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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](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 WEBSTER + MICHAEL WEBSTER  
(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			
YE OLDE FRIAR ELOISE HOUSE MARKET PLACE		1 / 10V 2014	
Post town	AMBLESIDE	Postcode	LA22 9BV

Telephone number at premises (if any)	01768772234
Non-domestic rateable value of premises	£14,250

VDA ✓

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as  
Please tick as appropriate

- 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)

Receipt No. 23419A  
Initials RL  
Date 17/11/14

17/11/14  
Email sent ref  
Highlight section.  
TM.

18/11/14  
Email reply  
form arranged. TM.

- 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: Y

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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b> Webster			<b>First names</b> Richard		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		[REDACTED]			
Post town	Cockermouth		Postcode	CA13 0LA	
<b>Daytime contact telephone number</b>			[REDACTED]		
<b>E-mail address (optional)</b>					

**SECOND INDIVIDUAL APPLICANT** (if applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
<b>Surname</b> Webster		<b>First names</b> Michael		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes
Current postal address if different from premises address		[REDACTED]		
Post town	Keswick		Postcode	[REDACTED]
Daytime contact telephone number		[REDACTED]		
E-mail address (optional)	office@friarsofkeswick.co.uk			

**(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	THE OLDE FRIARS
Address	6-8 MAIN STREET KESWICK CA12 5JD
Registered number (where applicable)	9238641
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	01768-772234
E-mail address (optional)	OFFICE@FRIARSOFKESWICK.CO.UK

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY  
01 03 2015

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

DD MM YYYY  
~~01 03 2015~~

*is the licence for one day only?*

Please give a general description of the premises (please read guidance note 1)  
A retail premise located in the centre of a busy shopping street. It will have a standard shop layout with tables and racking.

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)  | <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) (if ticking yes, fill in box H) | <input type="checkbox"/>   |

**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**

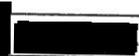
Plays Standard days and timings (please read guidance note 6)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon				Both	<input type="checkbox"/>
Tue				<b>Please give further details here</b> (please read guidance note 3)	
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thur			<b>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</b> (please read guidance note 5)		
Fri					
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 – please tick</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4) We will not trade on Christmas Day, Boxing Day, New Year's Day		
Mon	9.30	17.30			
Tue	9.30	17.30			
Wed	9.30	17.30			
Thur	9.30	17.30			
Fri	9.30	17.30			
Sat	9.30	17.30			
Sun	10.30	17.30			
			<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)		

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

Name Richard Webster

Postcode   
Personal licence number (if known)
Issuing licensing authority (if known)

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

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon	9.30	17.30	N/A
Tue	9.30	17.30	
Wed	9.30	17.30	
Thur	9.30	17.30	
Fri	9.30	17.30	
Sat	9.30	17.30	
Sun	10.30	17.30	

**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 premises will maintain a standard of operation to ensure compliance with questions B,C,D and E.

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

CCTV will be in operation with the retention of tapes or discs for a minimum of 31 days for prosecution purposes.

Alcohol will be sold with the intention for consumption off the premise.

The premises will operate a 'challenge 21' policy.

All staff will undergo training in regards to licencing laws.

**c) Public safety**

The premises will comply with current legal requirements for fire safety and health and safety including periodic risk assessments.

**d) The prevention of public nuisance**

The premises is proposed to be a licence for the consumption of liquor off the premise only.

There will be no form of entertainment, there are no outdoor areas, the operation does not require door supervisors or a dedicated cab firm.

The premises operates with in the local council litter/refuse regulations.

The management policy at the premise is to welcome communication with local persons in relation to any issues which arise concerning the operation of the premise.

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

The premises is proposed to be a licence for the consumption of liquor off the premise only.  
 The premises will operate a 'challenge 21' policy.  
 All staff will undergo training in regards to licencing laws.  
 The premises will operate a refusals book and refresher training.  
 CCTV will be in operation with the retention of tapes or discs for a minimum of 31 days for prosecution purposes.

