

South Lakeland District Council



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

03 SEP 2015

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.

We Moto Hospitality Ltd

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

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description			
Moto Burton Burton Service Area Burton West		<i>Receipt No</i> ..... <i>Initials</i> ..... <i>Date</i> .....	
Post town	Carnforth	Post code	LA6 1JF
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£217,000.00	

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as  
Please tick yes

- |   |                                     |                             |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals *   | <input 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) |
| 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   | <input type="checkbox"/>            | please complete section (B) |
| f) a health service body  | <input type="checkbox"/>            | 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   | <input type="checkbox"/>            | please complete section (B) |
| ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England | <input type="checkbox"/>            | please complete section (B) |
| h) the chief officer of police of a police force in England and Wales   | <input type="checkbox"/>            | 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 <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)					

**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	Moto Hospitality Ltd
Address	Toddington Service Area Junction 11/12 M1 Southbound Toddington LU5 6HR
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	
Telephone number (if any)	
E-mail address (optional)	fiona.falle@moto-way.co.uk

### Part 3 Operating Schedule

When do you want the premises licence to start? **As soon as the Licensing Authority is advised that works within the amenity area to allow for the added concession are complete.**

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

## A

Please give a general description of the premises (please read guidance note1)  
Moto Hospitality Limited operate an amenity area on the north bound M6 between Junction 35 and 36. The amenity area enables access to a Travelodge Hotel for overnight accommodation. Currently there is a premises licence to enable the provision of Late Night Refreshment within the amenity area.

The application seeks to merge the provision of Late Night Refreshment and to extend the licensable provision to enable alcohol to be sold for consumption off the premises at concessions as shown on the plan during the hours as specified within this application.

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 yes

- a) plays (if ticking yes, fill in box A)  
b) films (if ticking yes, fill in box B)

<input type="checkbox"/>
<input type="checkbox"/>

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

## B

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors <input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors <input type="checkbox"/>
Mon			Both <input type="checkbox"/>	
Tue			<b>Please give further details here</b> (please read guidance note 3)	
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)	
Thur				
Fri			<b>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,</b>	

Sat			<b><u>please list</u></b> (please read guidance note 5)
Sun			

### C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Wed			
Thur			<b><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></b> (please read guidance note 5)
Fri			
Sat			
Sun			

### D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	
Day	Start	Finish	Indoors	<input checked="" type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)	
Thur				
Fri			<b><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></b> (please read guidance note 5)	
Sat				
Sun				

# E

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of live music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		Indoors	<input checked="" 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 the performance of live music</u></b> (please read guidance note 4)			
Thur			<b><u>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</u></b> (please read guidance note 5)			
Fri						
Sat						
Sun						

# F

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		Indoors	<input checked="" 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 the playing of recorded music</u></b> (please read guidance note 4)			
Thur			<b><u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)			
Fri						
Sat						
Sun						

# G

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		Indoors	<input checked="" 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						
Thur			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)			
Fri			<b><u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)			
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><u>Please give a description of the type of entertainment you will be providing</u></b>			
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
Mon					Outdoors	<input type="checkbox"/>
Tue					Both	<input type="checkbox"/>
Wed			<b><u>Please give further details here</u></b> (please read guidance note 3)			
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)			
Fri			<b><u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)			
Sat						
Sun						

I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	23:00	05:00			
Tue	23:00	05:00			
Wed	23:00	05:00	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Thur	23:00	05:00			
Fri	23:00	05:00			
Sat	23:00	05:00	<b>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</b> (please read guidance note 5)		
Sun	23:00	05:00			

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 box)</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	07:00	23:00			
Tue	07:00	23:00			
Wed	07:00	23:00	<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)		
Thur	07:00	23:00			
Fri	07:00	23:00			
Sat	07:00	23:00			
Sun	07:00	23:00			

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

Name



<b>Address</b> <div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 80px; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 90px; height: 20px;"></div>
<b>Postcode</b> <div style="background-color: black; width: 40px; height: 20px; margin: 0 5px;"></div> <div style="background-color: black; width: 40px; height: 20px;"></div>
<b>Personal Licence number (if known)</b> LAPA 1943
<b>Issuing licensing authority (if known)</b> <div style="background-color: black; width: 80px; height: 20px;"></div>

