

ORIGINAL



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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 LAKE STORY LIMITED

(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

RAYRI99 ROOMS
RAYRI99 ROAD
BOWNESS - ON - WINDERMERE
CUMBRIA

Post town	BOWNESS - ON - WINDERMERE	Postcode	LA23 3BZ
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Telephone number at premises (if any)

Non-domestic rateable value of premises

£

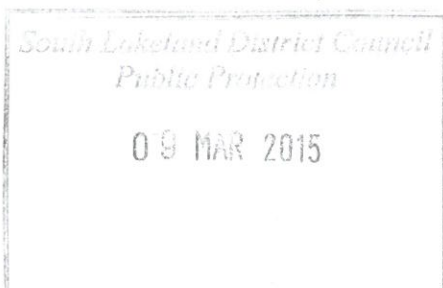
T.B.A

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) |



October 2012

Receipt No 235540 (CHQ)

Initials RP

Date 9/3/15

- 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)	
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)					

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	LAKES STORY LIMITED
Address	CRAIG BROW BOWNESS - ON - WINDERMERE CUMBRIA LA23 3BX
Registered number (where applicable)	234 3429
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	015394 40876
E-mail address (optional)	info@oldlaundryTheatre.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	04	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)
FORMER STOCK MEMORIAL HALL (KNOW AS RAYRIGG ROOMS) SITUATED BETWEEN THE JOHN PEEL INN AND SEAFARERS FISH AND CHIP SHOP. BUILDING CONSISTS OF LARGE HALL, STAGE, TOILETS AND KITCHEN AREA. WE WOULD LIKE TO USE THE BUILDING FOR GROUP EVENTS, MEALS AND SMALL THEATRE PERFORMANCES (ON AN INFREQUENT BASIS). THE BUILDING HAS BEEN EXTENSIVELY REFURBISHED.

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

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 (please read guidance note 2)		Indoors <input checked="" type="checkbox"/>	
					Outdoors <input type="checkbox"/>	
Day	Start	Finish	Both <input type="checkbox"/>			
Mon	12:00	23:30	Please give further details here (please read guidance note 3) PERFORMANCE OF PLAYS, LUNCHTIME, MATINEES OR EVENINGS			
Tue	12:00	23:30				
Wed	12:00	23:30	State any seasonal variations for performing plays (please read guidance note 4) AN IRREGULAR ACTIVITY THROUGHOUT THE YEAR			
Thur	12:00	23:30				
Fri	12:00	23:30	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) N/A			
Sat	12:00	23:30				
Sun	12:00	23:30				

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 (please read guidance note 2)	
			Indoors	<input checked="" type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon	12.00 12.00	14.30 23.30	SHOWING OF FILMS ON AN IRREGULAR BASIS	
Tue	12.00	23.30		
Wed	12.00	23.30	State any seasonal variations for the exhibition of films (please read guidance note 4)	
Thur	12.00	23.30	N/A	
Fri	12.00	23.30	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	12.00	23.30	AN IRREGULAR ACTIVITY AT IRREGULAR TIMES THROUGHOUT YEAR	
Sun	12.00	23.30		

C

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

D

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

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 (please read guidance note 2)		Indoors <input checked="" type="checkbox"/>	
					Outdoors <input type="checkbox"/>	
Day	Start	Finish	Both <input type="checkbox"/>			
Mon	12.00	23.30	Please give further details here (please read guidance note 3) BOTH AMPLIFIED AND ACOUSTIC			
Tue	12.00	23.30				
Wed	12.00	23.30	State any seasonal variations for the performance of live music (please read guidance note 4) N/A			
Thur	12.00	23.30				
Fri	12.00	23.30	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) VENUE WILL BE USED ON AN IRREGULAR BASIS THROUGHOUT THE YEAR			
Sat	12.00	23.30				
Sun	12.00	23.30				

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 (please read guidance note 2)	Indoors <input checked="" type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon	12.00	23.30	BACKGROUND MUSIC, BACKING TRACK.	
Tue	12.00	23.30		
Wed	12.00	23.30		
Thur	12.00	23.30	State any seasonal variations for the playing of recorded music (please read guidance note 4)	
Fri	12.00	23.30	N/A	
Sat	12.00	23.30		
Sun	12.00	23.30		
			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 (please read guidance note 5)	
			VENUE TO BE USED ON IRREGULAR BASIS THROUGHOUT THE YEAR	

