

Date 13/3/14



SL06

## 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

and District Council  
Lic Protection

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 EXECUTIVE TEAM SUPPORT LTD T/A IMPULSE CHARTERS  
(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>DUFOR 385 SAILING YACHT ON LAKE WINDERMERE</u> <u>WORKING CLOSELY WITH THE BEECHILL HOTEL,</u> <u>NEWBY BRIDGE ROAD. PICKING UP CUSTOMERS FROM</u> <u>THEIR JETTY AND OTHERS AROUND THE LAKE</u>	
Post town	Postcode

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£

## Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- |  |   |
|--|---|
| a) an individual or individuals *        | <input type="checkbox"/> please complete section (A)            |
| b) a person other than an individual *   |   |
| i. as a limited company                  | <input checked="" type="checkbox"/> please complete section (B) |
| ii. as a partnership                     | <input type="checkbox"/> please complete section (B)            |
| iii. as an unincorporated association or | <input type="checkbox"/> please complete section (B)            |

- iv. other (for example a statutory corporation) ☐ please complete section (B)
- c) a recognised club ☐ please complete section (B)
- d) a charity ☐ please complete section (B)
- e) the proprietor of an educational establishment ☐ please complete section (B)
- f) a health service body ☐ please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales ☐ please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England ☐ please complete section (B)
- h) the chief officer of police of a police force in England and Wales ☐ please complete section (B)

\* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or ☐

I am making the application pursuant to a statutory function or ☐

a function discharged by virtue of Her Majesty's prerogative ☐

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

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

**SECOND INDIVIDUAL APPLICANT** (if applicable)

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

**(B) OTHER APPLICANTS**

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name	EXECUTIVE TEAM SUPPORT LTD TIA IMPULSE CHARTERS
Address	C/O 38 CADOGAN STREET GLASGOW G2 7HF (ALEXANDER SLOAN ACCOUNTANTS)
Registered number (where applicable)	SC261141
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	
E-mail address (optional)	LAWRENCE@IMPULSE-CHARTERS.COM

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
1	2	042014

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)

OCEAN-GOING CATEGORY A SAILING YACHT OVERALL LENGTH 11.72 METRES. IT HAS A CENTRAL SALOON, 3 DOUBLE CABINS, 2 TOILET / SHOWER ROOMS AND A LINEAR GALLEY. (SEE PLAN).

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

N/A

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

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 checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)  <div style="text-align: center; font-size: 2em;">N/A</div>		
Mon	10.00	21.00			
Tue	10.00	21.00			
Wed	10.00	21.00			
Thur	10.00	21.00			
Fri	10.00	21.00			
Sat	10.00	21.00			
Sun	10.00	21.00	<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)  <div style="text-align: center; font-size: 2em;">N/A</div>		

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

Name	LAWRENCE YOUNG
Address	<div style="background-color: black; width: 100%; height: 80px;"></div>
Postcode	<div style="background-color: black; width: 100%; height: 20px;"></div>
Personal licence number (if known)	LAPA 2623
Issuing licensing authority (if known)	LANCASTER CITY COUNCIL

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8).

NOT APPLICABLE

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	NOT OPEN TO THE PUBLIC PRE-BOOKED CHARTERS ONLY.
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			
<b>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</b> (please read guidance note 5)			

## **M Describe the steps you intend to make to promote the four licensing objectives:**

### **A General**

- All staff will be trained on the licensing objectives
- The designated premises supervisor is the skipper of the yacht
- The main aim of our yacht charters is to give our customers a Sailing Experience so alcohol is not the main focus of the charter
- All yacht charters are booked in advance so general public passing by cannot board Impulse
- The maximum amount of people onboard Impulse at any one time is 12 (adults / children)
- The skippered yacht charters are for Exclusive use only so everyone in the group is either a friend or family member
- The most popular yacht charter duration lasts 1.5 hours
- The consumption of alcohol is towards the end of the yacht charter if customers wish to participate in sailing the yacht.
- We do not allow customers to help sail Impulse if they have drunk alcohol. When they drink alcohol, they are normally sat down in the cockpit.
- Any new staff are trained on all our processes and procedures
- We regularly review and update all our processes and procedures

### **B Prevention of Crime and Disorder**

#### **Premises Risk Assessment**

**Risk: Security in and around the yacht**

**Practice Measure:** Impulse is securely locked in her Marina every evening. The marina has a secure locked gate so no one can enter

**Risk: Crime including conflict, violence or aggression**

**Practice Management:** The skipper will eject or refuse persons to board the yacht if they do not meet our standards, or they are known to be violent or aggressive.

