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SOUTH LAKELAND DISTRICT COUNCIL
Public Health & Licensing Group, South Lakeland House, Lowther Street,
Kendal, Cumbria LA9 4UD

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www.southlakeland.gov.uk e-mail: licensing@southlakeland.gov.uk

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

THE VILLA (LEVENES) LTD
(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

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description <u>THE VILLA</u> <u>BRETTARGH HOUL</u> <u>LEVENES</u>			
Post town	<u>KENDAL</u>	Postcode	<u>LA8 8EA</u>
Telephone number at premises (if any)	<u>01539 980 980</u>		
Non-domestic rateable value of premises	<u>£ 19,000</u>		

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) ☐ please complete section (B)
- c) a recognised club ☐ please complete section (B)
- d) a charity ☐ 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 in Wales ☐ 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 ☐ 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 <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	THE VILLA (LEVENS) LTD
Address	4 CROFT COURT WHITEHILLS BUSINESS PARK BLACKPOOL LANCY FY4 5PR
Registered number (where applicable)	8678175
Description of applicant (for example, partnership, company, unincorporated association etc.)	LTD COMPANY
Telephone number (if any)	01539 980980
E-mail address (optional)	stewart.mcintosh@thevilla.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

AJAJ

DD		MM		YYYY			

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)

DETACHED HOTEL & PREMISES INC 22 Rooms
BAR & RESTAURANT & 2 function Rooms

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) ☒
- 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

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 (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	1200	2300	Please give further details here (please read guidance note 3) POSSIBLE OCCASIONAL USE: MURDER MYSTERY OR SIMILAR	Both	<input checked="" type="checkbox"/>
Tue	1200	2300			
Wed	1200	2300	State any seasonal variations for performing plays (please read guidance note 4) POSSIBLE outside - Summer only		
Thur	12	2300			
Fri	12	2300	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	12	2300			
Sun	12	2300			

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 (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	12 00	23 00	Please give further details here (please read guidance note 3) POSSIBLE OCCASIONAL USE CORPORATE OR FAMILY		
Tue	12 00	23 00			
Wed	12 00	23 00	State any seasonal variations for the exhibition of films (please read guidance note 4) —		
Thur	12 00	23 00			
Fri	12 00	23 00	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	12 00	23 00			
Sun	12 00	23 00			

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon	12 00	23 00	POSSIBLE OCCASIONAL USE: CHARITY AMATEUR BOXING DARTS TOURNAMENT? POOL EXHIBITION?
Tue	12 00	23 00	
Wed	12 00	23 00	<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4) —
Thur	12 00	23 00	<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) —
Fri	12 00	23 00	
Sat	12 00	23 00	
Sun	12 00	23 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 (please read guidance note 2)	
			Indoors	<input checked="" type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon	12 00	23 00	POSSIBLE OCCASIONAL USE	
Tue	12 00	23 00		
Wed	12 00	23 00	State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)	
Thur	12 00	23 00	—	
Fri	12 00	23 00		
Sat	12 00	23 00		
Sun	12 00	23 00	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)	
			—	

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 (please read guidance note 2)	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) ANCILLARY TO SOCIAL EVENTS IE. WEDDINGS AMPLIFIED BANDS / PIANISTS State any seasonal variations for the performance of live music (please read guidance note 4) OUTSIDE IN SUMMER 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) -0- NEW YEARS EVE TILL 2AM NY DAY	
Mon	11 00	01 00		
Tue	11 00	01 00		
Wed	11 00	01 00		
Thur	11 00	01 00		
Fri	11 00	01 00		
Sat	11 00	01 00		
Sun	11 00	01 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 (please read guidance note 2)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
Day	Start	Finish	Both <input checked="" type="checkbox"/>		
Mon	11 00	01 00	Please give further details here (please read guidance note 3) ANCILLARY TO SOCIAL EVENTS 1st WEDDINGS		
Tue	11 00	01 00			
Wed	11 00	01 00	State any seasonal variations for the playing of recorded music (please read guidance note 4) OUTSIDE IN SUMMER		
Thur	11 00	01 00			
Fri	11 00	01 00	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 (please read guidance note 5) - 5 2AM ON NYE / NEW YEARS DAY		
Sat	11 00	01 00			
Sun	11 00	01 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 (please read guidance note 2)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
					Both <input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	11 00	23 00	OCCASIONAL USE: FESTIVAL OF DANCE DANCE CHARLES + PERFORMERS		
Tue	11 00	23 00			
Wed	11 00	23 00	State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur	11 00	23 00	OUTSIDE IN SUMMER		
Fri	11 00	23 00	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 (please read guidance note 5)		
Sat	11 00	23 00	- 5		
Sun	11 00	23 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 <p style="text-align: center;">VARIED LIGHT ENTERTAINMENT</p>		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
	12 00	23 00		Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3) <p style="text-align: center;">POSSIBLE SPIRITUALIST EVENING COMBOY CLUB (OCCASIONAL)</p>		
	12 00	23 00			
Wed					
	12 00	23 00			
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
	12 00	23 00			
Fri					
	12 00	23 00			
Sat			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 (please read guidance note 5)		
	12 00	23 00			
Sun					
	12 00	23 00			

