

[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 SANDSIDE LEISURE LTD apply for a premises licence under section 17 of
(Insert name(s) of applicant)
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>5 WAINWRIGHTS YARD</u> <u>KENDAL</u> | |
| Post town <u>KENDAL</u> | Post code <u>LA9 4DP</u> |

Telephone number at premises (if any)

| |
|--|
| |
|--|

Non-domestic rateable value of premises

| |
|-----------------|
| <u>£ 18,250</u> |
|-----------------|

Part 2 – Applicant details

Please state whether you are applying for a premises licence as

Please tick ✓ yes

- | | |
|---|---|
| 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) |
| c) a recognised club | <input type="checkbox"/> please complete section (B) |
| d) a charity | <input type="checkbox"/> 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 ☐ 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 ☐ Mrs ☐ Miss ☐ Ms ☐ Other title (for example, Rev) ☐

Surname

First names

I am 18 years old or over

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 ☐

Mrs ☐

Miss ☐

Ms ☐

Other title
(for example, Rev) ☐

Surname

First names

Please tick

✓ yes

☐

I am 18 years old or over

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 | SANDSIDE LEISURE LTD |
| Address | 21 WATERSEDGE SANDSIDE LA7 7HN |
| Registered number (where applicable) | 0946377 |
| Description of applicant (for example partnership, company, unincorporated association etc) | LIMITED COMPANY |
| Telephone number (if any) | [REDACTED] |
| E-mail address (optional) | [REDACTED] |

Part 3 Operating Schedule

When do you want the premises licence to start?

| Day | Month | Year |
|-----|-------|------|
| 19 | 06 | 2015 |

If you wish the licence to be valid only for a limited period, when do you want it to end?

| Day | Month | Year |
|-----|-------|------|
| | | |

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

Please give a general description of the premises (please read guidance note 1)

A small 55 seater wine and cocktail bar.
Serving high branded and quality products
with a small 'cold' tapas style food offering.
No cooking will be carried out on site.

What licensable activities do you intend to carry on from the premises?
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Please tick ✓ yes

Provision of regulated entertainment

- | | |
|--|--|
| 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 checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input checked="" 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 entertainment facilities for:

- | | |
|--|--------------------------|
| i) making music (if ticking yes, fill in box I) | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J) | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K) | <input type="checkbox"/> |

Provision of late night refreshment (if ticking yes, fill in box L)

☐

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

☒

In all cases complete boxes N, O and P

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 [Y] (please read guidance note 2) | Indoors | <input checked="" type="checkbox"/> |
|--|--------------------|---------|--|----------|-------------------------------------|
| Day | Start | Finish | | Outdoors | |
| Mon | 12.00pm 10.30pm | 10.30pm | Please give further details here (please read guidance note 3) Occasional live acoustic music. Solo or duo artists only Music levels to be within sound limits. | Both | |
| Tue | 12.00pm | 10.30pm | | | |
| Wed | 12.00pm | 10.30pm | State any seasonal variations for the performance of live music (please read guidance note 4) | | |
| Thur | 12.00pm | 10.30pm | | | |
| Fri | 12.00pm | 10.30pm | 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 | 12.00pm | 11.00pm | | | |
| Sun | 12.00pm | 10.30pm | | | |

NOT
REQUIRED

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 [Y] (please read guidance note 2) | Indoors | <input checked="" type="checkbox"/> |
|--|-------|---------|--|----------|-------------------------------------|
| Day | Start | Finish | | Outdoors | |
| Mon | 10am | 10.30pm | Please give further details here (please read guidance note 3) Recorded music - System will have a sound limiter fitted in accordance with the planning permission | Both | |
| Tue | 10am | 10.30pm | | | |
| Wed | 10am | 10.30pm | State any seasonal variations for playing recorded music (please read guidance note 4) | | |
| Thur | 10am | 10.30pm | | | |
| Fri | 10am | 11.00pm | Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5) | | |
| Sat | 10am | 11.00pm | | | |
| Sun | 10am | 10.30pm | | | |

NOT
REQUIRED.

