

[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.

I/We JEFF ROLFE ..... 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>UNION TAVERN</u> <u>159 STRICKLANDGATE</u>	
Post town <u>KENDAL</u>	Post code <u>LA9 9RF</u>

Telephone number at premises (if any)

N/A

Non-domestic rateable value of premises

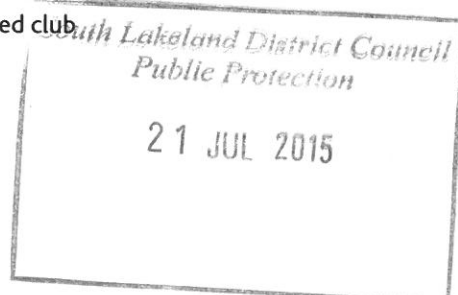
£7,000.00

**Part 2 - Applicant details**

Please state whether you are applying for a premises licence as

Please tick ✓ yes

- a) an individual or individuals\* ☒ please complete section (A)
- b) a person other than an individual\*  
i. as a limited company ☐ please complete section (B)  
ii. as a partnership ☐ please complete section (B)  
iii. as an unincorporated association or ☐ 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)



Receipt No .....

Initials .....

Date .....

- 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

ROLFE

First names

JEFF

Please tick ☒ 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

✓ 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
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
01	10	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.

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

REGENERATION OF AN EXISTING PUBLIC  
HOUSE 'UNION TAVERN' FOR ON AND OFF  
SALES AS A TRADITIONAL PUBLIC HOUSE ~~WITH~~  
WITH OCCASIONAL ENTERTAINMENT.

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)

Please tick ✓ yes

**Provision of regulated entertainment**

- |  |                                     |
|--|-------------------------------------|
| a) plays (if ticking yes, fill in box A)   | <input type="checkbox"/>            |
| b) films (if ticking yes, fill in box B)   | <input type="checkbox"/>            |
| c) indoor sporting events (if ticking yes, fill in box C)  | <input 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 type="checkbox"/>            |
| h) anything of a similar description to that falling within (e), (f) or (g)<br>(if ticking yes, fill in box H) | <input type="checkbox"/>            |

**Provision of entertainment facilities for:**

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

<b>Plays</b> 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	
					Outdoors	
					Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue						
Wed						
Thur			State any seasonal variations for performing plays (please read guidance note 4)			
Fri						
Sat			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)			
Sun						

## B

<b>Films</b> 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	
					Outdoors	
					Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue						
Wed						
Thur			State any seasonal variations for the exhibition of films (please read guidance note 4)			
Fri						
Sat			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)			
Sun						

## C

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

## D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick [Y](please read guidance note 2)</b>	Indoors	
Day	Start	Finish		Outdoors	
Mon			Both		<b>Please give further details here</b> (please read guidance note 3)
Tue					<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)
Wed					<b>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</b> (please read guidance note 5)
Thur					
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	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	10.00	00.00	Please give further details here (please read guidance note 3) ACOUSTIC EVENTS ONLY eg Folk Nights. No Amplified Music	Both	<input type="checkbox"/>
Tue	10.00	00.00			
Wed	10.00	00.00	State any seasonal variations for the performance of live music (please read guidance note 4) NEW YEARS EVE 10.00-03.00 NEW YEARS DAY		
Thur	10.00	00.00			
Fri	10.00	00.00	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	00.00			
Sun	10.00	00.00			

# 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	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	10.00	00.00	Please give further details here (please read guidance note 3) Radio On Recorded Music Within The Premises	Both	<input type="checkbox"/>
Tue	10.00	00.00			
Wed	10.00	00.00	State any seasonal variations for playing recorded music (please read guidance note 4) NEW YEARS EVE 10.00-03.00 NEW YEARS DAY		
Thur	10.00	00.00			
Fri	10.00	00.00	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	00.00			
Sun	10.00	00.00			



## G

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

Sat			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			

<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	
			Will the facilities for making music be indoors or outdoors or both – please tick [Y] (please read guidance note 2)	
Day	Start	Finish	Indoors	
			Outdoors	
			Both	
Mon			Please give further details here (please read guidance note 3)	
Tue				
Wed			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)	
Thur				
Fri			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				
Sun				

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

Mon			<u>Please give further details here</u> (please read guidance note 3)
Tue			
Wed			<u>State any seasonal variations for providing dancing facilities</u> (please read guidance note 4)
Thur			
Fri			<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			
Sun			

## K

<b>Provision of facilities for entertainment of a similar description to that falling within I or J</b> 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
Mon				Both
Tue			<u>Please give further details here</u> (please read guidance note 3)	
Wed				
Thur			<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				
Sat			<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				

# 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			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (please read guidance note 5)		
Sat					
Sun					

