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**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 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 CAROLINE ANNE DIXON

(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 |        |          |         |
| DOCKER HALL FARM<br>DOCKER<br>KENDAL<br>CUMBRIA                                      |        |          |         |
| Post town  | KENDAL | Postcode | LA8 8DB |

|   |              |
|---|--------------|
| Telephone number at premises (if any)   | 01539 824216 |
| Non-domestic rateable value of premises | £ NIL        |

**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 checked="" type="checkbox"/> please complete section (A) |
| b) a person other than an individual *   |   |
| i. as a limited company                  | <input 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  | CAROLINE ANNE DIXON   |
| Address   |  |
| Registered number (where applicable)  |   |
| Description of applicant (for example, partnership, company, unincorporated association etc.) | Social Secretary For Young Farmers.   |
| Telephone number (if any)   |  |
| E-mail address (optional)   |  |

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY  
23 05 2015

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

DD MM YYYY  
24 05 2015

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

IT IS IN A FARM BUILDING, WITHIN THE FARM STEADING. THE BUILDING HAS ONE ENTRANCE AND AN EMERGENCY EXIT. THE BUILDING IS CONSTRUCTED OF CONCRETE WALLS AND A CEMENT SHEET ROOF. IT WILL BE SURROUNDED BY SECURITY FENCING. ALL ALCOHOL TO BE CONSUMED ON THE PREMISES.

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

|   |       |        |   |  |                                   |
|---|-------|--------|---|--|-----------------------------------|
| <b>Plays</b><br>Standard days and timings (please read guidance note 6) |       |        | <b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b><br>(please read guidance note 2)  |  | Indoors <input type="checkbox"/>  |
|   |       |        |   |  | Outdoors <input type="checkbox"/> |
| Day   | Start | Finish |   |  | Both <input type="checkbox"/>     |
| Mon   |       |        | <b><u>Please give further details here</u></b> (please read guidance note 3)  |  |                                   |
|   |       |        |   |  |                                   |
| Tue   |       |        |   |  |                                   |
|   |       |        |   |  |                                   |
| Wed   |       |        | <b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 4)  |  |                                   |
|   |       |        |   |  |                                   |
| Thur  |       |        |   |  |                                   |
|   |       |        |   |  |                                   |
| Fri   |       |        | <b><u>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</u></b> (please read guidance note 5) |  |                                   |
|   |       |        |   |  |                                   |
| Sat   |       |        |   |  |                                   |
|   |       |        |   |  |                                   |
| Sun   |       |        |   |  |                                   |
|   |       |        |   |  |                                   |

# B

|   |       |        |   |                          |
|---|-------|--------|---|--------------------------|
| <b>Films</b><br>Standard days and timings (please read guidance note 6) |       |        | <b>Will the exhibition of films 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 |   |                          |
| Mon   |       |        | <b>Please give further details here</b> (please read guidance note 3)   |                          |
|   |       |        |   |                          |
| Tue   |       |        |   |                          |
|   |       |        |   |                          |
| Wed   |       |        | <b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)  |                          |
|   |       |        |   |                          |
| Thur  |       |        |   |                          |
|   |       |        |   |                          |
| Fri   |       |        | <b>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</b> (please read guidance note 5) |                          |
|   |       |        |   |                          |
| Sat   |       |        |   |                          |
|   |       |        |   |                          |
| Sun   |       |        |   |                          |
|   |       |        |   |                          |

C

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



# D

|  |       |        |  |  |          |                          |
|--|-------|--------|--|--|----------|--------------------------|
| <b>Boxing or wrestling entertainments</b><br>Standard days and timings (please read guidance note 6) |       |        | <b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></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 boxing or wrestling entertainment</u></b> (please read guidance note 4)  |  |          |                          |
| Thur   |       |        |  |  |          |                          |
|  |       |        |  |  |          |                          |
| Fri  |       |        | <b><u>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</u></b> (please read guidance note 5) |  |          |                          |
| Sat  |       |        |  |  |          |                          |
|  |       |        |  |  |          |                          |
| Sun  |       |        |  |  |          |                          |
|  |       |        |  |  |          |                          |