Plastic glasses only are provided on Impulse

**Risk: Drugs and weapons being brought on the yacht**

**Practice Management:** We have a zero tolerance to bringing any of the above items on Impulse

### **Risk: Customers getting drunk and dealing with drunk customers**

**Practice Management:** The main aim of our yacht charters is to give our customers a Sailing Experience so alcohol is not a main focus of the event

Staff training is given on "the effects of alcohol and how to spot early signs of customers becoming drunk"  
Impulse Charters has an A4 guide on this

## **C Public Safety**

Impulse is a class A Ocean Going Yacht, is commercially registered and was MCA coded when she was used at sea, so she has all the necessary health and safety features necessary such as:

Life jackets  
Harnesses  
Fire Alarm  
Fire Blanket  
Fire extinguishers  
First Aid kit  
Carbon Monoxide alarm

Impulse Charters is registered with the food standards agency and currently implementing the necessary Food Hygiene procedures and are aiming to get a Food Hygiene rating of 5.

### **General Safety of customers**

We always carry out a health and safety briefing when customers board Impulse by a trained member of staff, this includes fitting and adjusting automatic inflatable lifejackets.

We maintain Impulse to a very high standard, reducing the risk of slips or trips whilst on the yacht

We have placed anti-slip material on the jetty

There is a first aid box onboard which is fully stocked and regularly maintained. Any first aid treatment can be carried out in one of the unused cabins. An accident book is kept on Impulse and the skipper is due to attend a basic First Aid Course.

Smoking inside Impulse not allowed

The skipper supervises all customers when leaving the yacht, ensuring they leave in a safe manner.

### **Disability Facilities**

We advise customers to discuss any disability requirements with us before booking the yacht charter

Impulse can be accessed from the stern at jetty level when moored stern to. There is also a step fender on the side of the yacht.



## **D The Prevention of Public Nuisance**

Music is not normally played on Impulse. If it is requested we would not allow loud music on the yacht

All litter is placed in the yacht's recycling bins when finished with and then disposed of when returned the marina.

The yacht has 2 toilets each with it's own stainless steel holding tank which are emptied at the designated points around the Lake.

## **E The protection of Children from Harm**

Impulse Yacht Charters are for private groups so if children are on Impulse, they are only in the company of their family or friends.

All Children on Impulse must wear a Life Jacket

Anyone who looks under 25 must bring a form of identification with them if Impulse is to serve alcohol to them

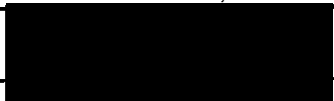
Please tick to indicate agreement

- 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	12 / 3 / 14
Capacity	Managing 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	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

EXECUTIVE TEAM SUPPORT LTD / LAWRENCE YOUNG  
14 CLARKSFIELD ROAD  
BOLTON - LE - SANDS. CARNFORTH

Post town	<del>LEE</del> <del>LEE</del> CARNFORTH	Postcode	LA5 8JE
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) LAWRENCE@IMPULSE-CHARTERS.COM			

**Notes for Guidance**

**SOUTH LAKELAND DISTRICT COUNCIL**

Licensing Section, South Lakeland House, Lowther Street, Kendal, Cumbria, LA9 4UD

Tel: (01539) 733333 Ext 7481/7484 Fax: (01539) 737659

www.southlakeland.gov.uk e-mail: licensing@southlakeland.gov.uk

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

I, LAWRENCE YOUNG [full name of prospective premises supervisor]  
 of [REDACTED]  
CARNFORTH LA5 3JE [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 EXECUTIVE TEAM SUPPORT LTD TRAImpulse CHARTER [name of applicant]  
 relating to a premises licence [number of existing licence, if any]  
 for IMpULSE CHARTER LAKE WINDERMERE  
 [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 EXECUTIVE TEAM SUPPORT LTD [name of applicant]  
 concerning the supply of alcohol at [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 LAPA2623 [insert personal licence number, if any]Personal licence issuing authority LANCASTER CITY COUNCIL[insert name and address and telephone number of personal licence issuing authority, if  
 any] E-MAIL LICENSING@LANCASTER.GOV.UK TEL. 01524 582033

[REDACTED] signed  
Lawrence Young name (please print)  
12/3/14 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].

