

# LICENSING APPLICATIONS PROGRESS NOTES – PREMISES

Type of Application	N	Date Received	04/06	Rateable Band	B	Plan	y	Consent Form for DS	y
Fee Rec No	£190	Entered on Flare		Flare Ref No.		Entered on Weekly List		Date Issued	

## REJECTION OF APPLICATION

Application Rejected	Reason of Objection	Date Application Returned

**PREMISES:** *CHOICES HEALTH CLUB - TROUTBACH*

RESPONSIBLE AUTHORITIES	RESPONSES BY	RECEIVED	OBJECTIONS	TO COMMITTEE BEFORE (DATE)
FIRE OFFICER	<i>02.02.15</i>			
POLICE				
HEALTH & SAFETY				
ENVIRONMENTAL PROTECTION				
PLANNING SLDC, LDNP or YDNP				
SOCIAL SERVICES				
TRADING STANDARDS				
REPRESENTATIONS MADE BY INTERESTED PARTIES				

REFER TO COMMITTEE	DATE	COMMITTEE DECISION
Y/N		





**SL06**

**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** Choices Health Club (Troutbeck) 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 Choices Health Club (Troutbeck) Ltd Troutbeck Swimming Pool Troutbeck			
<b>Post town</b>	Windermere	<b>Postcode</b>	LA23 1HP
<b>Telephone number at premises (if any)</b>		TBC	
<b>Non-domestic rateable value of premises</b>		£ 12,000.00	

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as

Please tick as appropriate

- a) an individual or individuals \*  please complete section (A)
- b) a person other than an individual \*
  - i. as a limited company  please complete section (B)
  - ii. as a partnership  please complete section (B)
  - iii. as an unincorporated association or  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)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
Post town		Postcode			
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

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

**(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	Choices Health Clubs (Troutbeck) Ltd
Address	Troutbeck Swimming Pool Troutbeck Windermere LA23 1HP
Registered number (where applicable)	08900326
Description of applicant (for example, partnership, company, unincorporated association etc.)	Ltd Company
Telephone number (if any)	██████████
E-mail address (optional)	██████████ troutbeck@choiceshealthclubs.com

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	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)

A newly developed health club with swimming pool, spa area, gymnasium, studio and cafe/lounge area. We are looking to offer our members a relaxing environment to have a sociable drink from our champagne bar after enjoying the facilities

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**

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

**B**

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



C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Wed			
Thur			<b><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></b> (please read guidance note 5)
Fri			
Sat			
Sun			

**D**

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

**E**

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

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	06:30	22:00	Background Music		
Tue	06:30	22:00			
Wed	06:30	22:00	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Thur	06:30	22:00	<b>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</b> (please read guidance note 5)		
Fri	06:30	22:00			
Sat	07:30	22:00			
Sun	08:30	20:00			

**G**

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

# H

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

I

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

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (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	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	06:30	22:00			
Tue	06:30	22:00			
Wed	06:30	22:00			
Thur	06:30	22:00			
Fri	06:30	22:00			
Sat	07:30	22:00			
Sun	08:30	20:00			
			<b>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</b> (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	██████████
Address	██████████ ██████ ██████
Postcode	██████
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).

N/A

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<u>State any seasonal variations</u> (please read guidance note 4)
Day	Start	Finish	
Mon	06:30	22:00	<p><b><u>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</u></b> (please read guidance note 5)</p>
Tue	06:30	22:00	
Wed	06:30	22:00	
Thur	06:30	22:00	
Fri	06:30	22:00	
Sat	07:30	22:00	
Sun	08:30	20:00	

**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)**

Management control and staff training  
No drunk, disorderly or underage to be served  
Premises Supervisor to train all staff on licensing laws and objectives  
CCTV to be installed in

**b) The prevention of crime and disorder**

CCTV to be installed in lounge/cafe area, reception and entrance  
Staff to be trained in identifying customer ages effectively and professionally  
Preventative signage to be displayed with regards to illegal activities, to include Drugs, Violence and Theft  
Intoxicated customers will not be served - With No Exceptions

**c) Public safety**

The health club will be run with public safety in mind. We will carry our regular maintenance and repairs to all areas of the building, signage will be used to alert customers to potential dangers.  
A maintenance log will also be in place so as to track any reoccurring issues so as to provide a permanent solution

**d) The prevention of public nuisance**

Customers will only be allowed on site during opening hours  
All deliveries will be made within normal working hours

**e) The protection of children from harm**

We will be operating the challenge 25 scheme  
Staff will be trained to to identify clients under 25 and request the appropriate id (valid Drivers License or Passport only)

**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	
Capacity	

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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.

**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](http://www.southlakeland.gov.uk) email: [licensing@southlakeland.gov.uk](mailto:licensing@southlakeland.gov.uk)



**Part A**

**Consent of individual to being specified as premises supervisor**

I Neil Paul Bimson .....[full name of prospective 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 Choices Health Club (Troutbeck) Ltd .....[name of applicant]  
relating to the premises licence N/A .....[number of existing licence, if any]  
for Choices Health Club (Troutbeck) Ltd, Troutbeck Swimming Pool, Troutbeck, Windermere,  
LA23 1HP .....[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 Choices Health Club (Troutbeck) Ltd .....[name of applicant]  
concerning the supply of alcohol at Troutbeck Swimming Pool, Troutbeck, Windermere,  
LA23 1HP .....[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 [redacted] .....[insert personal licence number, if any]  
Personal licence issuing authority Wigan Council .....  
[insert name and address and telephone number of personal licence issuing  
authority, if any]