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	12.00	23.30	Please give further details here (please read guidance note 3) POSSIBLE DANCE SECTIONS IN PLAYS	Both	<input type="checkbox"/>
Tue	12.00	23.30			
Wed	12.00	23.30	State any seasonal variations for the performance of dance (please read guidance note 4) N/A		
Thur	12.00	23.30			
Fri	12.00	23.30	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 (please read guidance note 5) N/A		
Sat	12.00	23.30			
Sun	12.00	23.30			

H



Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing POSSIBLE MUSIC WORKSHOPS, REHEARSALS.		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon	12.00	23.30		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	12.00	23.30	Please give further details here (please read guidance note 3) CLASSICAL MUSIC WORKSHOP, TUITION.		
Wed	12.00	23.30			
Thur	12.00	23.30	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4) VENUE TO BE USED ON AN IRREGULAR BASIS THROUGHOUT THE YEAR		
Fri	12.00	23.30			
Sat	12.00	23.30	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 (please read guidance note 5) N/A		
Sun	12.00	23.30			

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 (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>	
				Outdoors	<input type="checkbox"/>	
Day	Start	Finish	Both <input type="checkbox"/>			
Mon	18:00	00:00	Please give further details here (please read guidance note 3)			
		00:00				
Tue		00:00				
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						

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – 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	12.00	00.00	State any seasonal variations for the supply of alcohol (please read guidance note 4) N/A		
Tue	12.00	00.00			
Wed	12.00	00.00			
Thur	12.00	00.00	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) N/A		
Fri	12.00	00.00			
Sat	12.00	00.00			
Sun	12.00	00.00			

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

Name		MISS GINER NEWTON-FOOT	
Address			
Postcode			
Personal licence number (if known)		PA1513 exp 23.2.20	
Issuing licensing authority (if known)		SLDC	

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).

ANY FILMS SHOWN WILL BE CLEARLY
MARKETED (IF NOT SUITABLE FOR CHILDREN)
AS SUCH. ALL PLAYS WILL BE VETTED AS
TO AGE SUITABILITY.

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	N/A
Mon	12.00	00.00	
Tue	12.00	00.00	
Wed	12.00	00.00	
Thur	12.00	00.00	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)
Fri	12.00	00.00	
Sat	12.00	00.00	
Sun	12.00	00.00	

M Describe the steps you intend to take to promote the four licencing objectives.

a) **General**– all four licencing objectives (b,c,d and e) (please read guidance note 9)

TO PROMOTE ALL FOUR LICENSING OBJECTIVES WE WILL KEEP:

Strong management controls and effective training of all staff so that they are aware of the premises licence and the requirements to meet the four licensing objectives with particular attention to:

a/ no selling of alcohol to underage people

b/ no drunk and disorderly behaviour on or around the premises.

c/ vigilance in preventing the use and sale of illegal drugs on the premises.

d) no violent and anti-social behaviour

e/ no any harm to children

- Operating Schedule providing the hours of operation and licensable activities during those hours.
- Designated premises supervisor confirmed it is obligated to be in day-to-day control of the premises, to provide good training for staff on the Licensing Act to make or authorize each sale
- Clear "Challenge 25" information to prevent the supply of alcohol to under-age drinkers.
- CCTV system installed outside and inside the premises with recording option available.

As a licensed premises we know that it is necessary to carry out our functions with a purpose of promoting these objectives. We promise to support these objectives through their operating schedules and other measures (including staff training and qualifications, policies, and strategic partnerships with other agencies).

b) The prevention of Crime and disorder

CCTV System installed to monitor entrances, exits, and other parts of the premises in order to address the prevention of crime objective.

Not selling of alcohol to drunk or intoxicated customers.

Custom will not be sought by means of personal solicitation outside or in the vicinity of the premises.

Prevention and vigilance in illegal drug use

Staff will be well trained in asking customers to use premises in an orderly and respectful manner.

c) Public Safety

Internal and external lighting fixed to promote the public safety objective.

Well trained staff adherence to environmental health requirements.

Training and implementation of underage ID checks.

