

[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 Hills of Corby Hill Limited

(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 Hills Garage Lake Road			
Post town	Ambleside	Postcode	LA22 0DF
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£22,000	

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) | <input type="checkbox"/> please complete section (B) |

05 JUN 2015

Receipt No 236341

Initials EME

Date 05.06.15

- 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 Hills of Corby Hill Limited
Address Corby Hill Garage Corby hill Carlisle Cumbria CA4 8PL
Registered number (where applicable) 1211554
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any) 01228 560434
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
0	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)
Convenience Store and Petrol Forecourt

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) | <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 type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input 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) (if ticking yes, fill in box H) | <input type="checkbox"/> |

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			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					
Sun					

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 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 exhibition of films (please read guidance note 4)		
Thur					
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

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			
Fri			<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)
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	<u>Please give further details here</u> (please read guidance note 3)			
Mon						
Tue						
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)			
Thur						
Fri						
Sat			<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)			
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)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	
Tue			State any seasonal variations for the performance of live music (please read guidance note 4)	
Wed			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)	
Thur				
Fri				
Sat				
Sun				

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				
Sat			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)	
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	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)		
Fri					
Sat			<u>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</u> (please read guidance note 5)		
Sun					

I

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

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – <u>please tick</u> (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	0600	2300		
Tue	0600	2300		
Wed	0600	2300		
Thur	0600	2300	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) One additional hour to standard timings on the day that British Summer Time Commences	
Fri	0600	2300		
Sat	0600	2300		
Sun	0600	2300		

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

Name	
Mohammed Iqbal Khamisa <div style="background-color: black; width: 100%; height: 1.2em;"></div>	
Postcode	<div style="background-color: black; width: 100%; height: 1.2em;"></div>
Personal licence number (if known) TBC	
Issuing licensing authority (if known) Kendal, Cumbria TBC	

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)

Day	Start	Finish
Mon	0600	2300
Tue	0600	2300
Wed	0600	2300
Thur	0600	2300
Fri	0600	2300
Sat	0600	2300
Sun	0600	2300

State any seasonal variations (please read guidance note 4)

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)

One additional hour to standard timings on the day that British Summer Time Commences

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)

The Premises will be equipped with and operate an internal and external CCTV system to include remote viewing.

CCTV images will be retained for a period of 30 days and made available on request from responsible authorities.

The Premises will operate a strict due diligence policy to include age restricted sales. A Challenge 21 Policy will be in operation at the premises.

b) The prevention of crime and disorder

The premises will be equipped with and operate an internal and external CCTV system to include remote viewing.

CCTV images will be retained for a period of 30 days and made available on request from responsible authorities.

c) Public safety

The Premises will comply with the Regulatory Reform (Fire Safety) Order 2005

d) The prevention of public nuisance

The location of the premises would not cause nuisance to residents, however,

Any youths loitering in the area will be asked to move on.

Every endeavour will be used to ensure that the premises are litter free, internally and externally

e) The protection of children from harm

CCTV images will be retained for a period of 30 days and made available on request from responsible authorities.

The Premises will operate a strict due diligence policy to include age restricted sales. A Challenge 21 Policy will be in operation at the premises.

Customers attempting to purchase age restricted products who appear to be under the age of 21 years will be required to produce identification in the form of:

1. Passport
2. Photo Card Driving Licence
3. PASS Holographic proof of age card

The premises has an EPOS till system which alerts staff to age restricted products prior to sale. Refusals will be recorded by way of till reports and a refusals book.

An accident book will be kept at the premises.

All staff will obtain the BIIAB Level 1 Certificate and where, necessary, will be trained to BIIAB Level 2.

Checklist:

Please tick to indicate agreement

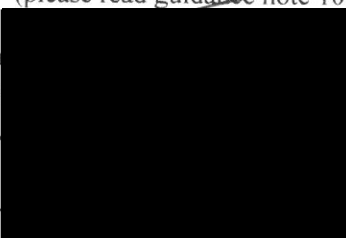
- I have made or enclosed payment of the fee. ☒
- I have enclosed the plan of the premises. ☒
- I have sent copies of this application and the plan to responsible authorities and others where applicable. ☒
- I have enclosed the consent form completed by the individual I wish to be designated premises 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
If signing on behalf of

other duly authorised agent (see guidance note 11).
in what capacity.

