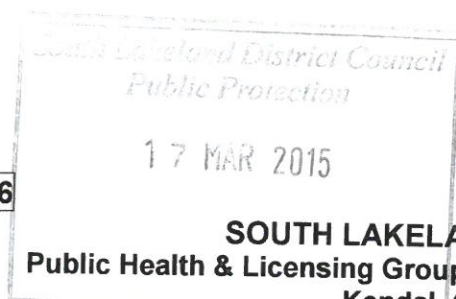
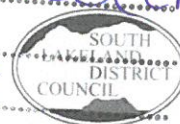


SL06



Receipt No. 2355607(CHQ)  
 Initials RP  
 Date 17/3/15



**SOUTH LAKELAND 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](http://www.southlakeland.gov.uk) e-mail: [licensing@southlakeland.gov.uk](mailto: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 RICHARD SAMUEL METCALFE  
 (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			
<u>HOMEGROUND COFFEE + KITCHEN</u> <u>26 MAIN ROAD</u>			
Post town	<u>NINDERHIRE</u>	Postcode	<u>LA23 1DX</u>

Telephone number at premises (if any)	<u>015394 44863</u>
Non-domestic rateable value of premises	<u>£ 21,750</u>

**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)	
<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)	
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	RICHARD SAMUEL METCALFE
Address	OLD LAUNDRY COTTAGE, PINETHWAITE, LICKBARROW ROAD, WINDERMERE, LA23 2NQ
Registered number (where applicable)	9349766
Description of applicant (for example, partnership, company, unincorporated association etc.)	TALIKA LTD
Telephone number (if any)	[REDACTED]
E-mail address (optional)	/

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY  
1 0 0 4 2 0 1 5

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)

SINGLE STOREY, MID TERRACED RETAIL PREMISES  
ORIGINALLY BUILT AS AN INILLSITE WHICH TAPERS IN  
FROM FRONT TO BACK. THE CAFE IS SET OUT WITH  
A RECTANGULAR FRONT OF HOUSE WITH CAFE  
COUNTER TOWARDS REAR LEFT. ACCESS TO WC'S  
TO REAR RIGHT AND ACCESS TO KITCHEN BEHIND  
COUNTER. NARROW YARD AT REAR. FLOOR PLAN ATTACHED  
- SMALL OUTSIDE SEATING AREA AT FRONT

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

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)	
Day	Start	Finish	Indoors	<input checked="" type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Mon	12pm	10pm	<b>Please give further details here</b> (please read guidance note 3) POSSIBLE NON-AMPLIFIED ACOUSTIC PERFORMANCES	
Tue	12pm	10pm		
Wed	12pm	10pm	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)	
Thur	12pm	10pm		
Fri	12pm	10pm		
Sat	12pm	10pm	<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)	
Sun	12pm	10pm		

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"/>
			<i>BY IPOD / SPOTIFY SYSTEM</i>		Outdoors <input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	<i>8am</i>	<i>10pm</i>	<i>BACKGROUND MUSIC AT LOW VOLUME FOR ATMOSPHERE</i>		
Tue	<i>8am</i>	<i>10pm</i>			
Wed	<i>8am</i>	<i>10pm</i>	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Thur	<i>8am</i>	<i>10pm</i>	✓		
Fri	<i>8am</i>	<i>10pm</i>			
Sat	<i>8am</i>	<i>10pm</i>			
Sun	<i>8am</i>	<i>10pm</i>			
			<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)		

<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	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
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</b> – please tick (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>		
Mon	8am	10pm	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Tue	8am	10pm			
Wed	8am	10pm			
Thur	8am	10pm	<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)		
Fri	8am	10pm			
Sat	8am	10pm			
Sun	8am	10pm			

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

Name	RICHARD SAMUEL METCALFE		
Address	PINETHWAITE HOUSE, PINETHWAITE, LICK BARROW ROAD, WINDERMERE, CUMBRIA		
Postcode	LA23 2NQ		
Personal licence number (if known)	PA032387 exp 11/3/2025		
Issuing licensing authority (if known)	SOUTH LAKELAND DISTRICT COUNCIL		