A log book or recording system shall be kept upon the premises in which shall be entered particulars of inspections made; those required to be made by statute, and information compiled to comply with any public safety condition attached to the premises licence that requires the recording of such information.

The log book shall be kept available for inspection when required by persons authorised by the Licensing Act 2003 or associated legislation.

All parts of the premises and all fittings and apparatus therein, door fastenings and notices, lighting, heating, electrical, air conditioning, sanitary accommodation and other installations, will be maintained at all times in good order and in a safe condition.

d) The prevention of public nuisance

Noise reduction measures to address the public nuisance objective.

Deliveries of goods necessary for the operation of the business will be carried out at such a time or in such a manner as to prevent nuisance and disturbance to nearby residents.

The Licensee will ensure that staff who depart late at night when the business has ceased trading conduct themselves in such a manner to avoid causing disturbance to nearby residents.

Customers will be asked not to stand around loudly talking in the street outside the premises.

Customers will not be admitted to premises above opening hours.

The movement of bins and rubbish outside the premises will be kept to a minimum after 11.00pm. This will help to reduce the levels of noise produced by the premises.

Any lighting on or outside the premises will be positioned and screened in such a way so as to not cause a disturbance to nearby residents.

Adequate waste receptacles will be provided for use by customers.

e) The protection of children from harm

Display of a "Challenge 25" sign that encourages anyone who is over 18 but looks under 25 to carry acceptable ID (a card bearing the PASS hologram, a photographic driving license or a passport) if they wish to buy alcohol.

Chaperones to be provided for any children involved in a performance

Staff training regarding requirements for persons' identification, age establishment etc.

House management Log Book will be kept upon the premises all the time detailing numbers occupying building for events..

Nothing beyond existing Health & Safety requirements.

- 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 11-3-15

Capacity Manager

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)	
FELICITY POCOCK OLD LAUNDRY THEATRE CRAIG BROWN	
Post town BOWNESS-ON-WINDERMERE	Post code LA23 3BX
Telephone number (if any) 07951 155899	
If you would prefer us to correspond with you by e-mail your e-mail address (optional) fliss@oldlaundrytheatre.co.uk	

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 email: licensing@southlakeland.gov.uk

Part A

Consent of individual to being specified as premises supervisor

I GWEN NEWTON-FOOT [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 LAKE STORY LIMITED [name of applicant]
 relating to the premises licence. [number of existing licence, if any]
 for RAYRIGG ROOMS, RAYRIGG ROAD, BOWNESS-ON-WINDERMERE
LA23 3SZ [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 LAKE STORY LTD [name of applicant]
 concerning the supply of alcohol at RAYRIGG ROOMS
BOWNESS-ON-WINDERMERE LA23 3SZ [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 PA1513 [insert personal licence number, if any]
 Personal licence issuing authority S.L.D.C.
 [insert name and address and telephone number of personal licence issuing
 authority]

[REDACTED] signed
GWEN NEWTON-FOOT name (please print)
06/03/2015 dated

Part B

Consent of premises licence holder to transfer

I/we [REDACTED] [full name of premises licence holder(s)]
 the premises licence holder of premises licence number [REDACTED] [insert
 premises licence number] relating to [REDACTED]
[REDACTED] [name and address of premises
 to which the application relates] hereby give my consent for the transfer of
 premises licence number [REDACTED] [insert premises licence number]
 to [REDACTED] [full name of transferee].

