

22 JUL 2015

Receipt No ...23.64.91...

Initials ...JR...

Date ...22/07/15...



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SOUTH LAKE LAND DISTRICT COUNCIL
Public Health & Licensing Group, South Lakeland House, Lowther Street,
Kendal, Cumbria LA9 4UD
Tel: 0845 050 4434 Fax: (01539) 740300
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.

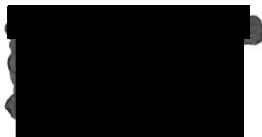
I/We CRAIG PETER DAVID SHERRINGTON & LOUISE SHERRINGTON

(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



VIRGINIA HOUSE
24 QUEEN STREET

Post town	Ulverston	Postcode	LA12 7AF
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Telephone number at premises (if any)	01229 584844
Non-domestic rateable value of premises	£ 6800.00

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 checked="" type="checkbox"/> please complete section (A) |
| b) a person other than an individual * | |
| i. as a limited company | <input 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname SHERRINGTON			First names CRAIG PETER DAVID		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		GENERAL BURGOYNE CHURCH ROAD GREAT URSWICK			
Post town	ULVERSTON			Postcode	LA12 0SZ
Daytime contact telephone number			01229 586394		
E-mail address (optional)		contact@generalburgoyne.com			

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname SHERRINGTON			First names LOUISE		
I am 18 years old or over <input checked="" type="checkbox"/> Please tick yes					
Current postal address if different from premises address		GENERAL BURGoyNE CHURCH ROAD GREAT URSWICK			
Post town	ULVERSTON			Postcode	LA12 0SZ
Daytime contact telephone number			01229 586394		
E-mail address (optional)		contact@generalburgoyne.com			

(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?

DD	MM	YYYY
0	1	092015

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)

TOWN CENTRE GEORGIAN GUEST HOUSE WITH 40 COVER FINE DINING RESTAURANT AND SMALL PUBLIC BAR (MAXIMUM CAPACITY APPROX. 20 PERSONS), WITH SMALL GARDEN AREA TO REAR OF BUILDING.

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

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

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) Occasional light background music to be played both inside and outside (rear garden) eg. for weddings, birthdays, christmas parties and functions.	
Mon	10.00	23.59		
Tue	10.00	23.59		
Wed	10.00	23.59	State any seasonal variations for the performance of live music (please read guidance note 4) New Years Eve - live music until 00:15 1st January to enable a countdown to New Year.	
Thur	10.00	23.59		
Fri	10.00	23.59	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	23.59		
Sun	10.00	23.59		

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"/>
					Both <input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) Background music to be played inside in the restaurant, bar, kitchen and public areas, primarily during food & drink service times. Light music to be played outside (rear garden) eg. for weddings, celebrations, functions		
Mon	07.00	23.59			
Tue	07.00	23.59			
Wed	07.00	23.59	State any seasonal variations for the playing of recorded music (please read guidance note 4) New Years Eve - live music until 00:15 1 st January to enable countdown to New Year.		
Thur	07.00	23.59			
Fri	07.00	23.59	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)		
Sat	07.00	23.59			
Sun	07.00	23.59			

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	Please give further details here (please read guidance note 3) Provision of food & alcohol to diners, and hotel guests after 11pm eg. wedding evening receptions, residents bar	
Mon	23.00	01.00		
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		
Sat	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)	
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 checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) The request for Supply of Alcohol to commence at 7am is to allow for the possibility of provision of alcohol (eg. bucks fizz) at breakfast service and for reception drinks for weddings held prior to lunchtime.		
Mon	07.00	23.00 01.00			
Tue	07.00	23.00 01.00			
Wed	07.00	23.00 01.00			
Thur	07.00	23.00 01.00			
Fri	07.00	23.00 01.00			
Sat	07.00	23.00 01.00			
Sun	07.00	23.00 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)		

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

Name	CRAIG PETER DAVID SHERRINGTON
Address	GENERAL BURGONE CHURCH ROAD GREAT URSWICK ULVERSTON CUMBRIA LA12 0SZ
Postcode	
Personal licence number (if known)	PA0543
Issuing licensing authority (if known)	BARROW BOROUGH COUNCIL

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).

No adult entertainment or services to be provided at premises.

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	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)
Mon	07.00	01.00	
Tue	07.00	01.00	
Wed	07.00	01.00	
Thur	07.00	01.00	
Fri	07.00	01.00	
Sat	07.00	01.00	
Sun	07.00	01.00	

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)

Having many years experience in the licensed trade, we are confident in our abilities to promote the four licensing objectives through the use of clear and proper signage, comprehensive appropriate policies, risk assessments, staff training, 'Challenge 25', and full and willing communication with the police, fire brigade, council departments, local community and business organisations.

b) The prevention of crime and disorder

Customers suspected to be intoxicated or under the influence of drugs shall not be served alcohol - without exception. Staff training and the general environment of the restaurant & bar shall encourage respectful and mature behaviour, along with full compliance with the 'Challenge 25' scheme. Proprietors shall willingly liaise with the police and community groups to reduce and discourage crime & disorder within the town.

c) Public safety

The use of clear and appropriate signage and lighting along with staff training will be used to ensure customers are made aware of potential hazards, as identified through the use of up to date risk assessments and a programme of continual improvement and maintenance to the building, its contents and grounds.

d) The prevention of public nuisance

Deliveries and waste collection shall be scheduled to take place during working hours and with minimal disturbance to local residents. Clear signage and staff training shall ensure customers are respectful of guest house residents and neighbouring local residents when exiting the premises and when using outside space (rear garden). Any illegal or suspicious activities shall be reported to the police immediately.

e) The protection of children from harm

All persons under the age of 18 shall be accompanied by a responsible adult at all times. The nature of the restaurant and style of menu will create a predominantly adult environment. A 'Challenge 25' policy shall be strictly adhered to. Customers shall be required to behave in a respectful manner regarding language used and actions performed at all times regardless of the presence of minors, although these requirements shall be strongly encouraged in the presence of persons under 18 years.