Signature	
Date	03.06.15
Capacity	Solicitor

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

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 the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. 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 or 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, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

Consent of individual to being specified as premises supervisor

Mohammed Iqbal Khamisa

I
[full name of prospective premises supervisor]

of *[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

Hills of Corby Hill Ltd

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

N/A

for :

Hills Garage

Lake Road

Ambleside

LA22 0DF

[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

Hills of Corby Hill Ltd

[name of applicant]

concerning the supply of alcohol at

Hills Garage

Lake Road

Ambleside

LA22 0DF

[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

[insert personal licence number, if any]

Personal licence issuing authority

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

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

Signed

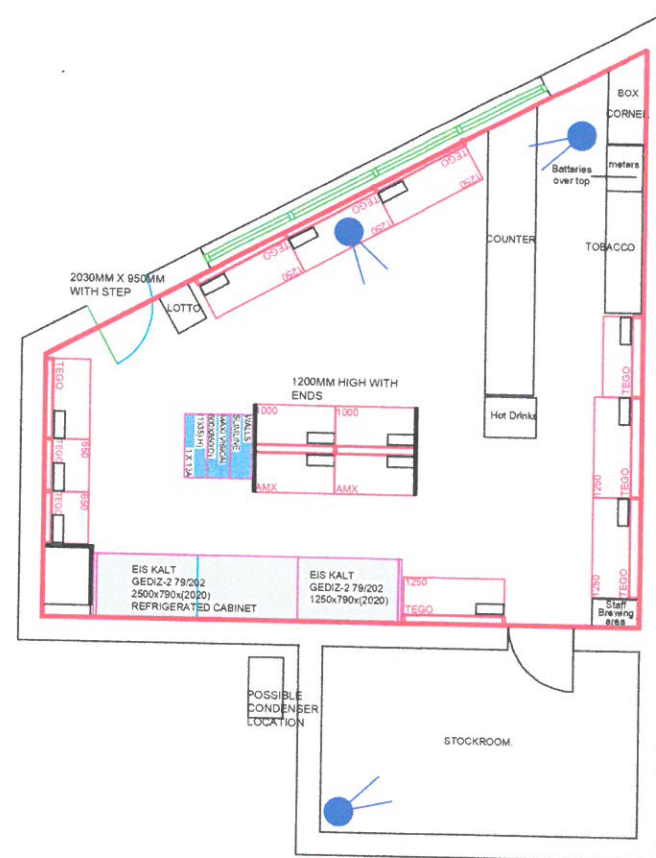
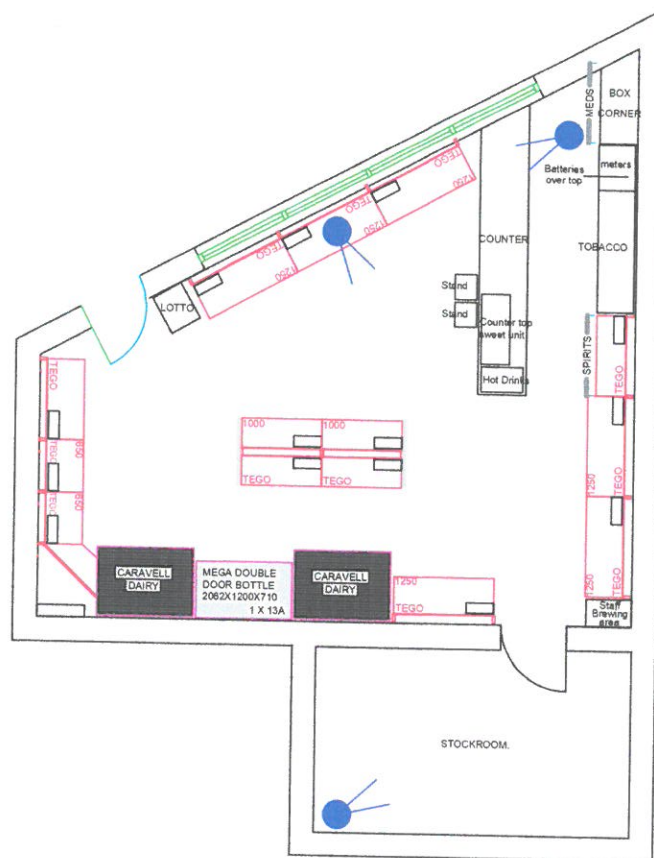