[REDACTED] signed
[REDACTED] name (please print)
[REDACTED] dated

1MM = 100MM

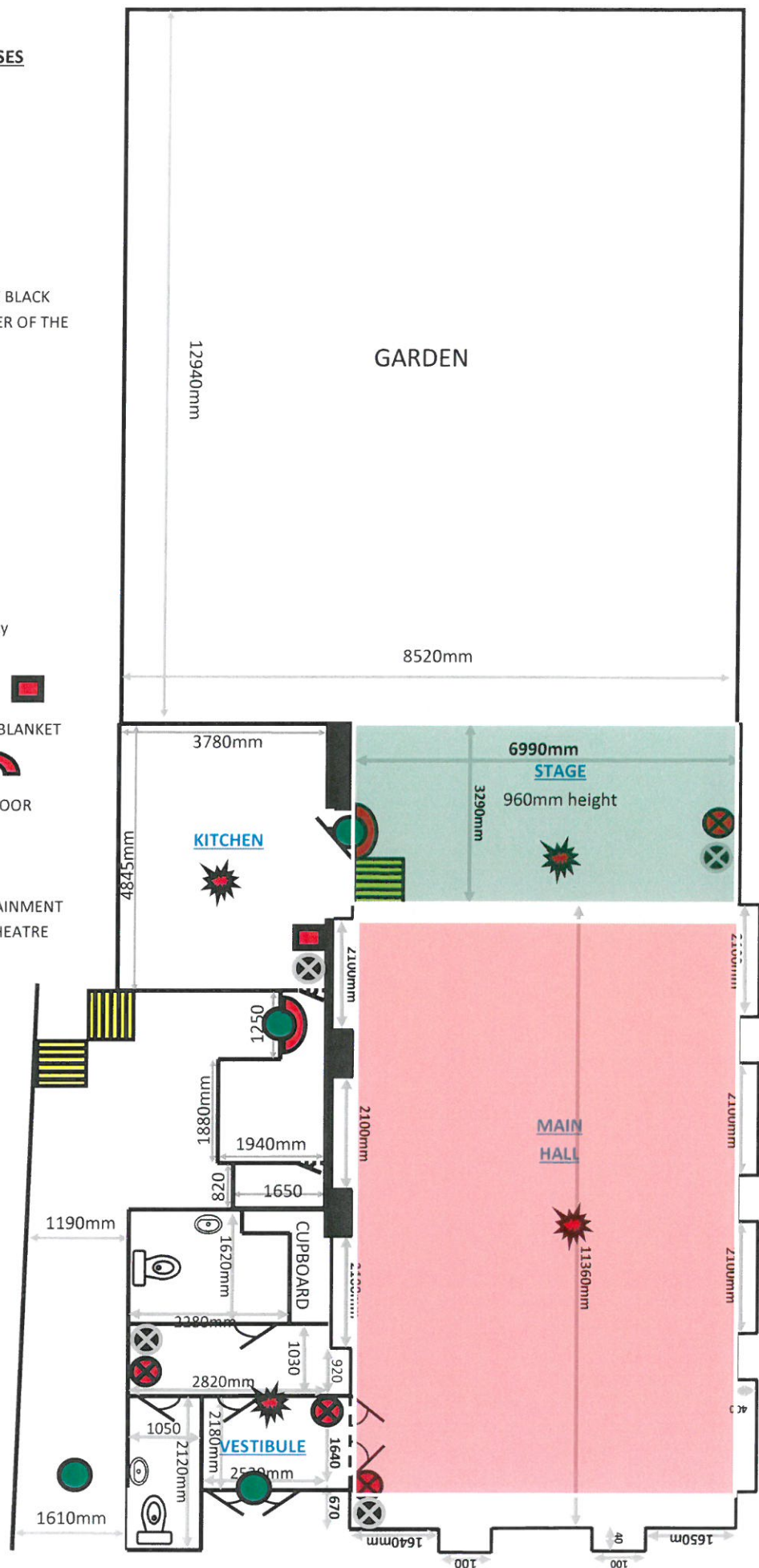
BOUNDARY LINES ARE THE BLACK
LINES AROUND THE PERIMETER OF THE
DRAWING.

WC / Public convenience

Legend for fire detection and fire door symbols:

-  FIRE DETECTION
-  FIRE DOOR

REGULATED ENTERTAINMENT
AND CINEMA AND THEATRE

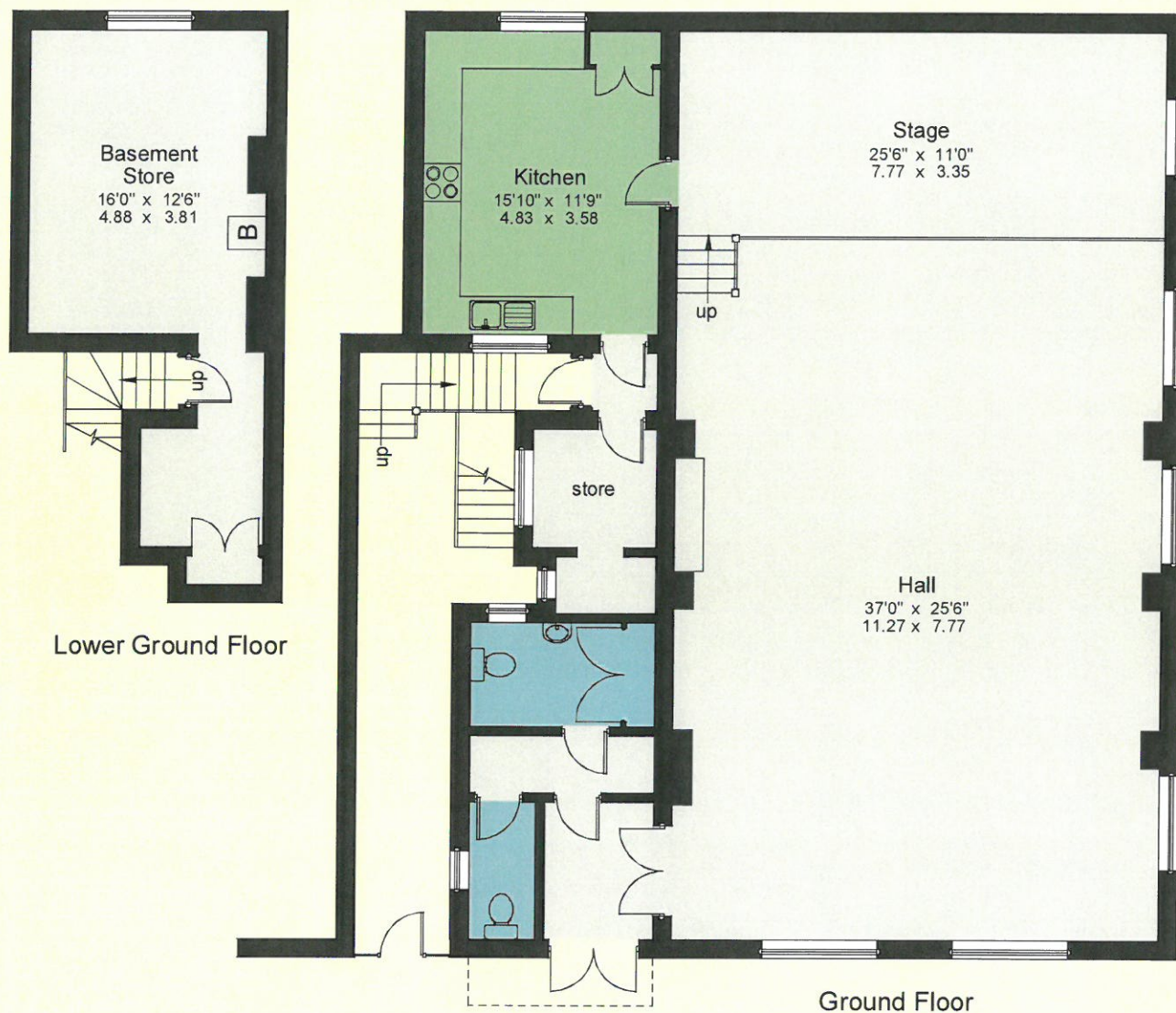


Business Rates: This property does not currently pay business rates.

Tenure: Freehold.

Viewing: By appointment with Hackney & Leigh. Telephone: (015394) 44461

Energy Performance Certificate: The full Energy Performance Certificate is available on our website and also at any of our offices.



Approx Gross Floor Area = 1980.5 Sq. Feet
(exc Yard) = 603.6 Sq. Metres

For illustrative purposes only. Not to scale.

All permits to view and particulars are issued on the understanding that negotiations are conducted through the agency of Messrs. Hackney & Leigh Ltd. Properties for sale by private treaty are offered subject to contract. No responsibility can be accepted for any loss or expense incurred in viewing or in the event of a property being sold, let, or withdrawn. Please contact us to confirm availability prior to travel. These particulars have been prepared for the guidance of intending buyers. No guarantee of their accuracy is given, nor do they form part of a contract.

Derrick M. Hackney FRICS • John J. Leigh FRICS

David Capps MRICS • Elaine Bradshaw • Richard Harkness MRICS • Michael Graham FNAEA • Robert Casson FNAEA • Keir Walls FNAEA