# 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			
Mon	10.00	00.00	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4)		
Tue	10.00	00.00	NEW YEARS EVE 10.00-03.00 NEW YEARS DAY		
Wed	10.00	00.00			
Thur	10.00	00.00	<u>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</u> (please read guidance note 5)		
Fri	10.00	00.00			
Sat	10.00	00.00			

Sun	10.00	00.00	

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

Name JEFF ROLFE  
 Address [REDACTED]  
[REDACTED]  
 Postcode [REDACTED]  
 Personal Licence number (if known) PA 1838  
 Issuing licensing authority (if known) S40C

**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)

NONE

**O**

<b>Hours premises are open to the public</b> Standard timings (please read guidance note 6)			State any seasonal variation (please read guidance note 4) <u>NEW YEAR'S EVE 10.00 - 03.30 NEW YEAR'S DAY</u>
Day	Start	Finish	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)
Mon	10.00	03.00	
Tue	10.00	03.00	
Wed	10.00	03.00	
Thur	10.00	03.00	
Fri	10.00	03.00	
Sat	10.00	03.00	
Sun	10.00	03.00	

## 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)

ALL STAFF WILL RECEIVE TRAINING RELATED TO THE 4 LICENSING OBJECTIVES  
THE PLACING OF RELEVANT SIGNAGE, CHALLENGE 25 POLICY, DRUGS POLICY ETC IN PROMINENT LOCATIONS  
USE OF CCTV TO MONITOR PREMISES AND GATHER EVIDENCE OF ANY INCIDENT.

b) The prevention of crime and disorder

WRITTEN POLICY AND TRAINING FOR ALL STAFF RE CHALLENGE 25 POLICY.  
ACTIVE MEMBER OF BAR WATCH SCHEME, TRAIN STAFF ON SCHEME AND ENSURE BANS ARE ENFORCED  
USE OF INCIDENT BOOK & CCTV TO RECORD INCIDENTS

c) Public safety

ENSURE THAT PREMISES ARE SAFELY MAINTAINED WITH APPROPRIATE SIGNAGE.  
ENSURE THAT INTOXICATED INDIVIDUALS ARE NOT SERVED ALCOHOL

d) The prevention of public nuisance

ENSURE THAT INTOXICATED INDIVIDUALS ARE NOT SERVED ALCOHOL

e) The protection of children from harm

ENSURE THAT UNACCOMPANIED CHILDREN ARE NOT ALLOWED IN THE BAR.  
ENSURE THAT ALL CHILDREN ARE MANAGED BY A RESPONSIBLE ADULT.

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 ☐ N/A
- 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

..... 20<sup>th</sup> July 2015 .....

Capacity

..... TENANT .....

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)	

### 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.



**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](http://www.southlakeland.gov.uk) email: [licensing@southlakeland.gov.uk](mailto:licensing@southlakeland.gov.uk)**Part A****Consent of individual to being specified as premises supervisor**

I JEFF ROLFE [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 UNION TAVERN [type of  
 application] by JEFF ROLFE [name of applicant]  
 relating to the premises licence [number of existing licence, if any]  
 for UNION TAVERN, STRICKLAND GATE, KENDAL  
LA9 4RF [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 JEFF ROLFE [name of applicant]  
 concerning the supply of alcohol at UNION TAVERN, STRICKLAND GATE  
KENDAL [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 PA 1838 [insert personal licence number, if any]  
 Personal licence issuing authority SOUTH LAKELAND DISTRICT COUNCIL  
 [insert name and address and telephone number of personal licence issuing  
 authority] [redacted]

[redacted] signed  
JEFF ROLFE name (please print)  
21st JULY 2015 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

Fire Precautions Key	
	Smoke Detector
	Heat Detector
	Emergency Light
	Illuminated Exit Sign
	Break Glass
	Fire Panel
	Sounder

Fire Extinguisher Key	
	9L Water Extinguisher
	2kg CO <sub>2</sub> Extinguisher
	2l ABC Powder Extinguisher
	Fire Blanket
	6l AFFF Foam Extinguisher
	4.5kg Powder Extinguisher
	2l Spray Foam Extinguisher



**Martin Boyd**  
**Architectural Services**  
 56 Kirkbarrow  
 Kendal LA9 5DE  
 mob 077881 84843  
 martin@martinboyd.co.uk

Project

## **Union Tavern Kendal**

Drawing Title

**Proposed Ground Floor Bar  
Licence Plan**

Drawn By <b>mjb</b>	Date <b>8/6/15</b>	Scale <b>1:100@A3</b>	Checked
Job No. <b>13.24</b>	Drawing No. <b>P-11</b>	Revision <b>A</b>	

Stricklandgate







Project

**Union Tavern  
Kendal**

Drawing Title

**Location Plan  
Licence Plan**

Drawn By <b>mjb</b>	Date <b>8/6/15</b>	Scale <b>1:1250@A4</b>	Checked
Job No. <b>13.24</b>	Drawing No. <b>P-12</b>	Revision	



**Martin Boyd  
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