

Receipt No .....235569.....

Initials .....EME.....

Date .....27.03.15.....

South Lakeland District  
Public Protection

23 MAR 2015

[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 MARGARET BLACKBORN 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 STOCKHYLL FINE FOODS CENTRAL BUILDINGS RYDAL ROAD	
Post town AMBLESIDE	Post code LA22 9BS

Telephone number at premises (if any)

01539 431865

Non-domestic rateable value of premises

£ 7080.00

**Part 2 - Applicant details**

Please state whether you are applying for a premises licence as

Please tick ✓ yes

- 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 ☐ 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
Address
Registered number (where applicable)
Description of applicant (for example partnership, company, unincorporated association etc)
Telephone number (if any)
E-mail address (optional)

### Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
01	05	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)

STOCKGHYLL FINE FOODS IS A GROCERY SHOP. OUR MAIN SUPPLIERS WILL BE CUMBRIAN PRODUCERS. THE SHOP IS LOCATED IN CENTRAL BUILDINGS ON RYDAL ROAD AMBLESIDE. THERE IS A PAVEMENT OUTSIDE THE FRONT ENTRANCE WHICH LEADS ROUND TO THE SMALL SIDE STREET CALLED BRIDGE STREET. THERE IS A SMALL STORE ROOM ENTRANCE FOR DELIVERY OF STOCK. WE ARE WANTING TO SELL LOCAL PRODUCED SPIRITS + BOTTLED BEERS. WE ARE ALSO WANTING TO SELL A RANGE OF WINES CHOSEN TO MATCH OUR LOCAL MEAT, FISH + CHEESE STOCK. THE ALCOHOL WILL BE PLACED ABOVE THE TILL (SPIRITS) & ON A WINE SHELF NEXT TO THE TILL. WE WILL HAVE A 25 AGE PROOF CHECK IN PLACE FOR ALL ALCOHOL SALES. THE TYPE OF ALCOHOL STOCKED WILL BE AT A HIGH RETAIL PRICE MARKETING AT A MATURE CUSTOMER INTERESTED IN QUALITY LOCAL PRODUCE. WE WILL HAVE A FULL CCTV RECORDING SYSTEM IN PLACE.

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)

**Provision of regulated entertainment**

Please tick ✓ yes

- |  |                          |
|--|--------------------------|
| 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)<br>(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)<br>(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

# 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 [Y] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
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 [Y] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur					
Fri			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)		
Sat					
Sun					

**C**

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

**D**

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



# 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 [Y] (please read guidance note 2)</b>	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	<b>Please give further details here (please read guidance note 3)</b>		
Mon					
Tue					
Wed			<b>State any seasonal variations for the performance of dance (please read guidance note 4)</b>		
Thur					
Fri					
Sat			<b>Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)</b>		
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)			<b>Please give a description of the type of entertainment you will be providing</b>		
Day	Start	Finish	<b>Will this entertainment take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)</b>	Indoor	
				Outdoor	
				Both	
Mon			<b>Please give further details here (please read guidance note 3)</b>		
Tue					
Wed					
Thur			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)</b>		
Fri					

Sat			<b>Non standard timings. Where you intend to use the premises for the entertainment of similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list (please read guidance note 5)</b>
Sun			

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the facilities for making music you will be providing</b>	
			Will the facilities for making music be indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors Outdoors Both
Day	Start	Finish		
Mon			<b>Please give further details here (please read guidance note 3)</b>	
Tue				
Wed				
Thur			<b>State any seasonal variations for the provision of facilities for making music (please read guidance note 4)</b>	
Fri				
Sat			<b>Non standard timings. Where you intend to use the premises for provision of facilities for making music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)</b>	
Sun				

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick [Y] (see guidance note 2)		Indoors Outdoors Both
Day	Start	Finish			
			<b>Please give a description of the facilities for dancing you will be providing</b>		

Mon			Please give further details here (please read guidance note 3)
Tue			
Wed			
Thur			State any seasonal variations for providing dancing facilities (please read guidance note 4)
Fri			
Sat			
Sun			Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)

