

Receipt No ... 236340
 Initials ... EME
 Date ... 21.05.15



SOUTH LAKELAND DISTRICT COUNCIL
 Public Health & Licensing Group, South Lakeland House, Lowther Street,
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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 MORE? THE ARTISAN BAKERY LTD
DAVID JAMES MORE, DAVID ANDREW BRIDGMAN
 (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 MORE? THE ARTISAN BAKERY MILL YARD STAVELEY			
Post town	ULVERHUR KENDAL	Postcode	LA9 9LR
Telephone number at premises (if any)		01539822713	
Non-domestic rateable value of premises		£ 18,250	

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) ☐ 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	MOORE? THE ARTISAN BAKERY LTD
Address	MILL YARD STAVLEY LAB 9LR
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	Limited Company
Telephone number (if any)	015398 22297
E-mail address (optional)	DAVE@MOOREARTISAN.CO.UK

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
15	06	2015

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)

MONE BAKERY IS SITUATED IN MILL YARD STAVELEY, A THRIVING BUSINESS ESTATE. THE APPLICATION IS TO SERVE ALCOHOL ALONG WITH ALL THE OTHER FOOD AND BEVERAGE WE ^{CURRENTLY} OFFER IN THE SHOP. WE HAVE SEATING OUTSIDE, 3 BENCH SEATS, 3 PICNIC BENCHES AND 4 TABLES SEATING AROUND 42 PEOPLE MAXIMUM CAPACITY.

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

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	0700	2100			
Tue	0700	2100			
Wed	0700	2100			
Thur	0700	2100			
Fri	0700	2100			
Sat	0700	2100			
Sun	0700	2100	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	DAVID BENJAMIN GRIBBLE		
Address	22 CHURCH WALK FROOKBURN GRANF OVER SAND'S CUMBRIA		
Postcode	LA11 7JX		
Personal licence number (if known)			
Issuing licensing authority (if known)			

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).

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	0700	1800	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)
		2100	
Tue	0700	1800	
		2100	
Wed	0700	1800	
		2100	
Thur	0700	1800	
		2100	
Fri	0700	1800	
		2100	
Sat	0700	1800	
		2100	
Sun	0700	1800	
		2100	

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)

TO ENSURE ALL STAFF ARE FULLY TRAINED TO ENSURE WE PROMOTE ALL FOUR LICENSING OBJECTIVES THROUGH STEPS WE HAVE OUTLINED BELOW. THESE STEPS WILL BE REGULARLY MONITORED/REVIEWED FOR EFFECTIVENESS AND WHERE NECESSARY CHANGES CAN / WILL BE CHANGED FOR IMPROVEMENT.

b) The prevention of crime and disorder

- A) ENSURE STAFF UNDERSTAND THE SOCIAL RESPONSIBILITY ASSOCIATED WITH THE SALE OF INTOXICATING LIQUOR.
- B) ALL SALES TO BE IN REGULATION WITH THE "PROOF OF AGE POLICY".
- C) NON PARTICIPATION IN ANY ACTIVITIES PROMOTING/ENCOURAGING BINGE DRINKING.
- D) MAINTAINING A GOOD RELATIONSHIP WITH THE LOCAL AUTHORITIES SUCH AS THE LOCAL POLICE / COUNCIL.

c) Public safety

- A) ENSURE ADEQUATE FIRST AID EQUIPMENT / MATERIALS ARE AVAILABLE ON THE PREMISES TOGETHER WITH SUFFICIENT FIRST AIDERS.
- B) PROMPT CLEARING OF EMPTY GLASSES / BOTTLES.
- C) PROCEDURES FOR EMERGENCIES INCLUDING CALLING OF THE EMERGENCY SERVICES.
- D) FULL RISK ASSESSMENT FOR PREMISES OPERATION.
- E) FIRE SAFETY CHECKS / AND ALL HEALTH AND SAFETY CHECKS ADHERED TOO.

d) The prevention of public nuisance

- A) MEASURES TO BE TAKEN TO ENSURE CUSTOMERS LEAVE QUIETLY TO MINIMISE DISTURBANCE TO RESIDENTS IN THE AREA.
- B) ZERO TOLERANCE POLICY TOWARDS PERSONS WHO ARE PERSISTENTLY ROWDY WHEN LEAVING THE PREMISES.
- C) THE DEPOSITING OF WASTE GLASS INTO RECEPTACLES DONE AT TIMES TO CAUSE MINIMUM DISTURBANCE TO RESIDENTS.

e) The protection of children from harm

- A) WE WILL HAVE A STATED POLICY ABOUT WHO SHOULD BE CHALLENGED FOR PROOF OF AGE.
- B) TRAIN STAFF TO ENSURE COMPLIANCE IN THE LAW WITH RELATION TO CONSUMPTION OF ALCOHOL TO PERSONS UNDER AGE.

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	20/05/2015
Capacity	SHOP MANAGER

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 DAVID BENJAMIN SNIBBLE.....[full name of prospective premises supervisor]
 of.....[redacted].....
[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...GRANT.....[type of
 application] by MOORE THE ARTISAN BAKERY.....[name of applicant]
 relating to the premises licence.....[number of existing licence, if any]
 for MOORE THE ARTISAN BAKERY LTD.....
[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 MOORE THE ARTISAN BAKERY LTD.....[name of applicant]
 concerning the supply of alcohol at MOORE THE ARTISAN BAKERY LTD.....
[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 PA933184.....[insert personal licence number, if any]
 Personal licence issuing authority S.L.D.C......
 [insert name and address and telephone number of personal licence issuing
 authority].....

.....signed
DAVID SNIBBLE.....name (please print)
20/05/2015.....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

269 = WILGUSG) AREA

LEGEND