L

| | | | | | |
|--|-------|--------|---|----------|--|
| 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 [Y] (please read guidance note 2) | Indoors | |
| | | | | Outdoors | |
| Day | Start | Finish | Both | | |
| Mon | | | Please give further details here (please read guidance note 3) | | |
| 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 | | | | | |

M

| | | | | | |
|---|-------|---------|--|------------------|-------------------------------------|
| Supply of alcohol Standard days and timings (please read guidance note 6) | | | Will the sale of alcohol be for consumption (Please tick box Y) (please read guidance note 7) | On the premises | <input checked="" type="checkbox"/> |
| | | | | Off the premises | |
| Day | Start | Finish | Both | | |
| Mon | 8 am | 11.30pm | State any seasonal variations for the supply of alcohol (please read guidance note 4) | | |
| Tue | 8am | 11.30pm | | | |
| Wed | 8am | 11.30pm | | | |
| Thur | 8am | 11.30pm | 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) | | |
| Fri | 8am | 12am | | | |
| Sat | 8am | 12am | | | |

| | | | |
|-----|--|--|--|
| Sun | | | |
|-----|--|--|--|

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

Name KAUSHIK MISTRY
 Address 21 WATERSEdge
SANDSME
 Postcode LA7 7HN
 Personal Licence number(if known) PAO 242
 Issuing licensing authority (if known) SLDC

N

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)

O

| Hours premises are open to the public Standard timings (please read guidance note 6) | | | State any seasonal variation (please read guidance note 4) |
|---|-------|----------|--|
| Day | Start | Finish | |
| Mon | 8am | 11.30 pm | |
| Tue | 8 am | 11.30 pm | |
| Wed | 8am | 11.30pm | |
| Thur | 8am | 11.30pm | |
| Fri | 8am | 12 am | |
| Sat | 8am | 12 am | |
| Sun | 8am | 11.30pm | |

Non standard timings. Where you intend to use 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)

Please tick ✓ yes


- 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 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 CONVICTION TO A FINE UP TO 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 MAY 2015

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)

FLAT 21 WATERBURY
SANDSYDE

Post town

MILNTHORPE

Post code

LA7 7HN

Telephone number (if any)



If you would prefer us to correspond with you by e-mail your e-mail address (optional)



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)

WE HAVE OVER 25 YEARS EXPERIENCE IN THE LICENSED BUSINESS. RUNNING OVER 250 PUBS AND RESTAURANTS. STAFF WILL HAVE FORMAL TRAINING AND ALL KEY STAFF WILL BE GIVEN AN OPPORTUNITY TO GAIN A PERSONAL LICENSE WITHIN 3 MONTHS OF COMMENCING EMPLOYMENT. TRAINING IS REGULARLY REVIEWED. WE WILL ADOPT A THINK 25 POLICY. COMPLIANCE WILL BE MONITORED AND LOGGED.

b) The prevention of crime and disorder

THE PREMISES WILL HAVE CCTV, AS DOES WANDWRIGHTS YARD. THIS WILL COVER THE LICENSED AREA AND EXTERNALLY. IMAGES WILL BE RETAINED FOR A MINIMUM OF 28 DAYS AND MADE AVAILABLE TO OFFICERS OF SLDCE AND THE POLICE. A TRAINED SUPERVISOR OR MANAGER WILL ORDINARILY BE ON DUTY.

c) Public safety

A PERSON WILL HAVE RESPONSIBILITY FOR THE PREMISES WHILST OPEN. THEY WILL BE TRAINED TO SUPPORT THE PROPER RUNNING OF THE PREMISES, INCLUDING LOOKING AFTER CUSTOMERS & STAFF. THE PREMISES & AREA WILL REMAIN WELL LIT.

d) The prevention of public nuisance

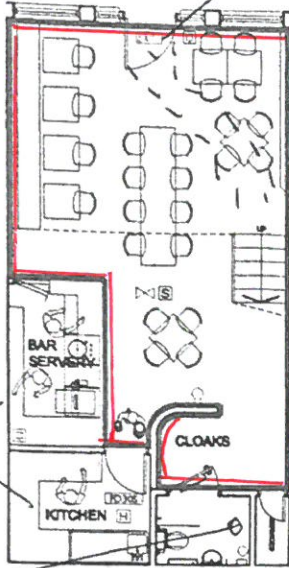
PROMINENT NOTICES DISPLAYING AT ALL TIMES, REQUESTING NOISE LEVELS ~~AND~~ TO BE KEPT ACCEPTABLE. DELIVERIES TO KEEP WITHIN PLANNING APPROVAL SCHEME. NEIGHBOURS TO HAVE MANAGEMENT TEL NUMBERS. PUB WATCH MEMBERSHIP.

