

Receipt No 234161 (CHP)
Initials LP
Date 13/11/14

OK to Process



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 THE MOOCHER FOODS LTD
(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>57 MAIN ST</u> <u>SEDBOROUGH</u> <u>CUMBRIA</u>			
Post town	<u>SEDBOROUGH</u>	Postcode	<u>LA10 5AB</u>
Telephone number at premises (if any)		<u>015396 21058</u>	
Non-domestic rateable value of premises		<u>£ 3550</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)	
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	THE MOOCHER FOODS LTD
Address	57 MAIN ST SEDBERGH CUMBRIA LA10 5AB
Registered number (where applicable)	08459946
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	
E-mail address (optional)	info@themoocher.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	12	2019

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)

THE CAFE ITSELF IS BASED OVER TWO FLOORS. THE GROUND FLOOR CONSISTS OF A SEATING AREA, APPROX UP TO 35 COVERS, AND PROPOSED BAR AREA. THE ONLY ENTRANCE IS FROM MAIN STREET. THE BASEMENT CONSISTS OF THE KITCHEN AREA ACCESSABLE BY STAIRS. THE TOILET IS LOCATED UP A SMALL FLIGHT OF STAIRS FROM THE GROUND FLOOR. ABOVE IS THE APPLICANTS FLAT.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

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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 type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon				
Tue				
Wed			State any seasonal variations for performing plays (please read guidance note 4)	
Thur				
Fri				
Sat			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)	
Sun				

B

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

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			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
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)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)	
Mon				
Tue				
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)	
Thur				
Fri				
Sat			<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> (please read guidance note 5)	
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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3) THIS WILL BE AN INFREQUENT EVENT WITH BACKGROUND ACOUSTIC MUSIC MAYBE ONCE A MONTH	Both	<input type="checkbox"/>
Tue					
Wed					
Thur	6PM	10PM	State any seasonal variations for the performance of live music (please read guidance note 4)		
Fri	6PM	10PM			
Sat	6PM	10PM			
Sun					
			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)		

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 2)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon	8AM	11PM	Outdoors	<input type="checkbox"/>
Tue	8AM	11PM	Both	<input type="checkbox"/>
Wed	8AM	11PM	Please give further details here (please read guidance note 3) <p style="text-align: center;">BACKGROUND MUSIC</p>	
Thur	8AM	11PM		
Fri	8AM	12AM	State any seasonal variations for the playing of recorded music (please read guidance note 4)	
Sat	8AM	12AM		
Sun	8AM	10:30PM		
			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)	

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)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			Please give further details here (please read guidance note 3)	
Thur				
Fri			State any seasonal variations for the performance of dance (please read guidance note 4)	
Sat				
Sun			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)	

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

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 type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)	
Mon				
Tue				
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)	
Thur				
Fri				
Sat			<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> (please read guidance note 5)	
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 type="checkbox"/>
					Off the premises	<input type="checkbox"/>
					Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)			
Mon	11AM	11PM	THE GENERAL SUPPLY WILL BE TILL 11PM BUT ON SEASONAL EVENTS MAY EXTEND TO THE LATER TIMES			
Tue	11AM	11PM				
Wed	11AM	11PM				
Thur	11AM	12PM	Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 5)			
Fri	11AM	1AM				
Sat	11AM	1AM				
Sun	11AM	10:30PM				

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

Name	JAMES RATCLIFFE		
Address	[REDACTED]		
Postcode	[REDACTED]		
Personal licence number (if known)	125572		
Issuing licensing authority (if known)	MANCHESTER		

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).

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	
Mon	7AM	11PM	<p>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)</p>
Tue	7AM	11PM	
Wed	7AM	11PM	
Thur	7AM	12AM	
Fri	7AM	1AM	
Sat	7AM	1AM	
Sun	7AM	10:30PM	

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)

• TRAINING OF STAFF ON ALL OBJECTIVES
• SUPERVISOR ALWAYS AVAILABLE • RISK ASSESSMENTS AVAILABLE FOR ALL TO SEE • COMMUNICATION WITH LOCAL AUTHORITIES AND SERVICES

b) The prevention of crime and disorder

• TRAINING OF STAFF • DESIGNATED SUPERVISOR ON HAND • SO IN BAR WATCH • ENTRY POLICY
• DRUGS AWARENESS • INCIDENTS LOGGED
• RELATIONSHIP WITH PUBLIC SERVICES IE POLICE
• SYSTEMS IN PLACE TO PERCEIVE CHANGE OF CRIME

c) Public safety

• RISK ASSESSMENTS • NO GLASS CURTAIN • TRAINING OF STAFF • FIRST AID AVAILABLE • HAZARD ANALYSIS
• GOOD WORKING PRACTICE • SUPERVISOR ON SHIFT • INCIDENTS LOGGED • EQUIPMENT SAFETY CHECKED • CLEAR WARNINGS

d) The prevention of public nuisance

• NOTICE TO RESPECT NEIGHBOURS • TRAINING OF STAFF
• ENTRY POLICY • DRUGS AWARENESS • SUPERVISOR ON SHIFT • NOISE CONTROL • INCIDENTS LOGGED
• CLEAR WARNINGS • AWARENESS OF SURROUNDING PARTIES

e) The protection of children from harm

• RISK ASSESSMENTS • TRAINING • SUPERVISOR ON SITE • EQUIPMENT CHECKS • ENSURE RAPID SUPERVISION AND CONTROL • COMMUNICATION WITH STAFF AND CUSTOMERS

