

[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.

Dorothy M Macaulay

I/We 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

**Grange over Sands Golf Club Ltd.
Meathop Road
Grange over Sands
Cumbria
LA11 6QX**

**Post town
Grange over Sands**

**Post code
LA11 6QX**

Telephone number at premises (if any)

015395 33180

Non-domestic rateable value of premises

£ 30,750.00

South Lakeland District Council
Public Protection

17 AUG 2015

Part 2 - Applicant details

Please state whether you are applying for a premises licence as

Please tick byes

- | | | | |
|----|---|-------------------------------------|-----------------------------|
| 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 checked="" type="checkbox"/> | please complete section (B) |
| d) | a charity | <input type="checkbox"/> | please complete section (B) |

17/08 - on to proceed TH.

Receipt No 236614
Initials EME
Date 17.08.15

- 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 b yes

- ③ I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or ☒
- ③ 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

First names

Please tick b yes

I am 18 years old or over

☐

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

Please tick
b yes

☐

I am 18 years old or over

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	Dorothy Margaret Macaulay
Address	<div style="background-color: black; width: 100%; height: 100%;"></div>
Registered number (where applicable)	
Description of applicant (for example partnership, company, unincorporated association etc)	Director of Grange over Sands Golf Club Ltd.
Telephone number (if any)	<div style="background-color: black; width: 100%; height: 100%;"></div>
E-mail address (optional)	<div style="background-color: black; width: 100%; height: 100%;"></div>

Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year			
0	1	1	0	2	0	1	5

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

--	--	--	--	--	--	--	--

please state the number expected to attend.



Grange over Sands Golf Club is a members' club. The Clubhouse is situated at the side of the golf course which extends over 100 square acres. The golf club is situated on the outskirts of the town and away from the main residential area.

The nearest residential area - a small row of terraced houses - is approx 300 yards away separated from club land by a main road B5277. Two sides of our land are abutted by fields' the 4th side of our land is adjacent to Meathop Road and the railway line. We currently have a Club Premises Certificate and hold social events for which TEN's have been applied for. We have not received any complaints from our neighbours of noise or disturbances from events.

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 b yes

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

Provision of entertainment facilities for:

- | | |
|--|-------------------------------------|
| i) making music (if ticking yes, fill in box I) | <input checked="" type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J) | <input checked="" type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K) | <input checked="" type="checkbox"/> |

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 <u>Y</u> (please read guidance note 2)	Indoors	Y
Day	Start	Finish		Outdoors	
				Both	
Mon	10:00	24:00	Please give further details here (please read guidance note 3)		
Tue	10:00	24:00			
Wed	10:00	24:00	State any seasonal variations for performing plays (please read guidance note 4)		
Thur	10:00	24:00	Shorter opening times in winter		
			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)		
Fri	10:00	01:00			
Sat	10:00	01:00			
Sun	10:00	24:00			

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 <u>Y</u> (please read guidance note 2)	Indoors	Y
Day	Start	Finish		Outdoors	
				Both	
Mon	10:00	24:00	Please give further details here (please read guidance note 3)		
Tue	10:00	24:00			
Wed	10:00	24:00	State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur	10:00	24:00	Shorter opening times in winter		
			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)		
Fri	10:00	01:00			
Sat	10:00	01:00			
Sun	10:00	24:00			

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon	10:00	24:00	Race nights Carpet bowls Putting mats Pitching nets
Tue	10:00	24:00	State any seasonal variations for indoor sporting events (please read guidance note 4)
Wed	10:00	24:00	Shorter opening times in winter
Thur	10:00	24:00	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 (please read guidance note 5)
Fri	10:00	01:00	
Sat	10:00	01:00	
Sun	10:00	24:00	

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	
Day	Start	Finish	Indoors	
Mon			Outdoors	
			Both	
Tue			Please give further details here (please read guidance note 3)	
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)	
Thur			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 (please read guidance note 5)	
Fri				
Sat				
Sun				