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

N/A

# I. GENERAL INFORMATION

## A. DESIGN CATEGORY OF THE YACHT

Your **DUFOUR 385** comes under the OCEAN-GOING design category (category A).  
In normal conditions of use, your boat is designed for sailing with effective wave heights up to 4 m and winds of Beaufort Force 8 or less, and to withstand the severest conditions.

This sailing capability is equally dependent on the skills of the crew, their physical capacities, the maintenance of the boat and its equipment.

**So always take care before putting to sea.**

DUFOUR YACHTS is not able to guarantee perfect functioning of the boat in exceptional sea conditions (violent storms, hurricanes, cyclones, waterspouts,...)

### DESIGN CATEGORIES

Design category	Type of sailing	Wind strength (Beaufort)	Wind Speed	Effective height of wave to be taken into account
A	Ocean-going	More than 8	More than 21 m/s	More than 4 m
B	Open sea	Up to and including 8	Up to 21 m/s	Up to and including 4 m
C	Inshore	Up to and including 6	Up to 17 m/s	Up to and including 2 m
D	Sheltered waters	Up to and including 4	Up to 13 m/s	Up to and including 0.3 m

## B. CERTIFICATION

CE regulations impose all boat hulls longer than 12m to comply with category A bis (=auto-certification, stability and floating capacity to be evaluated by a recognised institution).

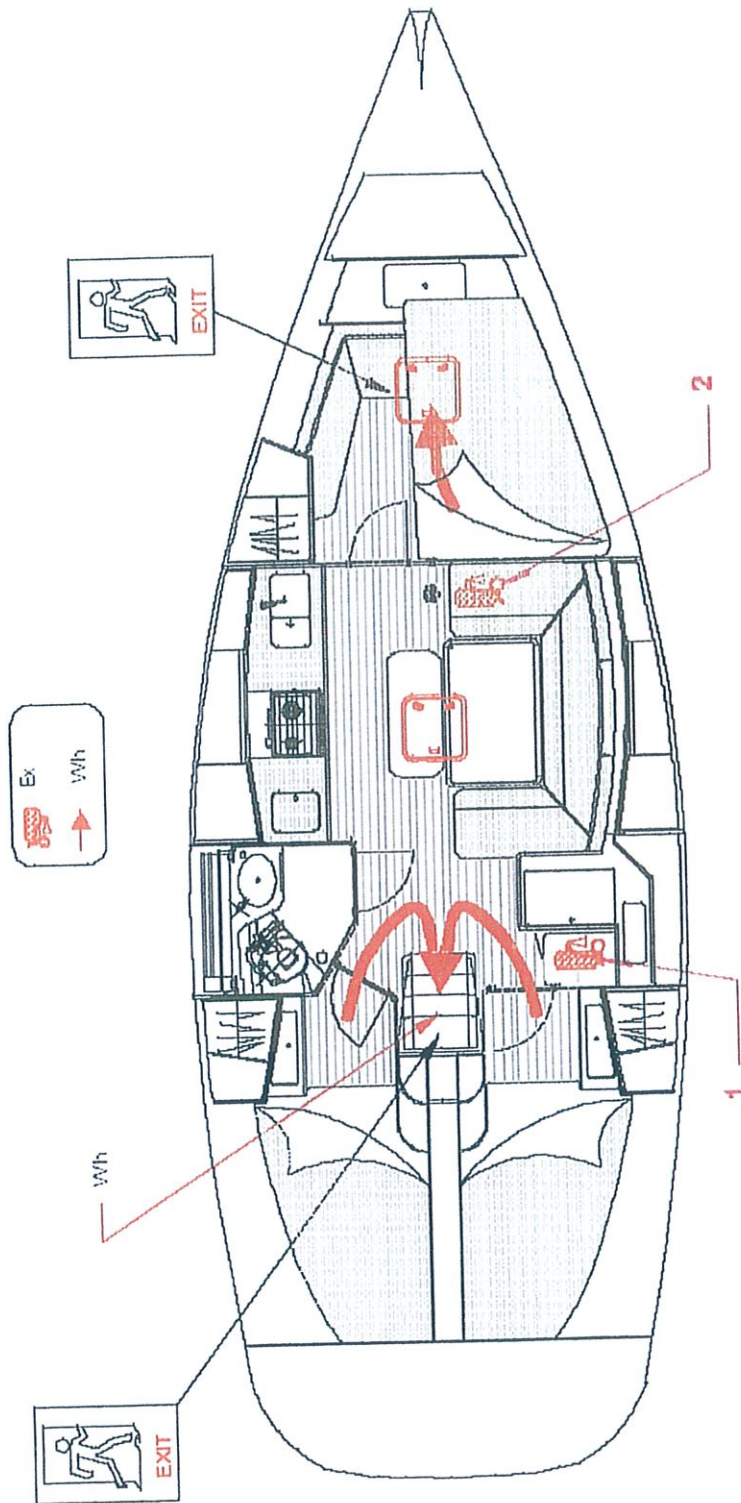
It is the **IMCI** ( International Marine Certification Institute ) who has been charged to carry out this certification (see Document of Conformity = Déclaration de Conformité )