## K

<b>Provision of facilities for entertainment of a similar description to that falling within I or J</b> Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing	
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoor
Mon				Outdoor
Tue				Both
Wed			Please give further details here (please read guidance note 3)	
Thur			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within j or k (please read guidance note 4)	
Fri				
Sat				
Sun			Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within I or J at different times to those listed in the column on the left, please list (please read guidance note 5)	

**L**

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

**M**

<b>Supply of alcohol</b> 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	
				Off the premises	X
				Both	
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	10.00	21.00			
Tue	10.00	21.00	Shop WILL CLOSE EARLIER IN WINTER MONTHS 18.00 NOVEMBER JANUARY FEBVARY		
Wed	10.00	21.00			
Thur	10.00	21.00	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	10.00	21.00			
Sat	10.00	21.00			

Sun	10.00	21.00	

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

Name..... MARGARET BLACKBURN  
Address..... STOCKHILL FINE FOODS CENTRAL BUILDINGS  
..... RYDAL ROAD AMBLESIDE  
Postcode..... LA22 9BS  
Personal Licence number(if known)..... PA1497  
Issuing licensing authority (if known)..... CARLISE CUMBRIA

**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	10.00	21.00	SHOP MAY CLOSE AT 18.00 DURING QUIET WINTER MONTHS. NOVEMBER JANUARY FEBRUARY
Tue	10.00	21.00	
Wed	10.00	21.00	
Thur	10.00	21.00	
Fri	10.00	21.00	
Sat	10.00	21.00	
Sun	10.00	21.00	

## 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)

MANAGEMENT CONTROL + STAFF TRAINING  
NO SELLING OF ALCOHOL TO UNDER 18.  
NO DRUNK OR DISORDERLY PERSON TO BE SERVED  
NO VIOLENT OR ANTI SOCIAL BEHAVIOUR ALLOWED  
DESIGNATED SUPERVISOR TO TRAIN ALL STAFF IN  
LICENSING LAW + OBJECTIVES TO ALLOW AUTHORISED SALES  
CCTV TO RECORD DAILY + NIGHT IN SHOP + DOORWAY

b) The prevention of crime and disorder

WE WILL HAVE INSTALLED NIGHT + DAY VISION  
CCTV CAMERAS WITH RECORDING TO COVER  
SHOP ALL AREAS & ENTRANCE  
STAFF TRAINING TO PREVENT SALES TO INTOXICATED  
CUSTOMERS.

c) Public safety

ELECTRICAL SAFETY TESTING ONCE YEARLY  
IMPLEMENTATION OF UNDERAGE I.D. CHECKS  
IMPLEMENTATION OF HEALTH + SAFETY CHECKS  
RECORDS KEPT OF ANY REFUSED ALCOHOL SALES  
ROUTINE INSPECTION OF FIRE EXTINGUISHERS  
LANDLORD INSTALLED SMOKE DETECTORS.

d) The prevention of public nuisance

DELIVERIES OF STOCK TO BE CARRIED OUT AT TIMES  
TO PREVENT NUISANCE TO NEIGHBOURS.  
SHOP HOURS NOT TO EXCEED 9.00PM. CLOSING  
BEFORE NEARBY RESTAURANTS & BARS

e) The protection of children from harm

DISPLAY OF CHALLENGE 25 SIGN.  
STAFF TRAINING TO ENSURE THIS IS ENFORCED  
AT ALL TIMES  
ALL ALCOHOLIC DRINKS TO BE STOCKED AT  
SUPERVISED LOCATION.

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

[Redacted signature]

Date..... 20 MARCH 2015

Capacity

Partner in Business

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)

Stockgill fine foods  
Central buildings  
Rydal Road

Post town

Ambleside

Post code

LA22 9 BS

Telephone number (if any)

01539 431865

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

Phil@black2013@gmail.com

#### 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, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. 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, 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, both applicants or their respective agents 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: 0845-050-4434 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 MARGARET BLACKBURN [full name of prospective premises supervisor]  
 of STOCKGHILL FINE FOODS, CENTRAL BUILDING, RYDAL  
ROAD AMBLESIDE [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 MARGARET BLACKBURN [name of applicant]  
 relating to the premises licence [number of existing licence, if any]  
 for STOCKGHILL FINE FOODS, CENTRAL BUILDINGS, RYDAL  
ROAD AMBLESIDE [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 MARGARET BLACKBURN [name of applicant]  
 concerning the supply of alcohol at STOCKGHILL FINE FOODS  
AMBLESIDE [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 PA1497 [insert personal licence number, if any]