.....signed  
[redacted] .....name (please print)  
.15.04.2015 .....dated

Licensing Section  
Town Hall  
Library Street  
Wigan  
WN1 1YN  
01942 404627

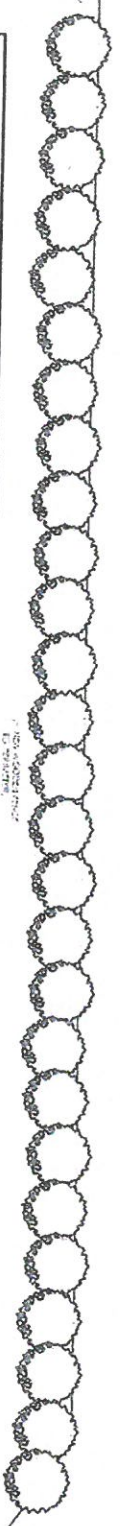
**Part B**

**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

BOUNDARY LINE



POOL WEIGHTS & MONKEY BAR AREA

NEW EXTERNAL SURFACE TO BE COVERED IN PLAYGROUND RUBBER TYPE FINISH TO ACCOMMODATE NEW OUTDOOR OPEN GYMNASIUM

5m Running track

5m Cross training track

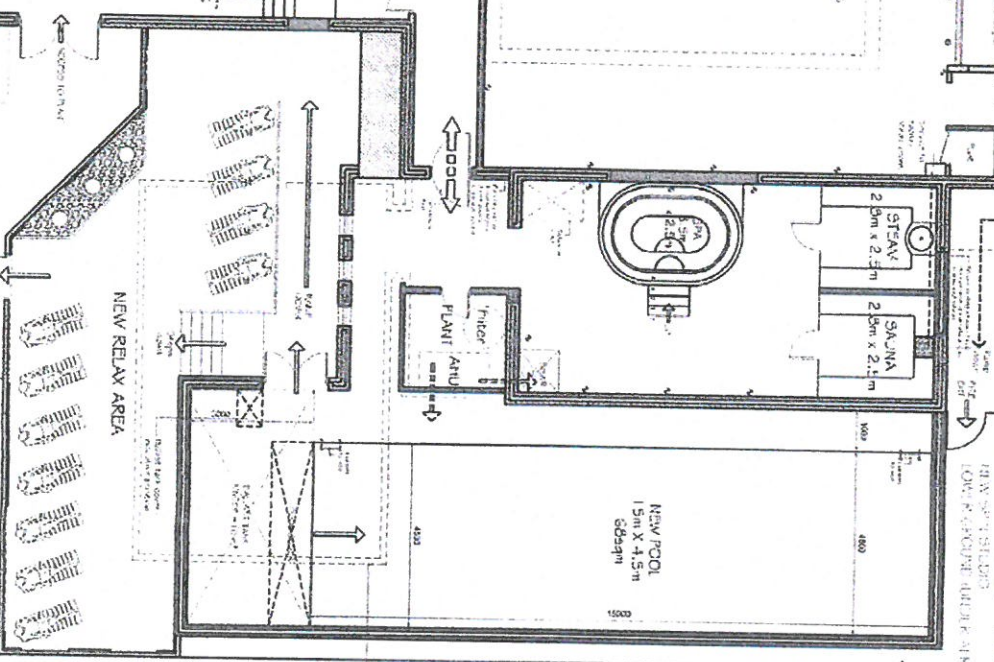
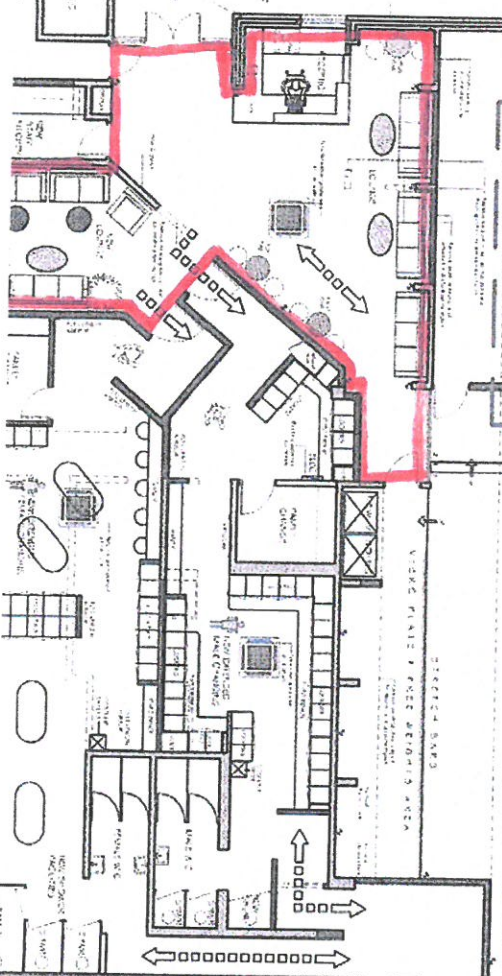
GYMNASIUM  
= 285 sqm

NEW 50m SWIMMING POOL  
50m x 2.5m  
= 125 sqm

STEAM 2.5m x 2.5m  
SAUNA 2.5m x 2.5m  
PLANT ROOM

NEW POOL  
1.5m x 4.5m  
6sqm

NEW 50m SWIMMING POOL  
50m x 2.5m  
= 125 sqm



BOUNDARY LINE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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