## C. IDENTIFICATION

The hull's identification number is situated on the hull, at starboard side, close to the stern.  
The number is composed of a series of characters and numbers starting with FR-DUF....

## XV. Abandon ship plan

<i>Rep.</i>	<i>Description</i>
EXIT	Emergency exit
Ex	Recommended space for extinguishers
1	Under chart table **
2	Under saloon bench **
Wh	Access hole to engine compartment For extinguisher
**	Not supplied

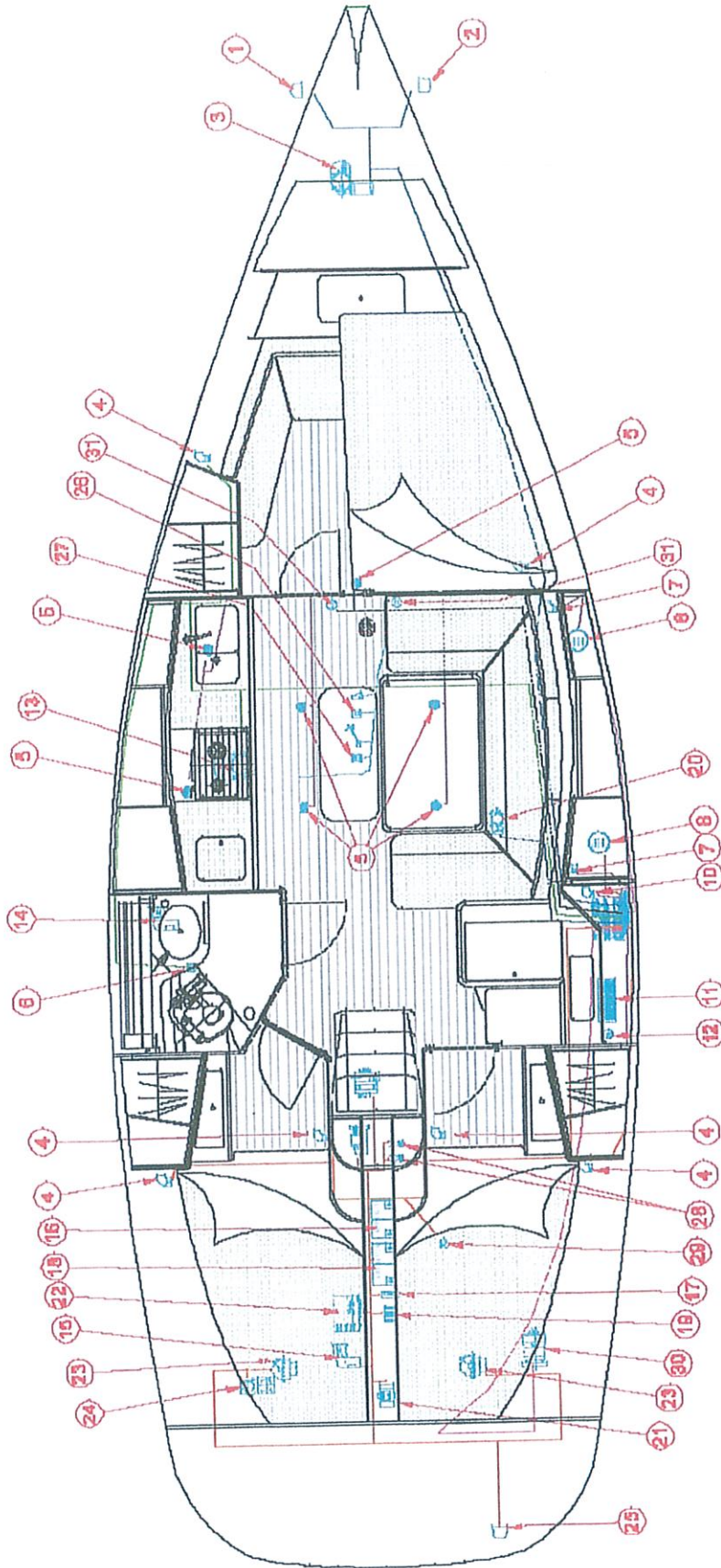




## XI. 12 V installation drawing

<i>Rep.</i>	<i>Description</i>
1	Port light
2	Starboard light
3	Windlass *
	Relay for windlass *
4	Adjustable spot light
5	Ceiling and interior light
6	Ceiling light toilet +interior
7	Bulkhead mounted light
8	Loudspeaker HiFi/radio CD *
9	
10	Chart table reading light
11	12V switch panel
12	12V socket
13	Cooling circuit
14	Shower water evacuation pump
15	Bilge pump
16	Engine starting battery
17	General circuit breaker
18	Service battery
19	Distributor
20	Water circuit
21	Bilge ventilator
22	Battery charger*
23	Compass
24	Navigation instruments *
25	Stern light
26	Steaming light
27	Anchor light
28	Battery switches
29	Fuel gauge
30	Autopilot engine *
31	Speed and depth sounders *