Personal licence issuing authority South Lakeland Dist Council - CARLISLE  
 [insert name and address and telephone number of personal licence issuing  
 authority, if any]

[Redacted signature area]

M. BLACKBURN name (please print)

20-3-2015 dated

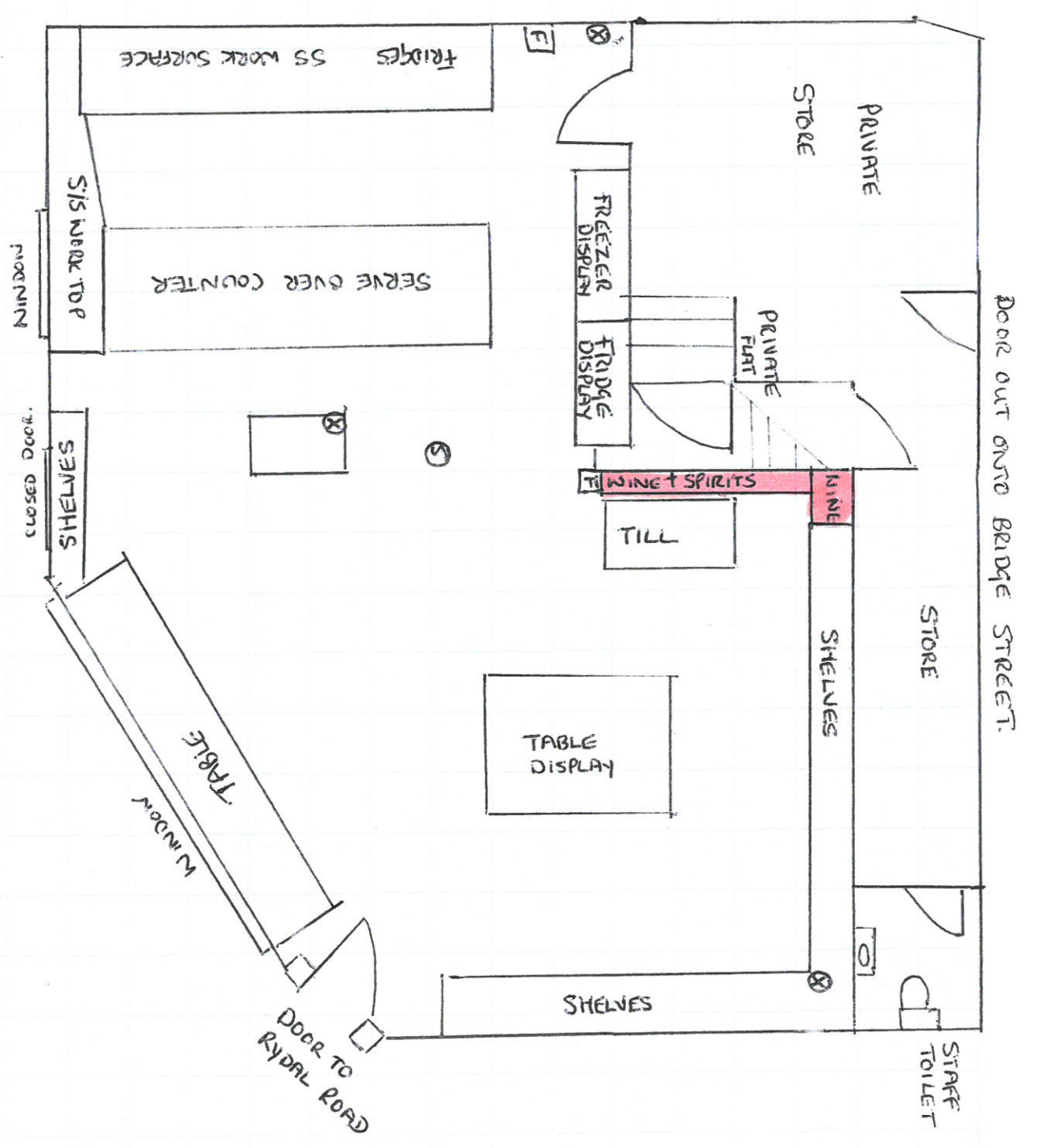
**Part B****Consent of premises licence holder to transfer**

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].

