ..... 09.09.15 ..... 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.

I/We

PAUL FRAIN

(Insert name(s) of applicant)

apply for a premises licence under section 17 of 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

South Lakeland District Council  
Public Protection  
09 SEP 2015

**Part 1 – Premises Details**

Postal address of premises or, if none, ordnance survey map reference or description

HELEN'S CHOCOLATES  
ASH STREET

Post town

BOWNESS ON WINDERMERE

Postcode

LA23 3EB

Telephone number at premises (if any)

015394 46869

Non-domestic rateable value of premises

£ 4860.00 £13250

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as

Please tick as appropriate

- |   |   |
|---|---|
| a) an individual or individuals *               | <input type="checkbox"/> please complete section (A)            |
| b) a person other than an individual *          |   |
| i. as a limited company                         | <input checked="" 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)            |

09.09.15 OK TO PROCEED. TH.

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over					<input type="checkbox"/> 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	<del>PAUL FRANK</del> HELEN'S CHOCOLATES LTD
Address	HELENS CHOCOLATES LTD ASH STREET BOUNESS ON WINDERMERE CUMBRIA LA23 3EB
Registered number (where applicable)	04637151
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	015394 46869
E-mail address (optional)	helenschocolates@talktalk.net

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY  
01 10 2015 (ASAP)

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

DD MM YYYY  
\_ \_ \_ \_ \_

Please give a general description of the premises (please read guidance note 1)

We are a confectionery retailers in the centre of Bowness on Windermere. Our core business is the sale of confectionery from both refrigerated counters & retail shelving. The shop is approx 200 sq ft in area, measuring 12' width & 20' deep. The alcohol we wish to sell is intended to compliment our range of gifts, hampers etc & will be sold generally as a combined chocolate & bottle gift, in addition to specialist local liqueurs. Alcohol will not be consumed on the premises.

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

N/A.

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any that apply

- 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) ☐ *Unamplified small radio which we have RL & PPS license*
- 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 late night refreshment** (if ticking yes, fill in box I) ☐

**Supply of alcohol** (if ticking yes, fill in box J) ☒

**In all cases complete boxes K, L and M**

**A**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 4)		
Thur					
Fri					
Sat			<b><u>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</u></b> (please read guidance note 5)		
Sun					

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>	
				Off the premises	<input checked="" type="checkbox"/>	
Day	Start	Finish	Both <input type="checkbox"/>			
Mon	9.00	6.00	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4) During the month of August, we stay open until 21.00 hrs. We also are open late on Good Friday. 01-31 AUGUST 09.00-21.00 Good Friday 09.00-21.00			
Tue	9.00	6.00				
Wed	9.00	6.00				
Thur	9.00	6.00	<b>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</b> (please read guidance note 5)			
Fri	9.00	6.00				
Sat	9.00	6.00				
Sun	9.00	6.00				

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

Name		[REDACTED]	
Address		[REDACTED]	
Postcode	[REDACTED]	[REDACTED]	
Personal licence number (if known)			
Issuing licensing authority (if known)			

K

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).

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	9.00	6.00	<p>We only stay open later than the stated hours during August where we sometimes stay open until 9.00pm.</p> <p>01-31 AUGUST 09.00-21.00 Good Friday 09.00-21.00</p>
Tue	9.00	6.00	
Wed	9.00	6.00	
Thur	9.00	6.00	
Fri	9.00	6.00	
Sat	9.00	6.00	
Sun	9.00	6.00	
			<p><b>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</b> (please read guidance note 5)</p>

## 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)

We will promote the 4 licensing objectives by outlining a written policy, regular staff training, maintaining a records log, working with the Police & local Authorities ensure that no alcohol is sold to persons under the age of 18, but maintain a 'look 21' policy. – Scheme (PASS) Driving licence.

b) The prevention of crime and disorder

We will ensure all staff are trained to exercise the look 21 & if in doubt request I.D. We will keep a log of individuals attempting to purchase alcohol, under age & co-operate with the Police & local Authorities. No alcohol will be consumed on our premises.

c) Public safety

This is paramount to our business. We ensure that a safe entrance & exit are maintained. Smoke alarm & fire extinguishers are serviced regularly & no heavy objects placed on high shelves that could cause an injury.

d) The prevention of public nuisance

This does not apply in our situation.

e) The protection of children from harm

As a confectionery retailer, we are open to all members of the public, including children of all ages. The Premises licence & the designated premises supervisor shall at all times comply with the Postman Group Code of Practice. All shelves containing alcohol products will have an 18+ sign, making customers aware of the rules.

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**Checklist:**


**Please tick to indicate agreement**

- 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 designated 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 SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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	28/8/15
Capacity	Director.