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	10:00	24:00	Please give further details here (please read guidance note 3)	Both	Y
Tue	10:00	24:00	Small amplifiers		
Wed	10:00	24:00	State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur	10:00	24:00	Outdoor music only in summer months usually July finishes at 23:00		
Fri	10:00	01:00	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)		
Sat	10:00	01:00			
Sun	10:00	24:00			

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	Y
Day	Start	Finish		Outdoors	
Mon	10:00	24:00	Please give further details here (please read guidance note 3)	Both	
Tue	10:00	24:00	Unamplified		
Wed	10:00	24:00	State any seasonal variations for playing recorded music (please read guidance note 4)		
Thur	10:00	24:00	Shorter opening times in winter		
Fri	10:00	01:00	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)		
Sat	10:00	01:00			
Sun	10:00	24:00			

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)	Indoors	
				Outdoors	
Day	Start	Finish		Both	Y
Mon	10:00	24:00	Please give further details here (please read guidance note 3)		
			Live and amplified music		
Tue	10:00	24:00	Dancing on dance floor in dinning room		
Wed	10:00	24:00	State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur	10:00	24:00	In summer dancing on patio at front (golf course side) of the building		
Fri	10:00	01:00	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)		
Sat	10:00	01:00			
Sun	10:00	24:00			

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)	Indoor	
				Outdoor	
				Both	Y
Mon	10:00	24:00			
Tue	10:00	24:00	Please give further details here (please read guidance note 3)		
			Magic shows		
Wed	10:00	24:00			
Thur	10:00	24:00	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Fri	10:00	01:00			

Sat	10:00	01:00	Non standard timings. 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)
Sun	10:00	24:00	

I

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing	
			Will the facilities for making music be indoors or outdoors or both – please tick [Y] (please read guidance note 2)	
			Indoors	
			Outdoors	
			Both	Y
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon	10:00	24:00		
Tue	10:00	24:00		
Wed	10:00	24:00	State any seasonal variations for the provision of facilities for making music (please read guidance note 4)	
Thur	10:00	24:00		
Fri	10:00	01:00	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)	
Sat	10:00	01:00		
Sun	10:00	24:00		

J

Provision of facilities for dancing 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)	
			Indoors	
			Outdoors	
			Both	Y
Day	Start	Finish	Please give a description of the facilities for dancing you will be providing	

Mon	10:00	24:00	<u>Please give further details here</u> (please read guidance note 3)
			Small dance floor indoors
Tue	10:00	24:00	Patio area outdoors
Wed	10:00	24:00	<u>State any seasonal variations for providing dancing facilities</u> (please read guidance note 4)
Thur	10:00	24:00	Occasional dancing on patio in summer
Fri	10:00	01:00	<u>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</u> (please read guidance note 5)
Sat	10:00	01:00	
Sun	10:00	24:00	

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)			<u>Please give a description of the type of entertainment facility you will be providing</u>	
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both – please tick [Y]</u> (please read guidance note 2)	Indoor
				Outdoor
				Both
Mon	10:00	24:00		Y
Tue	10:00	24:00	<u>Please give further details here</u> (please read guidance note 3)	
			Live and amplified music	
Wed	10:00	24:00		
Thur	10:00	24:00	<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within j or k</u> (please read guidance note 4)	
Fri	10:00	01:00	Outdoor music only in summer months and finishing at 23:00	
Sat	10:00	01:00	<u>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</u> (please read guidance note 5)	
Sun	10:00	24:00		

L

Late night refreshment 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	Y
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	10:00	24:00			
			Dinner dances ; Birthday celebrations		
Tue	10:00	24:00			
			Private functions; Fund raising events		
Wed	10:00	24:00			
			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur	10:00	24:00			
			Summer BBQ on patio		
Fri	10:00	01:00			
			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)		
Sat	10:00	01:00			
Sun	10:00	24:00			

M

Supply of alcohol 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	Y
				Off the premises	
				Both	
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	10:00	24:00			
			Winter shorter hours		
Tue	10:00	24:00			
Wed	10:00	24:00			
			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)		
Thur	10:00	24:00			
Fri	10:00	01:00			
Sat	10:00	01:00			

Sun	10:00	24:00	

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

Name..... [REDACTED]
Address..... [REDACTED]
..... [REDACTED]
[REDACTED]
Personal Licence number(if known) ...07-01-618.....
Issuing licensing authority (if known)..... Cheshire..... *EAST*.....