\* Option

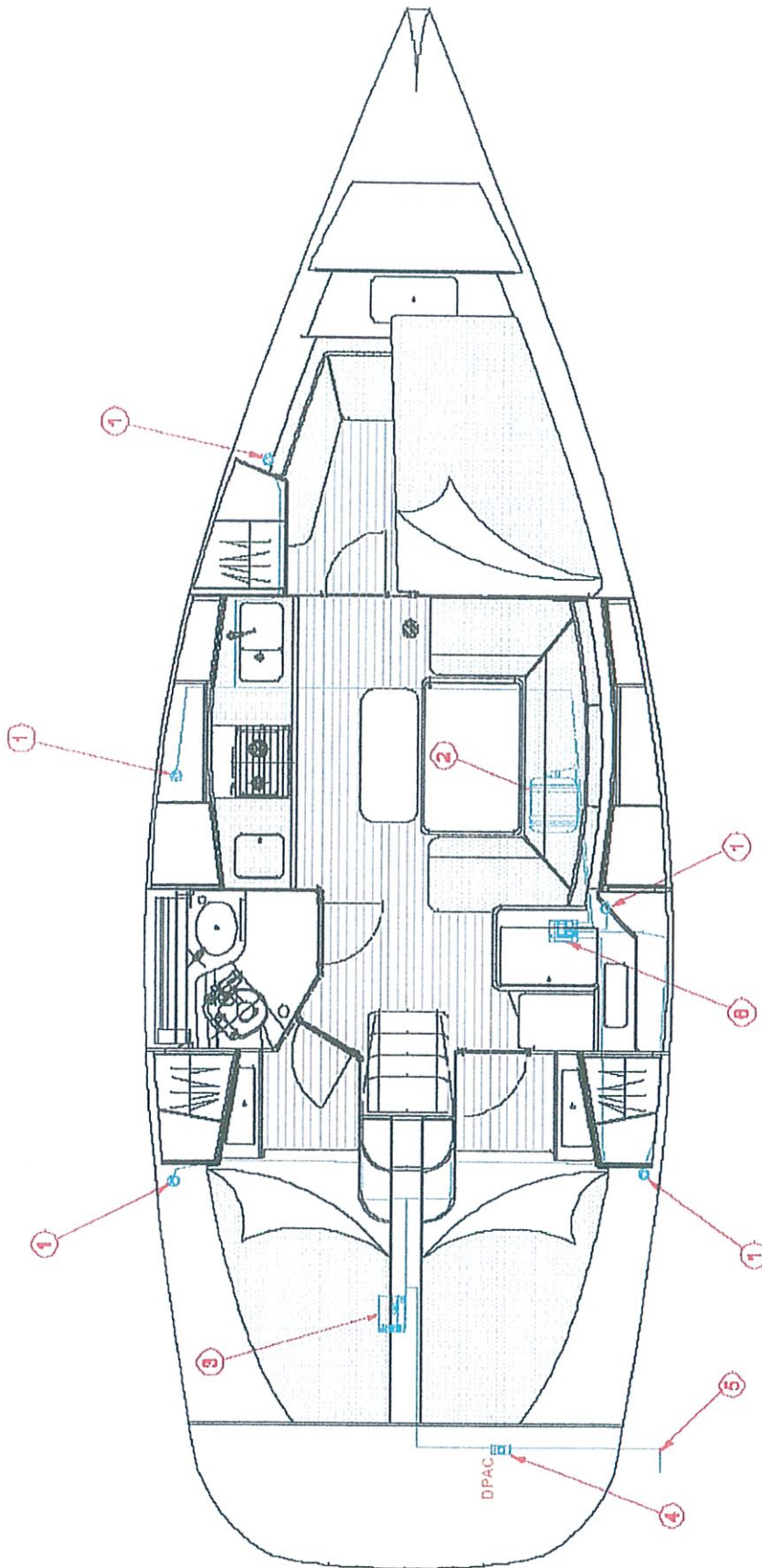




## XII. 220 V installation drawing

<i>Rep.</i>	<i>Description</i>
1	220V socket ( or 110V )*
2	Water heater
3	Battery charger *