# E

|  |              |              |  |   |
|--|--------------|--------------|--|---|
| <b>Live music</b><br>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><br>(please read guidance note 2)  | Indoors <input checked="" type="checkbox"/> |
|  |              |              |  | Outdoors <input type="checkbox"/>           |
|  |              |              |  | Both <input type="checkbox"/>               |
| Day  | Start        | Finish       |  |   |
| Mon  |              |              | <b>Please give further details here</b> (please read guidance note 3)<br>MUSIC WILL BE AMPLIFIED<br>BUT WILL BE MONITORED ALL NIGHT  |   |
| Tue  |              |              |  |   |
| Wed  |              |              | <b>State any seasonal variations for the performance of live music</b><br>(please read guidance note 4)<br>N/A   |   |
| 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</b> (please read guidance note 5)<br>N/A<br>ON FOLLOWING DAY |   |
| Sat  | 7pm<br>19.00 |              |  |   |
| Sun  |              | 2am<br>02.00 |  |   |

F

|  |              |              |  |          |                                     |
|--|--------------|--------------|--|----------|-------------------------------------|
| <b>Recorded music</b><br>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><br>(please read guidance note 2)  | Indoors  | <input checked="" type="checkbox"/> |
|  |              |              |  | Outdoors | <input type="checkbox"/>            |
| Day  | Start        | Finish       | Both   |          |                                     |
| Mon  |              |              | <b>Please give further details here</b> (please read guidance note 3)<br><br>SEE SECTION E   |          |                                     |
| Tue  |              |              |  |          |                                     |
| Wed  |              |              | <b>State any seasonal variations for the playing of recorded music</b><br>(please read guidance note 4)<br><br>N/A   |          |                                     |
| Thur   |              |              |  |          |                                     |
| Fri  |              |              | <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)<br><br>N/A |          |                                     |
| Sat  | 7pm<br>19.00 |              |  |          |                                     |
| Sun  |              | 2am<br>02.00 |  |          |                                     |

# G

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

# H

|  |       |        |  |                                   |
|--|-------|--------|--|-----------------------------------|
| <b>Anything of a similar description to that falling within (e), (f) or (g)</b><br>Standard days and timings (please read guidance note 6) |       |        | Please give a description of the type of entertainment you will be providing   |                                   |
| Day  | Start | Finish | <b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)   | Indoors <input type="checkbox"/>  |
| Mon  |       |        |  | Outdoors <input type="checkbox"/> |
|  |       |        |  | Both <input type="checkbox"/>     |
| Tue  |       |        | <b><u>Please give further details here</u></b> (please read guidance note 3)   |                                   |
|  |       |        |  |                                   |
| Wed  |       |        |  |                                   |
| Thur   |       |        | <b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)  |                                   |
|  |       |        |  |                                   |
| Fri  |       |        |  |                                   |
| Sat  |       |        | <b><u>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</u></b> (please read guidance note 5) |                                   |
|  |       |        |  |                                   |
| Sun  |       |        |  |                                   |

J

|   |              |                 |  |                  |                                     |
|---|--------------|-----------------|--|------------------|-------------------------------------|
| <b>Supply of alcohol</b><br>Standard days and timings (please read guidance note 6) |              |                 | <b>Will the supply of alcohol be for consumption – please tick</b> (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   |              |                 | <b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)<br><br>N/A  |                  |                                     |
| Tue   |              |                 |  |                  |                                     |
| Wed   |              |                 |  |                  |                                     |
| Thur  |              |                 | <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)<br><br>N/A |                  |                                     |
| Fri   |              |                 |  |                  |                                     |
| Sat   | 7pm<br>19.00 |                 |  |                  |                                     |
| Sun   |              | 1.30am<br>01.30 |  |                  |                                     |

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

|  |  |  |  |
|--|--|--|--|
| Name                                   | STEPHEN PROCTER                                    |  |  |
| Address                                | HIGH BIGGARS BANK<br>SELSIDIE<br>KENDAL<br>CUMBRIA |  |  |
| Postcode                               | LA8 9EE  |  |  |
| Personal licence number (if known)     | PA1048 exp 31.7.16.                                |  |  |
| Issuing licensing authority (if known) | S.L.D.C.   |  |  |



|  |              |                 |   |          |                                     |
|--|--------------|-----------------|---|----------|-------------------------------------|
| <b>Late night refreshment</b><br>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 checked="" type="checkbox"/> |
| Day  | Start        | Finish          |   |          |                                     |
| Mon  |              |                 | <b>Please give further details here</b> (please read guidance note 3)<br>FOOD TO BE PROVIDED BY A REGISTERED CATERER IN A BURGER VAN  |          |                                     |
| Tue  |              |                 |   |          |                                     |
| Wed  |              |                 | <b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)<br>N/A   |          |                                     |
| Thur   |              |                 |   |          |                                     |
| Fri  |              |                 | <b>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</b> (please read guidance note 5)<br>N/A |          |                                     |
| Sat  | 7pm<br>19.00 |                 |   |          |                                     |
| Sun  |              | 1.30am<br>01.30 |   |          |                                     |

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).

