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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~~ VINCENT FLEMING GREGG
(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

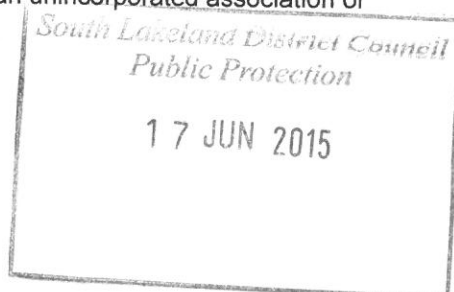
Postal address of premises or, if none, ordnance survey map reference or description			
THE CRAFTY BAA 21 VICTORIA STREET			
Post town	WINDERMERE	Postcode	LA23 1AB
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£ 4800	

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) |



October 2012

Receipt No

Initials

Date

- 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 GREGG			First names VINCENT FLEMING		
I am 18 years old or over <input checked="" type="checkbox"/>				Please tick yes	
Current postal address if different from premises address		[REDACTED]			
Post town	[REDACTED]	Postcode	[REDACTED]		
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)	[REDACTED]				

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
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
2	0	7
2	0	1
5		

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)

THREE STOREY, MID-TERRACED PREMISES
LAKE LAND STONE AND SLATE ROOF.
ENTRANCE SET BACK FROM PATH AND PREMISES
LOCATED ON THROUGH ROAD.
ADJACENT PREMISES PUBLIC HOUSE AND TERRACED
HOUSE ON FIXED TERM SHORT LEASES.
PREVIOUS USES INCLUDE BOOK SHOP AND CAFE.

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

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"/>
					Outdoors <input type="checkbox"/>
					Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
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

Films Standard days and timings (please read guidance note 6)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)			
Mon						
Tue						
Wed						
			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)			
Thur						
Fri						
Sat						
			<u>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</u> (please read guidance note 5)			
Sun						

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			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed			
Thur			<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			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish				
Mon			<u>Please give further details here</u> (please read guidance note 3)			
Tue						
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)			
Thur						
Fri			<u>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</u> (please read guidance note 5)			
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 (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	09.00	23.00	UNAMPLIFIED MUSIC			
Tue	09.00	23.00				
Wed	09.00	23.00	State any seasonal variations for the performance of live music (please read guidance note 4)			
Thur	09.00	23.00				
Fri	09.00	23.00	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	09.00	23.00				
Sun	09.00	23.00				

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"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur					
Fri			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					
Sun					

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 type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue						
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)			
Thur						
Fri			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						
Sun						

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 (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Fri					
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)		
Sun					

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 type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue						
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)			
Thur						
Fri			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						
Sun						

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"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	09.00	23.00			
Tue	09.00	23.00			
Wed	09.00	23.00			
Thur	09.00	23.00			
Fri	09.00	23.00			
Sat	09.00	23.00			
Sun	09.00	23.00	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	BENJAMIN FLEMING GREGG				
Address	<div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 5px;"></div>				
Postcode	W1A 0AE 				
Personal licence number (if known)	PA 032527				
Issuing licensing authority (if known)	SOUTH LAKELAND				

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	07-00	23-30	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)
Tue	07-00	23-30	
Wed	07-00	23-30	
Thur	07-00	23-30	
Fri	07-00	23-30	
Sat	07-00	23-30	
Sun	07-00	23-30	

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)

WE WILL KEEP UPDATED ON THE LICENSING LAW
AND INCORPORATE CHANGES INTO OUR BUSINESS
OPERATION.
WE WILL PROMOTE THE FOUR LICENSING OBJECTIVES

b) The prevention of crime and disorder

1. AGE VERIFICATION POLICY - CHALLENGE 25
2. ALL STAFF TRAINED ON ACCEPTABLE FORMS OF I.D
AND LAW IN RELATION TO SERVING SOMEONE WHO'S DRUNK
3. CC TV WILL BE INSTALLED AND MAINTAINED

c) Public safety

1. WE WILL ADHERE TO ALL LEGISLATION
IN RELATION TO HEALTH AND SAFETY AT WORK
2. WE WILL MONITOR POTENTIAL RISKS ON A
PERIODICAL BASIS AND RECTIFY ISSUES IDENTIFIED.

