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## SOUTH LAKELAND DISTRICT COUNCIL

Public Protection Group,

Licensing Team, South Lakeland House, Lowther Street, Kendal, Cumbria, LA94UQ
Tel: 01539 733333 Fax: (01539) 740300

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

# Application for a minor variation to a premises licence or club premises certificate 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, especially Note 1. 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 in black ink. Use additional sheets if necessary. Once completed please send your application to the relevant licensing authority. You may wish to keep a copy of the completed form for your records.

Mrs	Vicola	Marie	Ireton	
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(Insert name(s) of applicant)

being the premises licence holder(s) / club holding a club premises certificate, apply to varya premises licence under section 41 A / club premises certificate under section 86 A of the Licensing Act 12003 for the premises described in Part 1 below.

Public Protection

# Part 1 – Premises details

2 9 APR 2015

Postal address of premises (or, if none, or	dnance survey map reference, or description)
The Priest Hole Restaurant Kelsick Old Hall	
Post town Ambleside	Post Code LA22 0BU

Telephone number at premises (if any)

01539433332

Premises licence number/club premises certificate number

PL(A)0005	

Brief description of premises (Please see Guidance Note 2)	
Family run restaurant and café premises in central Ambleside. Open Couples and Families.	All Day catering for Adults
Dowt 2 Ameliaant Dataile	
Part 2 – Applicant Details	D7
am the premises licence holder/ Contact phone number in working tours (if any)	Please tick 💆
01539433332	
Applicant Postal address IF DIFFERENT FROM PREMISES ADD	DECC
Applicant Tostal address if DIFFERENT FROM FREMISES ADD	NESS
As Premises Address.	
Post town Postcode	
Please provide email address if you would prefer us to contact you by en	mail(ontional)
on the contract of the contrac	man (optional)
Part 3 – Proposed variation(s)	
art 5 – 1 roposed variation(s)	Please tick ✓ye
o you want the proposed variation to have effect as soon as possible?	Vicuse new ye
	Day Month Year
not, from what date do you want the variation to take effect?	

Please describe the proposed variation(s) in detail in the box below and explain why you consider that they could not have an adverse effect on the promotion of any of thelicensing objectives (See Guidance Note 1). This should include whether new or increased levels of licensable activities will be taking place indoors or outdoors (indoors may include a tent):

<b>Details of proposed variations</b> (Please see G	uidance Note 3)
I ask for the removal of the Condition that star	tes:
3. Intoxicating Liquor shall not be sold or sup taking table meals there and for consumption	plied on the premises otherwise than that to persons by such a person as an ancillary to his meal.
have a detrimental effect on the Licensing Obj moment families currently leave us and go and pubs, which is a much harsher licensing enviro	liquor alongside hot drinks and cakes would not ectives. If anything it would enhance them. At the deat and drink at other licensed premises such as onment. It would also alleviate the confrontation that rent condition to customers from all over the world, eculture.
Details of proposed variations (Continued)	
Details of proposed variations (Continued)	
Part 4 – Operating Schedule	
Please tick those parts of the Operating Schedule application to vary were successful.	which would be subject to change if this
Provision of regulated entertainment	Please tick ♥ yes
a. plays	
b. films	N/A
c. indoor sporting events	/ * 3
d. boxing or wrestling entertainment	
e. live music	

f. recorded music	NA	
<ul><li>g. performances of dance</li><li>h. anything of a similar de</li></ul>	escription to that falling within (e), (f) or (g)	
Provision of entertainment	facilities for	
		Please tick <b>∀</b> ye.
<ul><li>i. making music</li><li>j. dancing</li><li>k. entertainment of a similar</li></ul>	ar description to that falling within (i) or(j)	
Provision of late night refres	shment_	
Sale by retail of alcohol (Note that this can only relate increase between 7am and 11p	to reducing licensed hours, or moving them without)	out anyoverall
Enclosures		
I have enclosed the premises l	icence/club premises certificate	
I have enclosed the relevant pa	art of the premises licence/	$\square$
I have included a copy of the p (necessary if the proposed vari	7 (	
If you have not ticked one of t	he previous three boxes, please explain why in the	e box below.
Reasons why you have faile relevant parts.	ed to enclose the premises licence/club premises	certificate or
NA		
<u></u>		
Any further information to	support your application. (See Guidance Note 4	1)
	for a minor variation and would keep us in line vas Café/Restaurants in the Ambleside Area.	vith other on
	ions about this application, would be happy to conthat intoxicating liquor can only be provided with	

### CHECKLIST:

	Please tick * y	res
•	I have made or enclosed payment of the fee	V
0	I have enclosed the plan, if appropriate, of the premises $N \mid A$ in scale [1mm to 100mm], unless otherwise agreed with the licensing authority	
0	I have enclosed the premises licence/club premises certificate or relevant part of it or provided an explanation	
0	I understand that if I do not comply with the above requirements my application will be rejected.	
•	I understand that I am required to advertise my application by posting a white notice a or on the premises for ten consecutive working days commencing on, and including the day after the day when my application is given to the licensing authority.	

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 5 – Signatures and Contact Details

(See Guidance Note 5)

<u>Premises Licence</u>: Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent. (See Guidance Note 6) If signing on behalf of the applicant, please state your name and in what capacity you are authorised to sign:

Signature:	)	25	814115
		۷.	
Date: Capacity: I / We (insert	full name and capacity)		
		hehalf of and have	e authority to bind the applicant.
	Sign on	i beliali bi and have	e audiority to bind the appricant.
Where the premises lice	ence is jointly held, signa	nture of 2 applica	ant (the current premises
licence holder) or 2 apsigning on behalf of the	pplicant's solicitor or oth applicant please state in wh	er authorised age hat capacity.	ent (See Guidance Note 7). If
Signature:			
			,
Date:			
Capacity: I / We (insert f	full name and capacity)		
	sign on	behalf of and have	e authority to bind the applicant.
Where the premises is a	club		
I ( <i>insert full name</i> ) club	make this application on	n behalf of the club	and have authority to bind the
Signature:			
Date:			
Capacity: I / We (insert for	ull name and capacity)		
	sign on	behalf of and have	authority to bind the applicant.

Contact name (where not previously given) and address for correspondence associated with this application. (See Guidance Note 8)		
	NA	
Post town	Post code	
Telephone number (if any)	If you would prefer us to correspond with you by email your email address (optional)	