e) The protection of children from harm

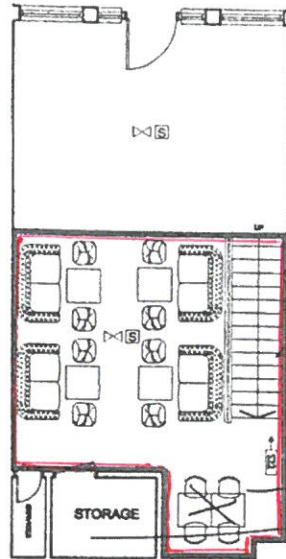
STAFF TRAINED IN THINK 25 POLICY
REGULAR STAFF TRAINING
INCIDENT LOG TO BE KEPT ON SITE
PRICE POLICY AND DRINK SELECTION TO ATTRACT OLDER CUSTOMER BASE
REGULAR CUSTOMER SHOPPER REPORTS.

⊗ CAPACITY OF SEATING REDUCED TO 56.
⊗ AREA TO BE MARKED OUT CLEARLY

MAIN ENTRANCE



GROUND FLOOR AS PROPOSED (1:100)



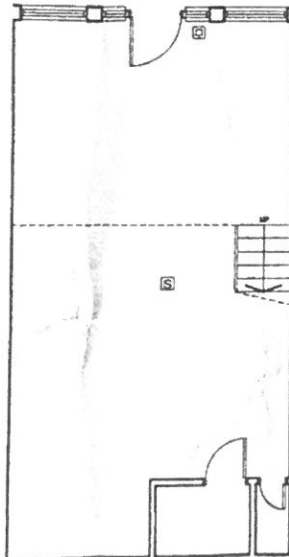
FIRST FLOOR AS PROPOSED (1:100)

| KEY:- | |
|-------|---|
| | Area to be used for the sale of alcohol |
| | Red - New equipment |
| | Existing equipment |
| | Break glass fire alarm point |
| | Heat detector |
| | Smoke detector |
| | Fire stage sounder - neon |
| | 1/2 hour fire res S/C door with Ureol |
| | Emergency lighting luminaires |
| | Running man directional arrow provided, direction indicated |
| | Illuminated exit sign |

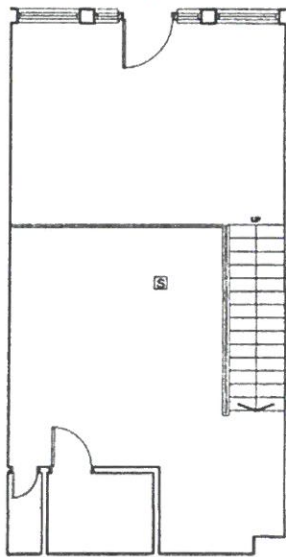
⊗ INTERLINK DETECTION UNDER STAIRS
⊗ TABLE REMOVED
⊗ EMERGENCY LIGHT ADDED

⊗ KITCHEN FOR PREP AND SERVICE OF COLD FOOD ONLY.

⊗ EMERGENCY LIGHT ADDED



GROUND FLOOR AS EXISTING (1:100)



FIRST FLOOR AS EXISTING (1:100)



SITE LOCATION PLAN (1:1250)

| Rev | Description | By | Date |
|-----|-------------|----|------|
|-----|-------------|----|------|

| | |
|--|-------------------------|
| For these plans, please refer to the architect's office for the latest version of the drawing set. | www.south-eastern.co.uk |
|--|-------------------------|

PROPOSED BAR AND RESTAURANT
FOR KAUSHIK MISTRY, KENDAL

LICENSING PLANS

| | | |
|------------------|----------|-------------|
| DESIGNED BY | DATE | DRAWING NO. |
| SCALE 1:100 @ A1 | 04-05-18 | 15009-02 |

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.uk e-mail: licensing@southlakeland.gov.uk



Part A

Consent of individual to being specified as premises supervisor

I, KAUSHIK MISTRY [full name of prospective premises supervisor]
 of 21 WATERSEDE JARDINE MILNTHORPE [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 DPS CONSENT [type of application]
 by SANDRINE LEISURE [name of applicant]
 relating to a premises licence [number of existing licence, if any]
 for 5 WAINWRIGHTS YARD KENDAL [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 SANDRINE LEISURE [name of applicant]
 concerning the supply of alcohol at 5 WAINWRIGHTS YARD KENDAL [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 PA0242 [insert personal licence number, if any]
 Personal licence issuing authority SLDC
 [insert name and address and telephone number of personal licence issuing authority, if
 any]

[Redacted Signature] signed
[Redacted Name] name (please print)
20/5/2015 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