**Checklist:**

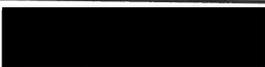
**Please tick to indicate agreement**

- 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	10/11/14
Capacity	Director

**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	10/11/14
Capacity	Director

**SOUTH LAKELAND DISTRICT COUNCIL**

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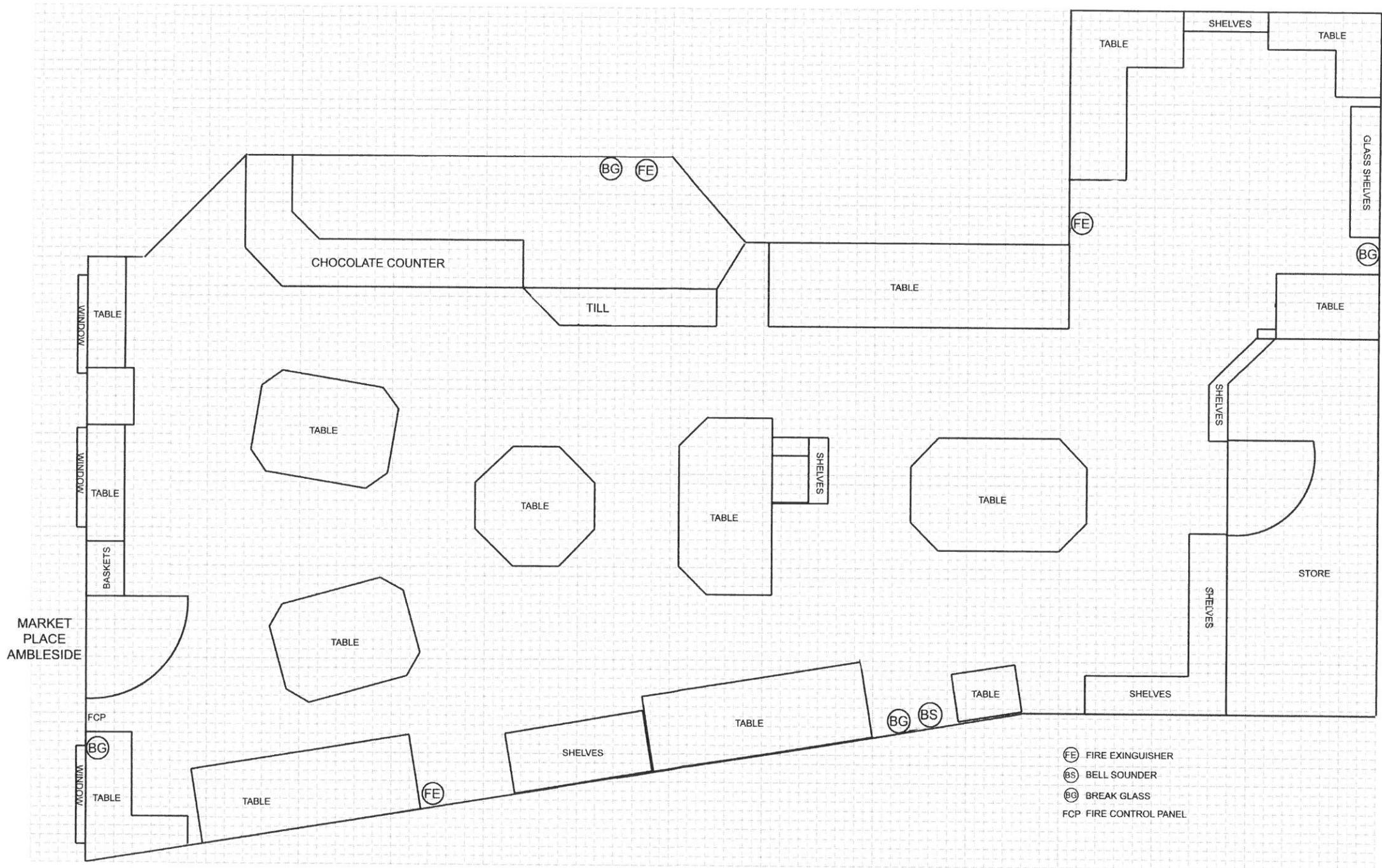
**Part A**

**Consent of individual to being specified as premises supervisor**

I Richard Webster of Rosebank, Papcastle, Cockermouth, CA13 0LA hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for premises licence by Richard Webster relating to the premises licence for Ye Olde Friars, Eloise House, Market Place, Ambleside, LA22 9BU and any premises licence to be granted or varied in respect of this application made by Richard Webster concerning the supply of the alcohol at Ye Olde Friars, Eloise House, Market Place, Ambleside, LA22 9BU. I also confirm that I am applying for, intent to apply for or currently hold a personal licence issuing authority South Lakes District Council.



.....signed  
RICHARD WEBSTER.....name (please print)  
...11/11/14.....dated



- (FE) FIRE EXTINGUISHER
- (BS) BELL SOUNDER
- (BG) BREAK GLASS
- FCP FIRE CONTROL PANEL