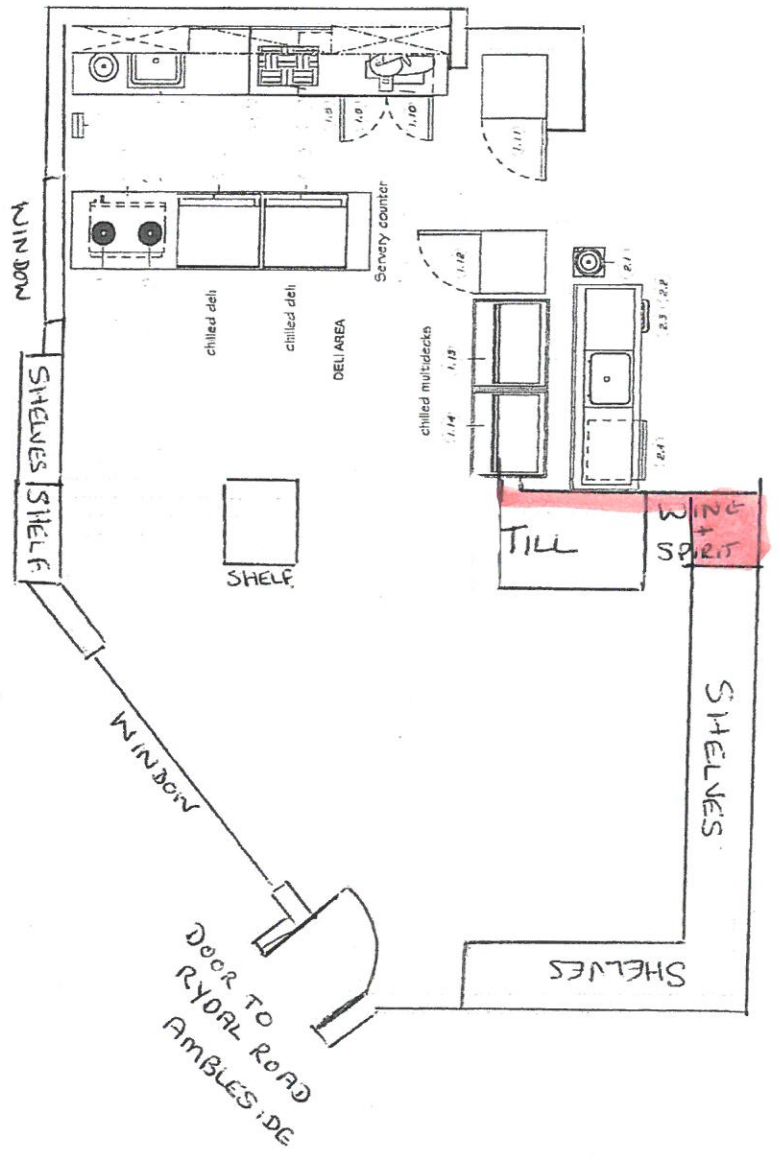
signed  
 name (please print)  
 dated

- ⊗ - CCTV CAMERA
  - F - FIRE EXTINGUISHER
  - S - SMOKE DETECTOR
  - - ALCOHOL DISPLAY AREA
- SCALE - 1 millimetre = 100 millimetres

STOCKHOLM FINE FOODS

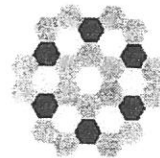


NOT TO SCALE,  
TO SHOW CHILLED FOOD  
AREA OF RETAIL SHOP.



Land Registry  
Official copy of  
the plan

Title number CU250270  
Ordnance Survey map reference NY3704NE  
Scale 1:1250 enlarged from 1:2500  
Administrative area Cumbria : South Lakeland



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