NONE

L

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

| Day  | Start        | Finish       |
|------|--------------|--------------|
| Mon  |              |              |
| Tue  |              |              |
| Wed  |              |              |
| Thur |              |              |
| Fri  |              |              |
| Sat  | 7pm<br>19.00 |              |
| Sun  |              | 2am<br>02.00 |

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

N/A

**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)

N/A



**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)**

THE DANCE WILL TAKE PLACE WITHIN A LAMBING SHED ON THE SAID FARM WHICH WILL BE FENCED OFF FROM THE REST OF THE FARM. SECURITY GUARDS WILL BE EMPLOYED TO HELP MAINTAIN ORDER AT THE EVENT + DOOR KEEP. FIRE OFFICER WILL BE ASKED TO VISIT THE FARM AND ADVISE THE ORGANISING COMMITTEE. THE PEOPLE ATTENDING WILL BE ID + WRIST Banded. THERE WILL BE NO ONE UNDER THE AGE OF 16 ATTENDING. MOST PEOPLE WILL ARRIVE AND LEAVE BY BUS. THE MUSIC + NOISE WILL BE MONITORED THROUGHOUT THE NIGHT TO LIMIT THE NUISANCE.

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

SECURITY OFFICERS WILL BE EMPLOYED (1-20) ON THE EVENING. SECURITY FENCING WILL BE ERRECTED TO CONTAIN THE PEOPLE ATTENDING THE FUNCTION. THE FENCING WILL HELP MONITOR NUMBERS AND HELP ID PEOPLE. IT WILL BE TICKET ONLY EVENT, WITH TICKETS TO BE SOLD PREVISLEY OR ON THE DAY OF THE EVENT.

**c) Public safety**

A FIRE OFFICER WILL BE ASKED TO VISIT THE SITE AND ADVISE WHAT NEEDS TO BE DONE. THE ENTRANCE TO THE VENUE IN AT ONE END AND THE OTHER END HAS 2 DOORS LEADING TO THE OUTSIDE. THE VENUE IS PART OF THE FARM YARD. IT WILL BE SURROUNDED BY SECURITY FENCING TO KEEP PEOPLE AWAY FROM THE REST OF THE FARM. ALL DRINK WILL BE SERVED IN PLASTIC GLASSES OR TINS. FIRST AID WILL BE ON SITE INCASE OF AN ACCIDENT.

**d) The prevention of public nuisance**

MOST PEOPLE WILL ARRIVE BY COACH AND LAAVE THE SAME, THERE WILL IN THE YARD TO PARK COACHES OFF THE HIGHWAY. THERE IS ONLY A SMALL NUMBER OF RESIDENTIAL HOMES CLOSE TO THE VENUE. THESE HAVE ALREADY RECIVIED LETTERS ABOUT THE EVENT. THE MUSIC WILL BE MONITED OUTSIDE THE BUILDING AND TURN DOWN IF NECESSARY.

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

THERE WILL BE NO PERSON UNDER THE AGE OF 16 ALLOWED INTO THE FUNCTION. ID WILL BE CHECKED AT THE DOOR AND WRIST BANDS ATTACHED TO 18 AND OVER. NO ~~ONE~~ ONE WILL BE SERVED WITHOUT A WRIST BAND. EVERYBODY UNDER 18 WILL PROVIDE A PARENT CONCENT FORM

AND A GAUDIAN OVER THE AGE OF 18.