**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	



### Part A

### Consent of individual to being specified as premises supervisor

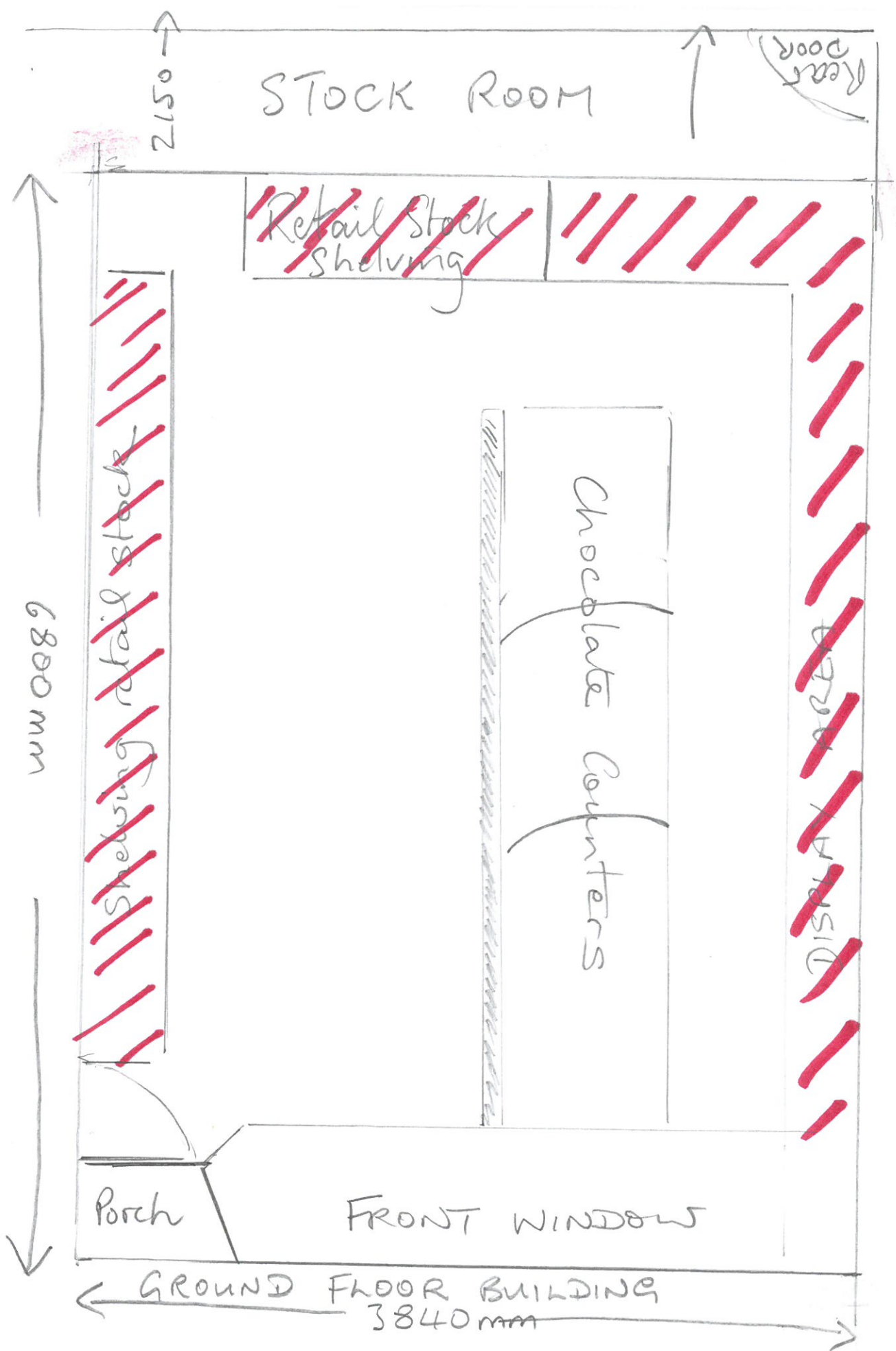
I, [redacted] [home address of prospective premises supervisor]  
 hereby confirm that I give my consent to be specified as the designated premises  
 supervisor in relation to the application for Premises Licence [type of application]  
 by Helen's Chocolates Ltd [name of applicant]  
 relating to a premises licence [number of existing licence, if any]  
 for Sale of Alcohol Products by Helen's Chocolates, Ash Street  
Bowness on Windermere [name and address of premises to which the application relates]  
 and any premises licence to be granted or varied in respect of this application made  
 by PAUL FRAIN [name of applicant]  
 concerning the supply of alcohol at Helen's Chocolates, Ash St. Bowness on  
Windermere LA23 3EB [name and address of premises to which application relates].  
 I also confirm that I am applying for, intend to apply for or currently hold a personal  
 licence, details of which I set out below. (Awaiting Confirmation of Number)  
 Personal licence number ..... [insert personal licence number, if any]  
 Personal licence issuing authority SLDC  
 [insert name and address and telephone number of personal licence issuing authority, if  
 any] [redacted]  
 [redacted] name (please print)  
4/9/15 dated

## PART B

### Consent of premises licence holder to transfer

I/we .....[full name of premises licence holder(s)]  
the premises licence holder of premises licence number.....[insert  
premises licence number] relating to.....  
.....[name and address of  
premises to which the application relates] hereby give my consent for the transfer of  
premises licence number .....[insert premises licence number]  
to .....[full name of transferee].

.....signed  
.....name (please print)  
.....dated



Helen's Chocolates  
Ash Street  
Bowness on Windermere