d) The prevention of public nuisance

1. WE WILL DEVELOP AND ADOPT PRACTICES AND
POLICIES ENSURING BOTH THE BUSINESS AND OUR
CUSTOMERS RESPECT OUR NEIGHBOURS AND THE LOCALITY.
2. WE WILL BE PROACTIVE IN OUR PLANNING OF
ACTIVITIES AND RESPOND POSITIVELY TO ISSUES RAISED.

e) The protection of children from harm

1. WE WILL OPERATE A CHALLENGE 25 VERIFICATION
POLICY
2. WE WILL ENSURE THAT CHILDREN ON OUR
PREMISES ARE UNDER THE SUPERVISION OF ADULTS.

Checklist:

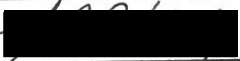
Please tick to indicate agreement

- 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)





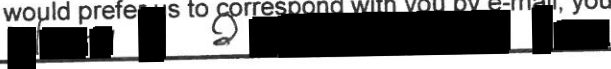
Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 11). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	17/6/15
Capacity	AGENT

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 Fax: 01539 740300

www.southlakeland.gov.uk email: licensing@southlakeland.gov.uk



Part A

Consent of individual to being specified as premises supervisor

I BENJAMIN FLEMING GREGG [full name of 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 PREMISES LICENCE [type of
 application] by VINCENT FLEMING GREGG [name of applicant]
 relating to the premises licence. [number of existing licence, if any]
 for THE CRAFTY BAA 21 VICTORIA STREET WINDERMERE
LA23 1AB [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 VINCENT FLEMING GREGG [name of applicant]
 concerning the supply of alcohol at THE CRAFTY BAA 21 VICTORIA STREET
WINDERMERE LA23 1AB [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 PA032527 [insert personal licence number, if any]Personal licence issuing authority SOUTH LAKELAND