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)

No Adult entertainment catered for

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	Bar hours shorter in the winter
Mon	10:00	24:00	
Tue	10:00	24:00	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)
Wed	10:00	24:00	
Thur	10:00	24:00	
Fri	10:00	01:00	
Sat	10:00	01:00	
Sun	10:00	24:00	

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

- Designated Premises Supervisor (DPS) will be up to date with current legislation and public safety advice.
- DPS will ensure that deputies are updated on legislation and public safety advice
- Fire alarms will be checked regular
- Electric appliances will have an annual PAT certificate
- FTS Fire and Security Ltd perform an annual check throughout the building

b) The prevention of crime and disorder

- Premises supervisor or deputy will be in attendance during opening hours
- Alcohol will be refused to any customer deemed to have had sufficient alcohol or who appears intoxicated
- Drinking games will not be allowed

c) Public safety

- The premises will be kept in a state of good repair
- Fire exits will be unobstructed
- There will be adequate lighting both inside the building and externally
- Fire equipment will be in good working order
- Smoking will not be allowed on site
- Kitchen equipment will be in good working order
- Food hygiene regulations will be adhered to
- Health and Safety regulations will be adhered to
- Plastic glasses will be used on the patio
- Fire risk assessments are completed

d) Prevention of public nuisance

- Music will not continue after 24:00 hours weekdays and 01:00 weekends
- The building will be cleared by 01:00 hours
- Outdoor music will end at 23:00 hours
- Alcohol will be refused to any customer deemed to have had sufficient alcohol or who appears intoxicated
- Drinking games will not be allowed
- Challenge 25 will be applied
- Customers will be reminded to be mindful of others and keep noise to a minimum when leaving

e) Protection of children from harm

- If anyone requesting alcohol appears underage they will be asked for proof of age.
- Children will only be allowed in the bar area if accompanied by an adult
- A responsible adult will be present in the open area that children occupy
- Children will not be allowed on the premises after 17:00 unless accompanied by an adult.

CHECKLIST:-

Please tick b yes

- | | |
|--|-------------------------------------|
| ③ I have made or enclosed payment of the fee | <input checked="" type="checkbox"/> |
| ③ I have enclosed the plan of the premises | <input checked="" type="checkbox"/> |
| ③ I have sent copies of this application and the plan to responsible authorities and others where applicable | <input checked="" type="checkbox"/> |
| ③ I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable | <input checked="" type="checkbox"/> |
| ③ I understand that I must now advertise my application | <input checked="" type="checkbox"/> |
| ③ I understand that if I do not comply with the above requirements my application will be rejected | <input checked="" type="checkbox"/> |

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

Capacity

For joint applications signature of 2nd applicant or 2nd 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)

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.



Part A

Consent of individual to being specified as premises supervisor

I, **Norman Nichol Macleod**of [REDACTED]
[REDACTED]
[REDACTED]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for **Premises License** by **Dorothy M Macaulay** relating to the premises licence for **Grange over Sands Golf Club Ltd.** and any premises licence to be granted or varied in respect of this application made by **Dorothy M Macaulay** concerning the supply of alcohol at **Grange over Sands Golf Club Ltd.**

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

Personal licence number **07-01-618**Personal licence issuing authority **Cheshire East****Cheshire East Council****Licensing****Municipal Buildings****Earle Street****Crewe****CW1 2BJ****0300 12 [REDACTED]**

[REDACTED] signed

N.N. MACLEOD.....name (please print)

