

13 JUL 2015

SL06



Date 13/07/15

Initials OR

Receipt No 236452

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 FRIENDLY FOOD AND DRINK 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>UNIT 1</u> <u>STAVELEY HILL YARD</u> <u>STAVELEY</u> | | | |
| Post town | <u>KENDAL</u> | Postcode | <u>LA8 9LR</u> |

| | |
|---|----------------------|
| Telephone number at premises (if any) | <u>01539 822 326</u> |
| Non-domestic rateable value of premises | £ <u>2150</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) |

14/07/15 ON TO PROCEED.
PUBLIC CONSULTATION
TO 10/08/15 @ 2400 TH.

- 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 | FRIENDLY FOOD AND DRINK LTD |
| Address | UNIT 1 STAVELEY MILL YARD STAVELEY MR KENDAL CUMBRIA LA8 9LR |
| Registered number (where applicable) | 8003234 |
| Description of applicant (for example, partnership, company, unincorporated association etc.) | LIMITED COMPANY |
| Telephone number (if any) | 01539 822326 |
| E-mail address (optional) | INFO@FRIENDLYFOODANDDRINK.CO.UK |

Part 3 Operating Schedule

When do you want the premises licence to start?

| DD | | MM | | YYYY | | |
|----|----|----|----|------|--|--|
| 01 | 09 | 20 | 15 | | | |

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)

FOOD AND DRINK PRODUCER WITH A SMALL SHOP AREA ATTACHED TO KITCHEN WHERE CUSTOMERS CAN BUY PRODUCTS TO TAKE AWAY. WE ALSO SUPPLY WHOLESALE TO OTHER SHOPS AND DISTRIBUTORS AS WELL AS SELL ON THE INTERNET.

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 1)

Supply of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M

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 checked="" type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | State any seasonal variations for the supply of alcohol (please read guidance note 4) | | |
| Mon | 09.00 | 18.00 | | | |
| Tue | 09.00 | 18.00 | | | |
| Wed | 09.00 | 18.00 | | | |
| Thur | 09.00 | 18.00 | | | |
| Fri | 09.00 | 18.00 | | | |
| Sat | 09.00 | 18.00 | | | |
| Sun | 09.00 | 18.00 | 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 | MR GEOFFREY MONKMAN. |
| Address | [REDACTED] |
| Postcode | [REDACTED] |
| Personal licence number (if known) | PA 03 1047. |
| Issuing licensing authority (if known) | S L D C |

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).

NONE

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 | 09.00 | 18.00 | NONE |
| | | | |
| Tue | 09.00 | 18.00 | |
| | | | |
| Wed | 09.00 | 18.00 | |
| | | | |
| Thur | 09.00 | 18.00 | |
| | | | 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) |
| Fri | 09.00 | 18.00 | |
| | | | |
| Sat | 09.00 | 18.00 | |
| | | | |
| Sun | 09.00 | 18.00 | NONE. |
| | | | |

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)

STRONG MANAGEMENT CONTROLS AND STAFF TRAINING
SO THEY ARE AWARE OF THE LAW IN PARTICULAR
NO SALE OF ALCOHOL TO UNDERAGE PEOPLE, NO DRUNK
OR DISORDERLY BEHAVIOUR ON THE PREMISES, NO
VIOLENCE OR ANTI-SOCIAL BEHAVIOUR AND TO
ENSURE NO HARM COMES TO ANY CITIZEN.

b) The prevention of crime and disorder

NO SALE OF ALCOHOL TO DRUNK OR INTOXICATED
CUSTOMERS.
A CLEAR AND LEGIBLE NOTICE IN THE WINDOW
INDICATING THE MAXIMUM HOURS THAT SALE
OF ALCOHOL IS PERMITTED UNDER THIS LICENSE.

c) Public safety

WELL TRAINED STAFF ADHERING TO ENVIRONMENTAL
HEALTH ISSUES. TRAINING AND IMPLEMENTATION
OF UNDERAGE ID CHECK. LOG BOOK TO BE KEPT
REGARDING INSPECTIONS MADE AND DETAILS SUCH
THE PREMISES TO BE KEPT IN GOOD ORDER AND
IN A SAFE CONDITION.

d) The prevention of public nuisance

NOISE REDUCTION MEASURES TO ADDRESS ANY
PUBLIC NUISANCE OBJECTIVES.

e) The protection of children from harm

"CHALLENGE 25" SIGNAGE, ANYONE UNDER 18 BUT
WHO LOOKS UNDER 25 TO CARRY ACCEPTABLE ID.
STAFF TRAINED ON WHAT IS AN ACCEPTABLE ID.
TRAINING RECORDS TO BE KEPT ON THE PREMISES
AS WELL AS LOG BOOK OF CHALLENGES MADE.

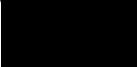
Please tick to indicate agreement

- 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 | 2/7/15 |
| Capacity | DIRECTOR. |

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 | | Postcode | |
| Telephone number (if any) | | | |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional) | | | |

Notes for Guidance

SOUTH LAKELAND DISTRICT COUNCIL

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

Tel: (01539) 733333 Ext 7481/7484 Fax: (01539) 737659

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

GEOFFREY MONKMAN [full name of prospective premises supervisor]
 [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 ALCOHOL [type of application] by FRIENDLY FOOD AND DRINK LTD [name of applicant] relating to a premises licence [number of existing licence, if any] for UNIT 1, STAVELEY MILL YARD, STAVELEY, MIL KENDAL LA8 9LR [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 FRIENDLY FOOD AND DRINK LTD [name of applicant] concerning the supply of alcohol at UNIT 1, STAVELEY MILL YARD, STAVELEY LA8 9LR [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 PA03 1047 [insert personal licence number, if any]
 Personal licence issuing authority SCDZ
 [insert name and address and telephone number of personal licence issuing authority, if any]

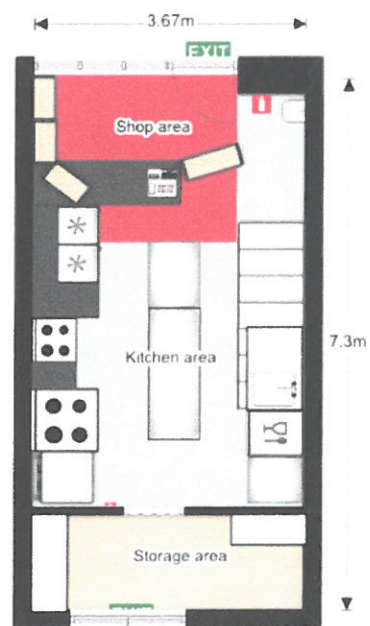
[redacted] signed
G. MONKMAN name (please print)
6/7/15 dated

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

Ground Floor plan for
 Friendly Food and Drink Ltd,
 Unit 1,
 Staveley Mill Yard,
 Staveley.
 LA8 9LR



Off sale of Alcohol area.
 Although whole bulding
 needs to be licenced for
 the supply to other
 business and also
 sales on internet.

First Floor plan for
Friendly Food and Drink Ltd,
Unit 1,
Staveley Mill Yard,
Staveley,
LA8 9LR