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	[REDACTED]
Date	04.11.14
Capacity	Director

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)

JAMES RATCHFORD

[REDACTED ADDRESS]

Post town SWANSEA Postcode [REDACTED]

Telephone number (if any) [REDACTED]

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 email: licensing@southlakeland.gov.uk

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

I JAMES RATCLIFFE [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 VARIED USE [type of
 application] by THE MOOCHER FOODS LTD [name of applicant]
 relating to the premises licence..... [number of existing licence, if any]
 for THREE HAVES CAFE & BAKERY, 57 MAIN ST, SEABURN
CA10 2AB [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 THE MOOCHER FOODS LTD [name of applicant]
 concerning the supply of alcohol at THREE HAVES CAFE & BAKERY, 57 MAIN ST,
SEABURN [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 125572 [insert personal licence number, if any]
 Personal licence issuing authority UNIVERSITY OF COUNCIL 01612345000
 [insert name and address and telephone number of personal licence issuing
 authority, if any]

J. RATCLIFFE signed
J. RATCLIFFE name (please print)
10.11.14 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

~~Lowgill Bakery~~

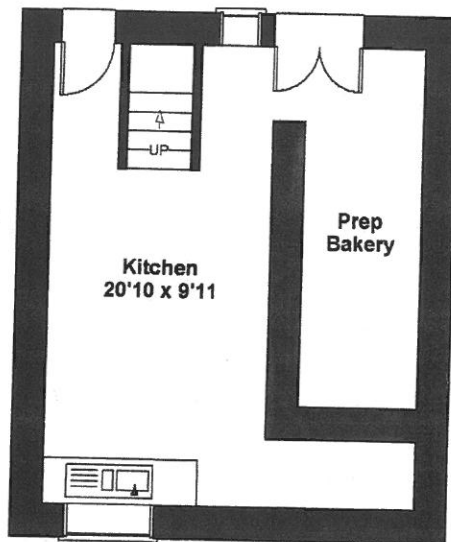
FREE HAKES

PE + BAKERY

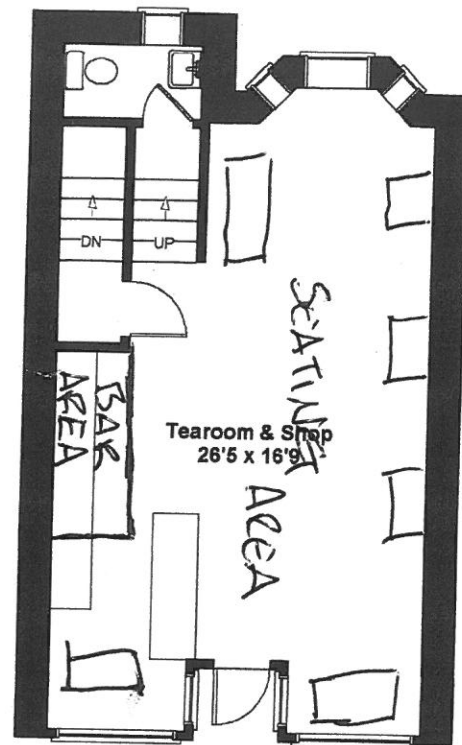
7 MAIN ST

ROBERTH

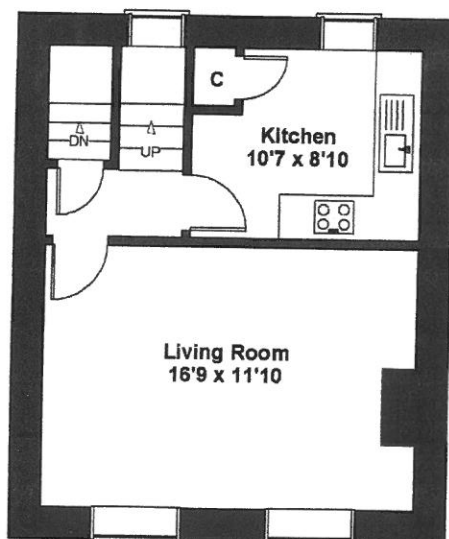
MARIA LAIO SAB



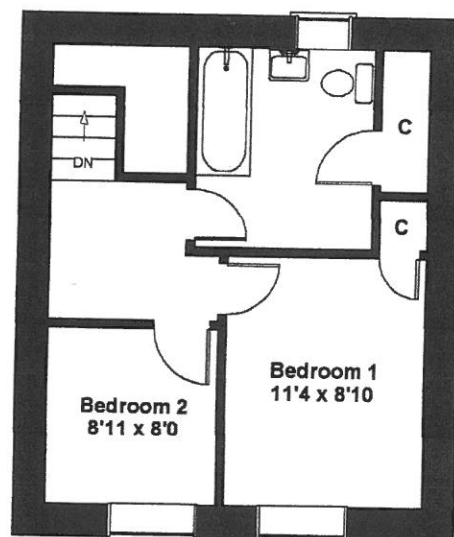
LOWER GROUND FLOOR



GROUND FLOOR



FIRST FLOOR



SECOND FLOOR

SKETCH PLAN NOT TO SCALE FOR IDENTIFICATION ONLY

The placement and size of all walls, doors, windows, staircases and fixtures are only approximate and cannot be relied upon as anything other than an illustration for guidance purposes only. No representation has been made by the seller, the agent or PotterPlans

www.potterplans.co.uk