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 (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	23 00	01 00	Please give further details here (please read guidance note 3) TEA & COFFEE & SNACKS From BAR & IN LOUNGES		
Tue	23 00	01 00			
Wed	23 00	01 00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4) —		
Thur	23 00	01 00			
Fri	23 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) HOT DRINKS + FOOD FOR CONSUMPTION ON THE PREMISES TO RESIDENTS + GUESTS 24 HOURS		
Sat	23 00	01 00			
Sun	23 00	01 00			

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish	Both <input checked="" type="checkbox"/>		
Mon	11 00	01 00	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Tue	11 00	01 00			
Wed	11 00	01 00			
Thur	11 00	01 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) 2Am on NEW YEARS EVE / NE YEARS DAY		
Fri	11 00	02 00			
Sat	11 00	02 00			
Sun	12 00	01 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]
Personal licence number (if known)	PA0244
Issuing licensing authority (if known)	SLDC

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	0700	0100	<p>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 (please read guidance note 5)</p> <p>HOTEL RESIDENTS 24 Hours</p>
Tue	0700	0100	
Wed	0700	0100	
Thur	0700	0100	
Fri	0700	0100	
Sat	0700	0100	
Sun	0700	0100	

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

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

30+ YEARS LICENCE
SMAF TRAINING
RISK ASSESSMENTS
CHALLENGE 25

b) The prevention of crime and disorder

CHALLENGE 25
SMAF TRAINING / DRUGS POLICY IN FORCE
CCTV TO COVER BARS + ENTRANCES
INCIDENT BOOK

c) Public safety

CLEAR SIGNAGE + LIGHTING
FIRE ALARM SYSTEM
TRAINING + RISK ASSESSMENTS

d) The prevention of public nuisance

THERE ARE NO IMMEDIATE NEIGHBOURS BUT
GUESTS WILL BE CONTROLLED + MONITORED
AS THEY LEAVE
TAXIS ORGANISED FOR GUESTS

e) The protection of children from harm

ALL PERSONS UNDER 18 TO BE ACCOMPANIED BY
RESPONSIBLE ADULT AT ALL TIMES

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	07/08/15
Capacity	General Manager

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)

THE VILWA, BRETTARTH HOLT
LEWES

Post town	KENDON	Postcode	LA8 8LA
Telephone number (if any)	01539 980980		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
stewart.mantosh@thevilwa.co.uk			

Notes for Guidance

SOUTH LAKELAND DISTRICT COUNCIL

Licensing Section, South Lakeland House, Lowther Street, Kendal, Cumbria, LA9 4UD

Tel: 0845-050-4434 Fax: (01539) 740300

www.southlakeland.gov.uk email: licensing@southlakeland.gov.uk**Part A****Consent of individual to being specified as premises supervisor**

I [redacted] [full name of prospective premises supervisor]
 of [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 PREMISE LICENCE [type of
 application] by THE VILLA (LEVEN) LTD [name of applicant]
 relating to the premises licence. [number of existing licence, if any]
 for THE VILLA, BRETTARGH HOLT LEVEN
KENDAL LA8 8EA [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 THE VILLA (LEVEN) LTD [name of applicant]
 concerning the supply of alcohol at THE VILLA LEVEN KENDAL
LA8 8EA [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.

Personal licence number PA0244 [insert personal licence number, if any]
 Personal licence issuing authority SLDC
 [insert name and address and telephone number of personal licence issuing
 authority]

[redacted] signed
A. TOSH name (please print)
10/8/15 dated

Part B**Consent of premises licence holder to transfer**

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

[redacted] signed
[redacted] name (please print)
[redacted] dated