Checklist:


**Please tick to indicate agreement**

- 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 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      | 9/2/15  |
| Capacity  |   |

**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)

|   |  |          |  |
|---|--|----------|--|
|   |  |          |  |
| Post town   |  | Postcode |  |
| Telephone number (if any)   |  |          |  |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional) |  |          |  |

**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 STEPHEN PROCTER.....[full name of prospective premises supervisor]  
 [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 CAROLINE DIXON.....[name of applicant]  
 relating to the premises licence.....[number of existing licence, if any]  
 for DOCKEN HALL FARM, DOCKEN, KENDAL, CUMBRIA.....  
 .....[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 CAROLINE DIXON.....[name of applicant]  
 concerning the supply of alcohol at DOCKEN HALL FARM, DOCKEN  
KENDAL, CUMBRIA.....[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 PA1048.....[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, if any]

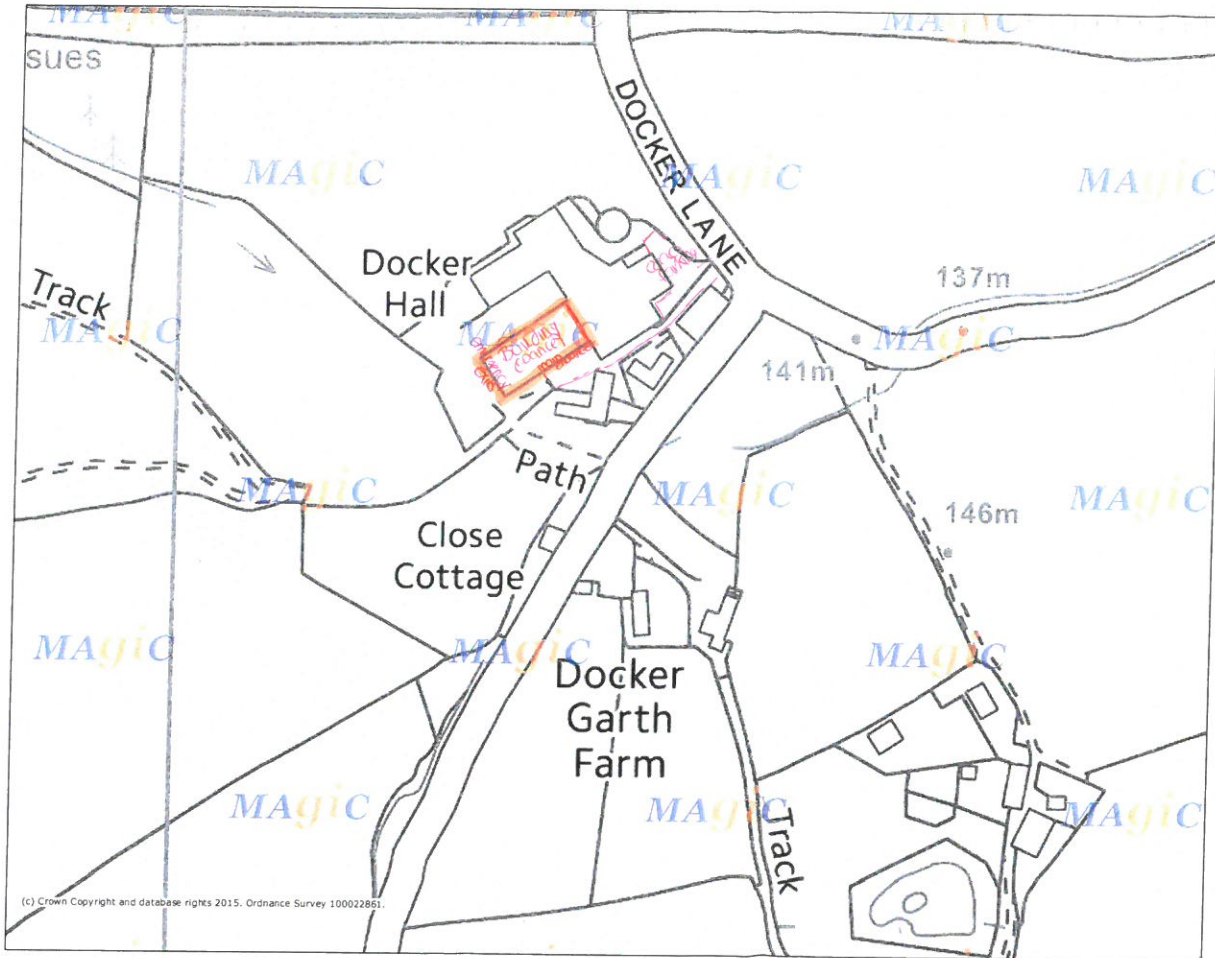
[redacted] signed  
STEPHEN PROCTER name (please print)  
9 FEB 2015 dated

**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





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Projection = OSGB36  
xmin = 355900  
ymin = 495300  
xmax = 356500  
ymax = 495600  
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5m March 2015



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Projection = OSGB36

xmin = 355500

ymin = 495400

xmax = 356600

ymax = 496100

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