Name (please print)

Mohammed Iqbal Khamisa

Date

21/05/15



AZ	
10	WHITE SLAT WALL CLADDING
11	SLATED END PANELS
21	MERCHESBOURGH AFFLUENT
	RIGHT CORNER
REPAIRER CLADDING FINISH	
31	MERCHESBOURGH AFFLUENT
41	PTG FINISH WALL CLADDING
OFF LICENCE	
50	ROSEWOOD
	 WOODPLANK TILE FLOOR
12	BUTCHERS WALL COLOUR

PROPOSED SALES AREA FOR
BEERS, WINES AND SPIRITS.

EXISTING C.C.T.V.

[illegible]

RETAILER
MILLS

ADDRESS
MILLS OF COREY HILL LTD
MILLS GARAGE
LAKE RD
LAKE ERIE
LAKE SHIP

TEL. - 01519 432144

DATE CREATED: 106 JULY 2014

EXPIRY BY: 01 NOV 2024

SCALE: 1:50

REFLECT REVISION: 1

TOP TOPO LEVEL: P1

JAMES HALL & CO.
(SOUTHPORT) LTD.
SPAR DISTRIBUTION CENTRE
89-91 JACKPOLE ROAD
RIBBLETON
RIBBLETON PR2 6DY
TEL (01772) 706666
FAX (01772) 706667

SPAR 

LICENSING ACT 2003

APPLICATION FOR A PREMISES LICENCE

Hills of Corby Hill Limited have applied to South Lakeland District Council for a Premises Licence for Hills Garage, Lake Road, Ambleside LA22 0DF

For the sale between the following hours: 0600 and 2300 (plus one additional hour when British Summer time commences, Monday to Sunday inclusive.

Any person intending to make relevant representations on this application should submit them in writing by not later than 3rd July 2015 to the Licensing Manager, Licensing Section, South Lakeland District Council, South Lakeland House, Lowther Street, Kendal, Cumbria, LA9 4UD or by emailing licensing@southlakeland.gov.uk

The full application, including details of the proposed variation may be viewed at the above offices between 10.00am and 4.00pm. Monday to Friday.

IT IS AN OFFENCE, knowingly or recklessly to make a false statement in connection with an application for which you may be liable to a fine of up to £5000 on summary conviction.

Licensing Act 2003

NOTICE OF AN APPLICATION FOR A PREMISES LICENCE

Date this notice posted on the premises: 5th June 2015

Premises: Hills Garage, Lake Road, Ambleside, LA220DF

We, Hills of Corby Hill Limited have applied to South Lakeland District Council (the Licensing Authority), for a Premises Licence in respect of the above premises. The application relates to the sale of alcohol between the hours of 0600 and 2300 (plus one additional hour when British Summer time commences, Monday to Sunday inclusive.

Any person intending to make relevant representations on this application should submit them in writing within 28 days from the date this notice is first displayed on the above premises to:

The Licensing Manager, Licensing Section, South Lakeland district Council, South Lakeland House, South Lakeland House, Lowther Street, Kendal, Cumbria LA9 4UD or by emailing licensing@southlakeland.gov.uk

The full application can be viewed at the given address between the hours of 10.00am to 4.00pm, Monday to Friday.

Last date for Representations: 3rd July 2015

IT IS AN OFFENCE, knowingly or recklessly make a false statement in connection with an application for which you may be liable to a fine not exceeding level 5 on the standard scale on summary of conviction.