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

**Hours premises are open to the public**  
Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon	8am	10pm
Tue	8am	10pm
Wed	8am	10pm
Thur	8am	10pm
Fri	8am	10pm
Sat	8am	10pm
Sun	8am	10pm

**State any seasonal variations** (please read guidance note 4)

**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)

THESE ARE THE MAXIMUM  
OPENING HOURS. THE PREMISES  
MAY OPEN LATER (AM) AND CLOSE  
EARLIER (PM)

**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)**

ALL STAFF WILL BE TRAINED IN ORDER TO UPHOLD THE FOUR LICENSING OBJECTIVES MEASURES WILL BE PUT IN PLACE TO ENSURE THESE ARE PROMOTED

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

- ALCOHOL WILL NOT BE SUPPLIED TO CUSTOMERS DEEMED TO BE DRUNK HEAVILY INTOXICATED
- STAFF WILL BE TRAINED TO MAINTAIN APPROPRIATE BEHAVIOUR AND AT LEAST TWO STAFF WILL ALWAYS BE AVAILABLE IN ANY SITUATION
- MINIMIZE RISK AS SAFE LICENSABLE ACTIVITIES DISPLAYED

**c) Public safety**

- APPROPRIATE INTERNAL + EXTERNAL LIGHTING
- STAFF TRAINED TO MEET EHO HEALTH REQUIREMENTS
- TRAINING + IMPLEMENTATION OF ID CHECKS ON CUSTOMERS DEEMED TO BE UNDER AGE OF 21
- FIRE SAFETY REGULATIONS ADHERED TO
- FIRST AID KIT AVAILABLE ON PREMISES

**d) The prevention of public nuisance**

- DELIVERY OF GOODS + DISPOSAL OF REFUSE RESTRICTED TO REASONABLE TIMES OF DAY.
- BACKGROUND MUSIC WILL NOT EXCEED LOW VOLUME
- ANY LIVE MUSIC PERFORMANCE WILL BE UNAMPLIFIED

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

- STAFF WILL BE TRAINED REGULARLY IN ORDER TO UPHOLD POLICY OF ASKING FOR RELEVANT PROOF OF AGE IF DEEMED UNDER AGE OF 21.

**Checklist:**


Please tick to indicate agreement

- I have made or enclosed payment of the fee. £190 ☒
- 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	15/03/15
Capacity	OWNER

**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)

SEE PREVIOUS

Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
richie.net@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 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: 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 RICHARD SAMUEL METCALFE.....[full name of prospective premises supervisor]  
 of PINEHWAITE FLOWSE, PINEHWAITE, H. CARRON ROAD, WINDERHIRE  
CUMBRIA, LA23 2UQ.....[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 RICHARD SAMUEL METCALFE.....[name of applicant]  
 relating to the premises licence.....[number of existing licence, if any]  
 for WINEGROUND COFFEE KITCHEN, 56 MAIN ROAD, WINDERHIRE  
LA23 1DX.....[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 RICHARD SAMUEL METCALFE.....[name of applicant]  
 concerning the supply of alcohol at WINEGROUND COFFEE KITCHEN, 56 MAIN ROAD  
WINDERHIRE, LA23 1DX.....[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 PA032387.....[insert personal licence number, if any]  
 Personal licence issuing authority SOUTH LAKELAND DISTRICT COUNCIL  
 [insert name and address and telephone number of personal licence issuing  
 authority, if any]

.....signed  
R.S. METCALFE.....name (please print)  
15/03/2015.....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

# PLAN OF PREMISES FOR HONEYGROUND COFFEE + KITCHEN 56 MAIN ROAD, WINDERMERE, CUMBRIA, LA23 1DX

## LEGEND

- INTERNAL WALLS
- PREMISES PERIMETER
- EXTERNAL WALLS

- ① ALCOHOL SERVED + CONSUMED
- ② ALCOHOL SERVED + CONSUMED
- ③ ALCOHOL SERVED + CONSUMED
- ④ } POTENTIAL FOR NON-AMPLIFIED LIVE MUSIC PERFORMANCES
- ⑤ }

FIRE + INTRUDER ALARMS  
IN KITCHEN + AREAS ①+②