4	General circuit breaker *
5	Shore power connection *
6	Electric box *

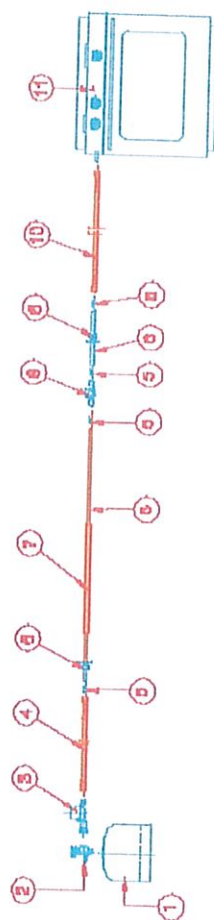
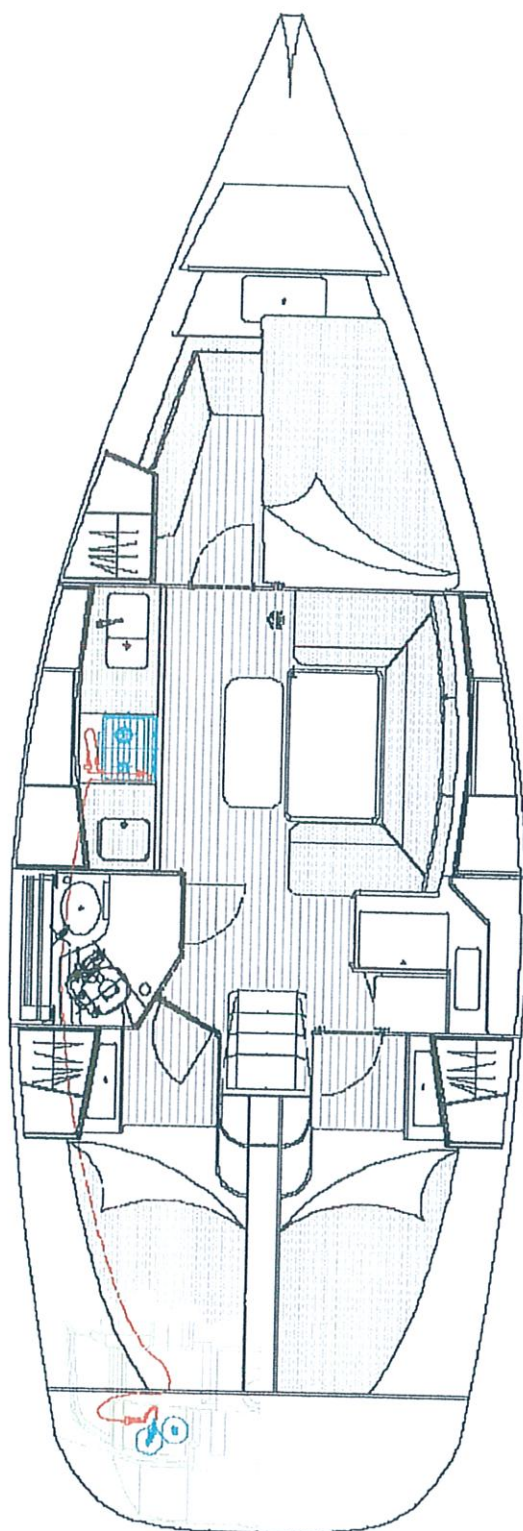
\* Option