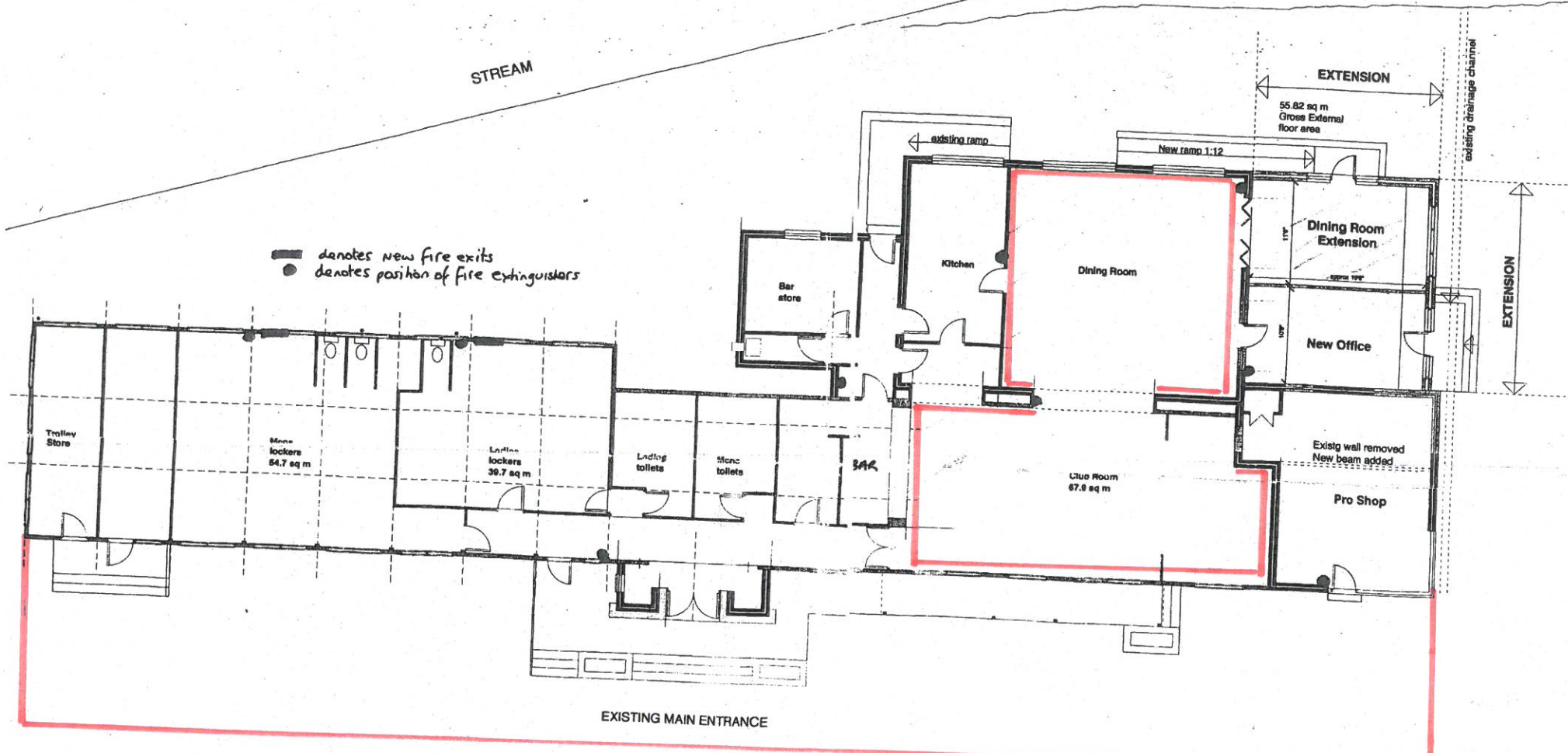
.....14/8/15.....dated

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



— denotes new fire exits
 • denotes position of fire extinguishers

FORECOURT PATIO AREA
 Alcohol consumed occasionally in this area

— AREA OF CONSUMPTION OF ALCOHOL
 REGULATED ENTERTAINMENT
 AND LATE NIGHT REFRESHMENT

Rev a: plans & elevations amended 24.11.97

drawing no: 9711 P01a scale 1:100 date 24.11.97	Extension to Grange Golf Club Office & Juniors Room Floor Plans & Elevations
The Hills Erwin Partnership Chartered Architects 10 Haverfield Lane, Birmingham, County LAY 190 Tel 0121 279 8000 Fax 0121 279 7700 Technology House, Salford University Business Park, Manchester M6 6AP Tel 0161 279 8000 Fax 0161 279 7700	