**K**

<p><b>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</b> (please read guidance note 8)</p> <p>None</p>
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**L**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)	<b><u>State any seasonal variations</u></b> (please read guidance note 4)																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Day</th> <th style="width: 25%;">Start</th> <th style="width: 25%;">Finish</th> </tr> </thead> <tbody> <tr> <td>Mon</td> <td>00:00</td> <td>24:00</td> </tr> <tr> <td>Tue</td> <td>00:00</td> <td>24:00</td> </tr> <tr> <td>Wed</td> <td>00:00</td> <td>24:00</td> </tr> <tr> <td>Thur</td> <td>00:00</td> <td>24:00</td> </tr> <tr> <td>Fri</td> <td>00:00</td> <td>24:00</td> </tr> <tr> <td>Sat</td> <td>00:00</td> <td>24:00</td> </tr> <tr> <td>Sun</td> <td>00:00</td> <td>24:00</td> </tr> </tbody> </table>	Day	Start	Finish	Mon	00:00	24:00	Tue	00:00	24:00	Wed	00:00	24:00	Thur	00:00	24:00	Fri	00:00	24:00	Sat	00:00	24:00	Sun	00:00	24:00	<b><u>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</u></b> (please read guidance note 5)
Day	Start	Finish																							
Mon	00:00	24:00																							
Tue	00:00	24:00																							
Wed	00:00	24:00																							
Thur	00:00	24:00																							
Fri	00:00	24:00																							
Sat	00:00	24:00																							
Sun	00:00	24:00																							

**M** 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)

<p>1. The service area operates as a rest area and overnight stay facility for people travelling north on the M6. Facilities for the provision of food, both hot and cold for eating in and taking away are currently available.</p> <p>2. The applicant wishes to extend the Premises Licence to cover the provision of the sale of alcohol for consumption off the premises only to cover the entire rest area to enable operators (all operations operate as franchisees within the area) to provide this convenience at the amenity area during the hours indicated.</p>
--

**b) The prevention of crime and disorder**

1. A CCTV system will operate in accordance with Police guidelines with a storage capacity of a minimum of 31 days of capture. The equipment shall be maintained in good working order and recordings shall be date stamped.
2. A staff member shall be trained in the use of the system to ensure data retrieval and download when required by the Police or Local Authority Enforcement Officer subject to the requirements of the Data Protection Act.
3. CCTV shall be active on a 24 hour basis and at least one member of staff who is trained in the downloading from the system shall be on the premises during trading hours.
4. The premises shall maintain a refusals book and keep the log fully up to date with reference to recording those suspected of being under the age of 18 unable to produce adequate ID when asking for the purchase of alcohol.

**c) Public safety**

1. New staff shall receive induction training at the commencement of their employment at the premises including underage sales training and selling to people who are inebriated.
2. Existing staff shall also be subject to refresher training.
3. Staff training will be recorded and training records will be maintained and available upon reasonable request to Police and other Enforcement Officers.

**d) The prevention of public nuisance**

**e) The protection of children from harm**

A Challenge 25 scheme shall operate at the premises and only valid forms of ID will be acceptable to include photo driving licence, passport and an Armed Forces Warrant Card with photograph.

**Please tick yes**

- I have made or enclosed payment of the fee or ☒
- I have not made or enclosed payment of the fee because the application has been made in relation to the introduction of the late night levy ☐
- 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 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	02 September 2015
Capacity	Poppleston Allen – Solicitors for and on behalf of the applicant

**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)

Nick Walton  
Poppleston Allen Solicitors  
37 Stoney Street  
The Lace Market

<b>Post town</b>	Nottingham	<b>Post code</b>	NG1 1LS
<b>Telephone number (if any)</b>	0115 9487410		
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b> n.walton@popall.co.uk			

**Notes for Guidance**

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.

5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

**CONSENT OF INDIVIDUAL TO BEING SPECIFIED AS  
PREMISES SUPERVISOR**

**To be completed in block capitals**

I [REDACTED] hereby confirm that I give my consent to be specified as the Designated Premises Supervisor in relation to the application for a New Premises Licence by Moto Hospitality Ltd relating to a Premises Licence for Moto Burton, Burton Service Area, Burton West, Carnforth, LA6 1JF and any premises licence to be granted or varied in respect of this application made by Moto Hospitality Ltd concerning the supply of alcohol at Moto Burton, Burton Service Area, Burton West, Carnforth, LA6 1JF

I also confirm that I hold a personal licence, details of which I set out below:

Personal Licence Number:- LAPA 1943

Personal Licence Issuing Authority:- Lancaster

Signed

[REDACTED]

Name Printed

Karl James Manley

Dated

14/8/15

I, Pauline Wells in the firm of Messrs. Poppleston Allen, Solicitors of 37 Stoney Street, The Lace Market, , Nottingham, NG1 1LS refer to the following:-