[redacted] address and telephone number of personal licence issuing

[redacted] signed
BENJAMIN FLEMING GREGG name (please print)
17.6.15 dated

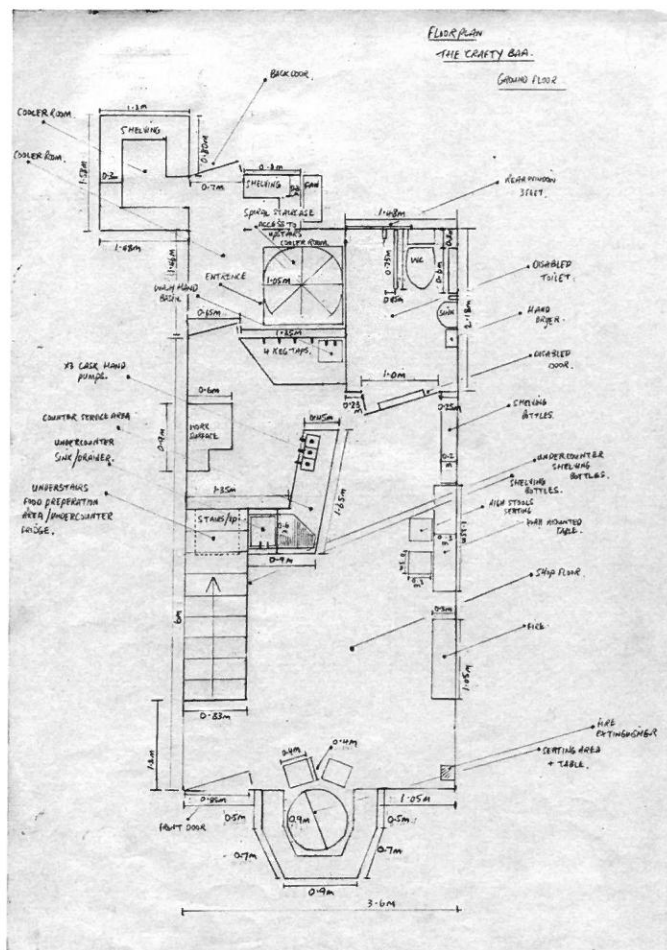
Part B

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

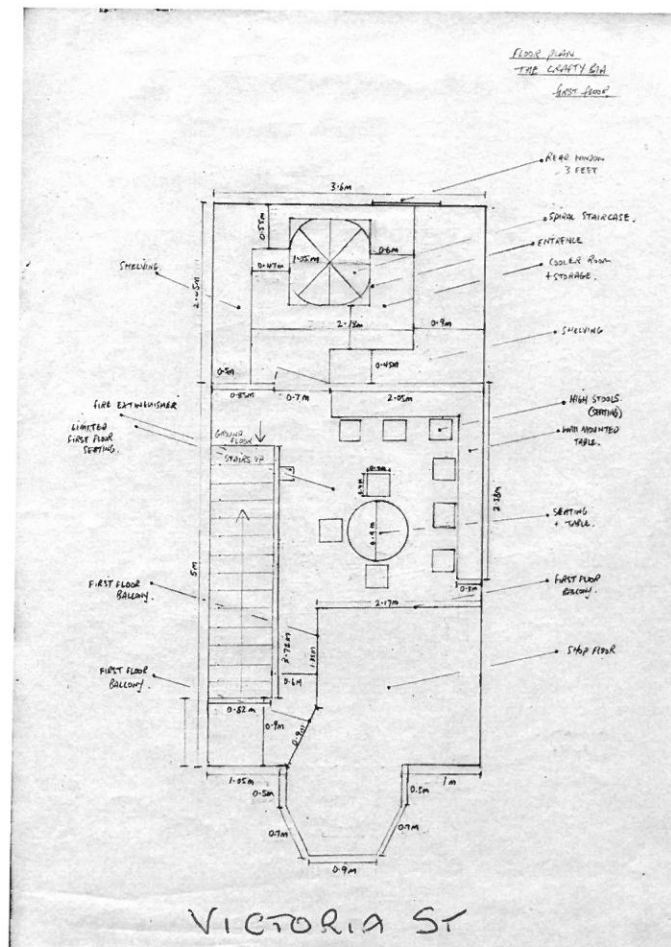
LICENSING PLAN



THE CRAFTY BAA
21 VICTORIA ST
LA23 1AB

Scale 1:100

LICENSING PLAN



1-100 SCALE

THE CRAFTY BAA

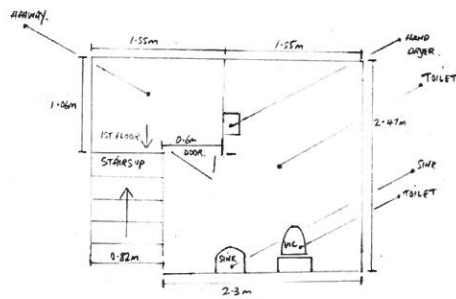
21 VICTORIA ST

WINDERMERE

LA 23 IAB

LICENSING PLAN

FLOOR PLAN
THE CRAFTY BAA
SECOND FLOOR



SCALE 1:100

THE CRAFTY BAA
21 VICTORIA ST
LA23 1AB

The Crafty Bar - floor plan Information.

Ground floor: Off licence serving area, shelving for bottles, open fire, disabled toilet, at the rear spiral staircase to link ground floor cooler area to first floor cooling area! Access to rear yard (back door)
Access to first floor from shop floor (ground floor)!.

first floor: limited seating area, access to first floor cooling area, access to second floor (toilet). Balcony to view ground floor area.

Second floor: Small hallway + toilet area.

Note: fire extinguisher on ground floor + first floor, smoke alarms on ground floor, first floor + second floor, fire alarms on ground floor, first floor + second floor.

Bins bottles and waste will be placed at rear of property on collection day only.

Toilets on ground floor are disabled and unisex, toilet on second floor are unisex

Note: Part of the ceiling will be removed from the ground floor to expose the first floor and a balcony will be fitted to the first floor.