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	19/07/2015
Capacity	Director of C&L Sherrington Ltd.

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	19/07/2015
Capacity	Director of C&L Sherrington Ltd.

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

Craig & Louise Sherrington
General Burgoyne
Church Road
Great Urswick

Post town	Ulverston	Postcode	LA12 0SZ
Telephone number (if any)	01229 586394		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) contact@generalburgoyne.com			

Notes for Guidance

SOUTH LAKELAND DISTRICT COUNCIL

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

Tel: 01539 733333 Fax: 01539 740300

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

I CRAIG PETER DAVID SHERRINGTON.....[full name of prospective premises supervisor]
 of... GENERAL BURGOYNE, CHURCH ROAD, GREAT URSWICK, ULVERSTON, CUMBRIA LA12 0SZ.....
[home address of prospective premises supervisor]
 hereby confirm that I give my consent to be specified as the designated
 premises supervisor in relation to the application for PREMISES LICENCE.....[type of
 application] by... CRAIG PETER DAVID SHERRINGTON.....[name of applicant]
 relating to the premises licence.....[number of existing licence, if any]
 for... VIRGINIA HOUSE, 24 QUEEN STREET, ULVERSTON, CUMBRIA LA12 7AF.....
[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... CRAIG PETER DAVID SHERRINGTON.....[name of applicant]
 concerning the supply of alcohol at... VIRGINIA HOUSE, 24 QUEEN STREET, ULVERSTON...
 ...CUMBRIA LA12 7AF.....[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... PA0543.....[insert personal licence number, if any]
 Personal licence issuing authority... BARROW BOROUGH COUNCIL.....
 [insert name and address and telephone number of personal licence issuing
 authority, if any]

.....signed
 CRAIG PETER DAVID SHERRINGTON.....name (please print)
 19/07/2015.....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

EY

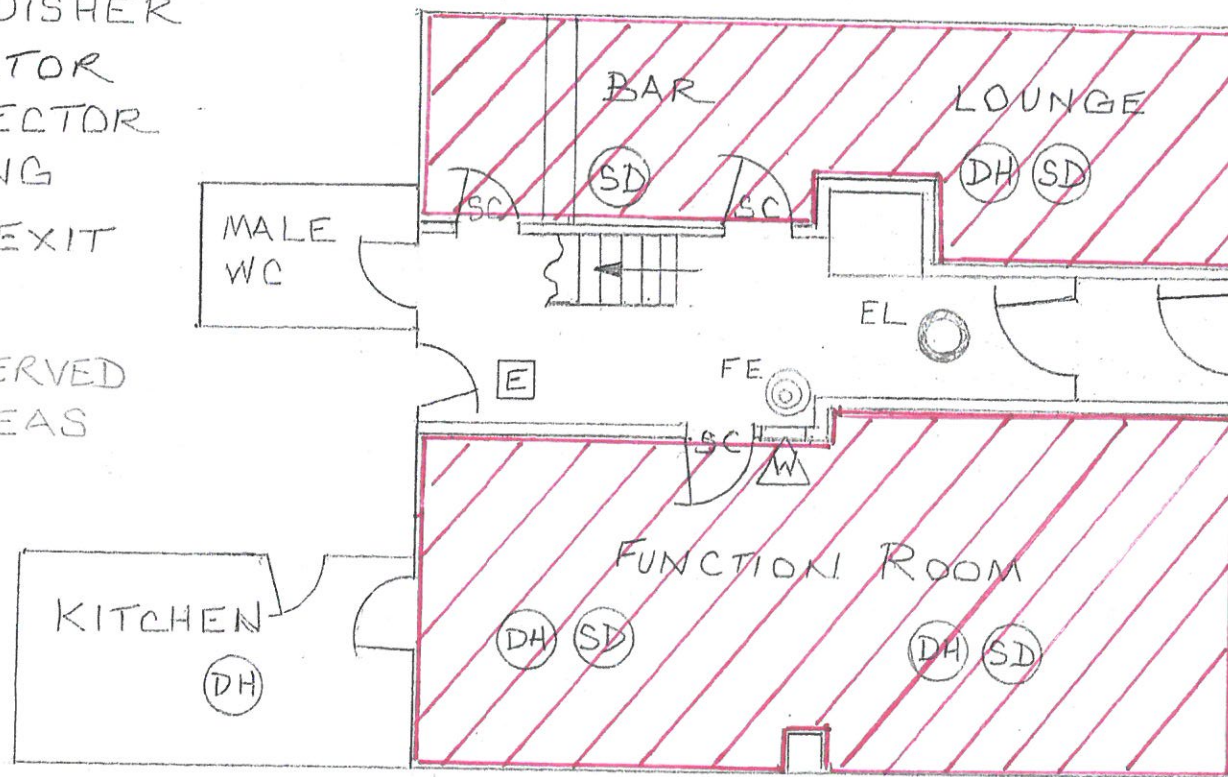
EL EMERGENCY LIGHT
FE FIRE EXTINGUISHER
DH HEAT DETECTOR
SD SMOKE DETECTOR
SC SELF CLOSING
[E] EMERGENCY EXIT



ALCOHOL SERVED
IN THESE AREAS



WINDOW



GROUND FLOOR PLAN

SCALE 1:100

VIRGINIA HOUSE
24 QUEEN ST
ULVERSTON
CUMRIA
LA 12 7AF