1. Letter to South Lakeland District Council dated 02 September 2015
2. Application Form
3. 26745\_(00)\_110 Rev A
4. Consent of Designated Premises Supervisor
5. Cheque in the sum of £635

I HEREBY CERTIFY that I have served documents 1 – 5 upon the following:-

1. Licensing Department, South Lakeland District Council , Lowther Street , Kendal LA9 4UQ

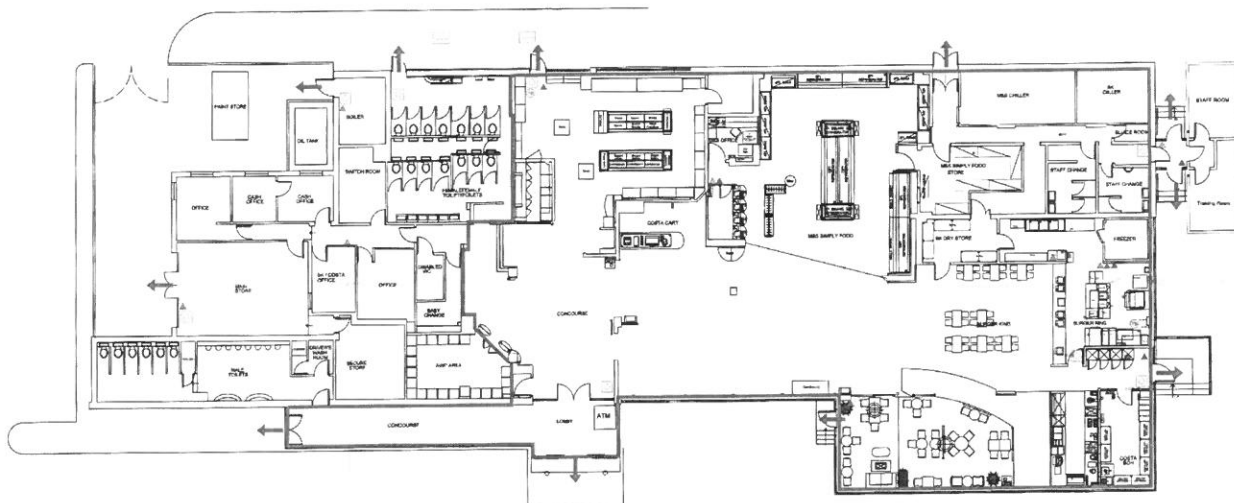
I FURTHER CERTIFY that I have served a true copy of documents 1 - 4 upon the following:-

2. Chief Constable, Cumbria Constabulary, Kendal Police Station, Busher Walk, , Kendal, LA9 4RJ
3. Licensing Department, South Lakeland District Council , Lowther Street , , Kendal , LA9 4UQ
4. The Chief Fire Officer, Cumbria Fire Service, "B" Division, Busher Walk, , Kendal, LA9 4RH
5. Environmental Health Department - Health and Safety Section, Community Services Directorate, South Lakeland District Council, South Lakeland House, Lowther Street, LA9 4UD
6. Protection of Children from Harm, Children's Services, 5 Portland Square, , Carlisle, CA1 1PU
7. Trading Standards, Cumbria Trading Standards, South Area Office, County Offices, Stricklandgate, LA9 4RQ
8. Planning Department, South Lakeland Council, South Lakeland House, Lowther Street, Kendal, LA9 4UD
9. Environmental Health Department, South Lakeland Council, South Lakeland House, Lowther Street, Kendal, LA9 4UD
10. Public Health, Cumbria County Council, The Courts, Carlisle, CA3 8NA

I effected service by sending the said documents to each and every one of them by first class post addressed to them on 02 September 2015.

SIGNED .....  


DATED: 02 September 2015



NOT TO SCALE  
DO NOT SCALE THIS DRAWING FOR CONSTRUCTION PURPOSES

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Rev	Description	Date
1	Issue 1	10/01/2015
2	Issue 2	10/01/2015
3	Issue 3	10/01/2015
4	Issue 4	10/01/2015
5	Issue 5	10/01/2015
6	Issue 6	10/01/2015
7	Issue 7	10/01/2015
8	Issue 8	10/01/2015
9	Issue 9	10/01/2015
10	Issue 10	10/01/2015

**Licensing**



• Quantity Surveying • Architecture  
• Project Management • Construction Safety

Burton-in-Kendal Licensing

Metro Hospitality Ltd

Licensing

Scale: 1:1000 A1 Date: August 2015

Drawn by	Checked by	Issued by	Rev
DL	LC	25745_001_110	A

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