## XIV. Gas circuit diagram

<i>Rep.</i>	<i>Désignation</i>
1	Gas cylinder **
2	Gas cylinder valve **
3	Expander **
4	Connecting piece
5	Connection / size 6x8
6	Watertight through bulkhead fitting
7	Plastic piping
8	Copper conduit 6x8
9	CE gas tap (under the cooker/oven)
10	Long connecting pipe
11	2 burner cooker and oven

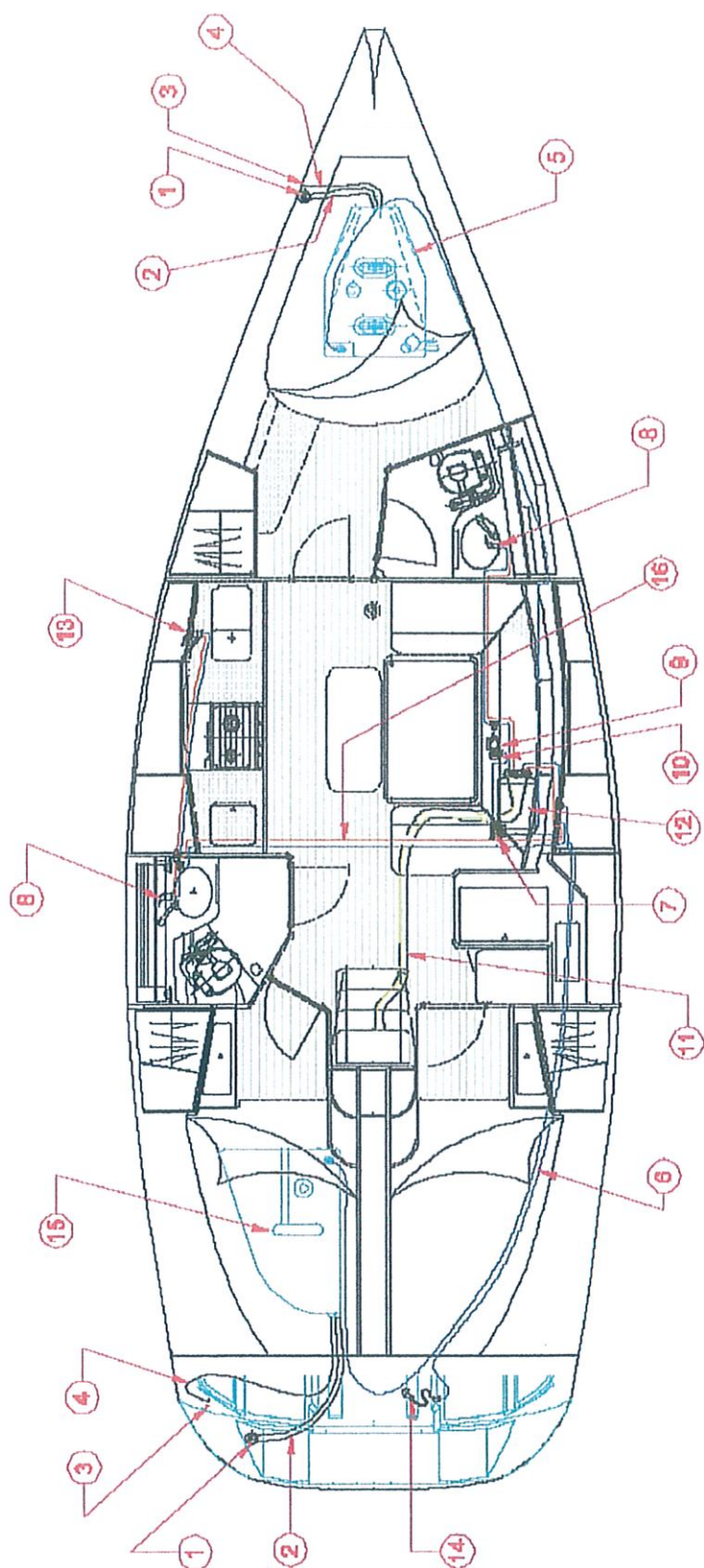
\*\* Not supplied



## XVI. Fresh water circuit diagram

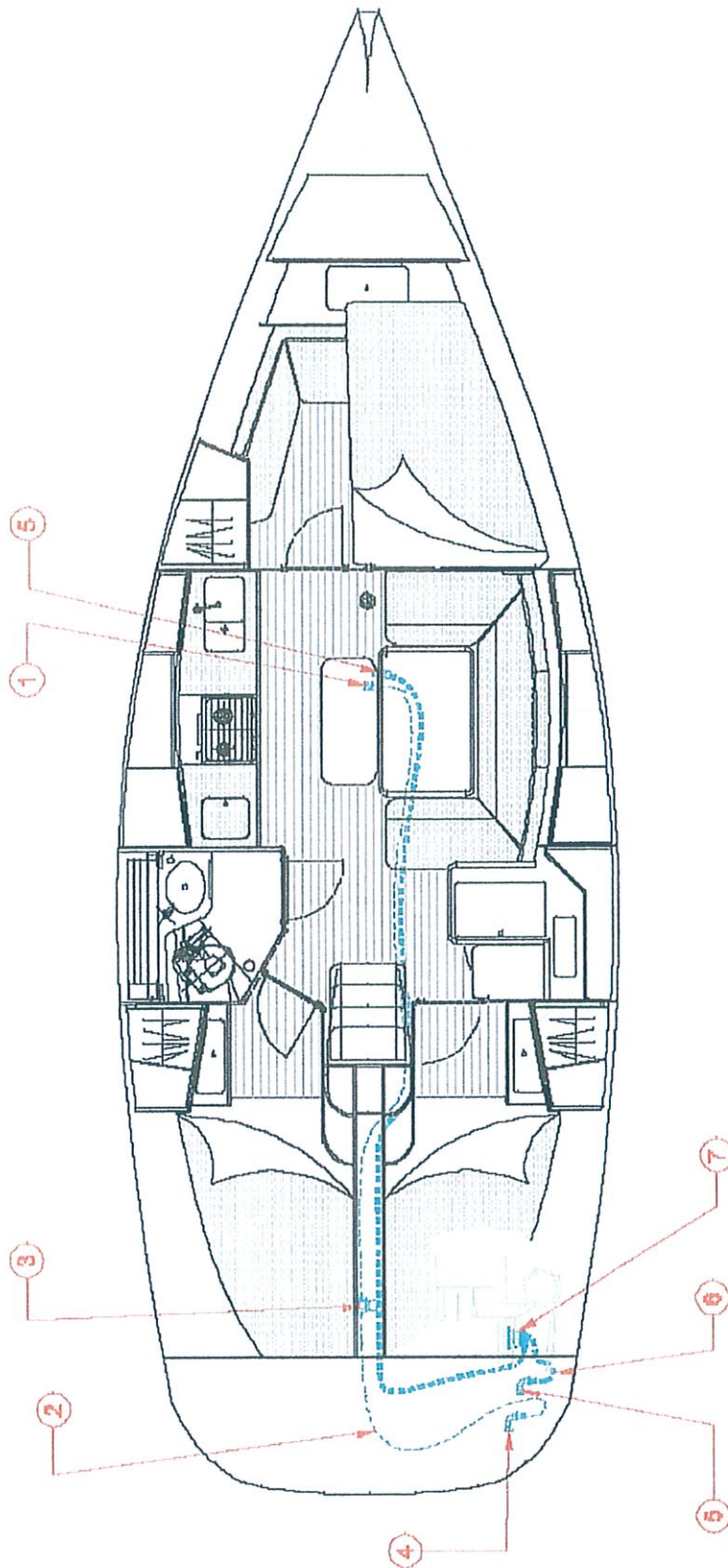
<i>Rep.</i>	<i>Description</i>
1	Deck filler
2	Water infill
3	Vent
4	Ventilation piping
5	Front water tank
6	Cold water piping
7	2 way collector
8	Shower mixing tap
9	Pressurised water circuit
10	Sweet water filter
11	Piping for hot water heat exchange through engine
12	water heater
13	Galley mixing tap
14	Deck shower
15	Aft water tank
16	Hot water piping





## XVII. Drain system diagram

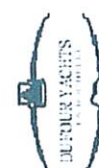
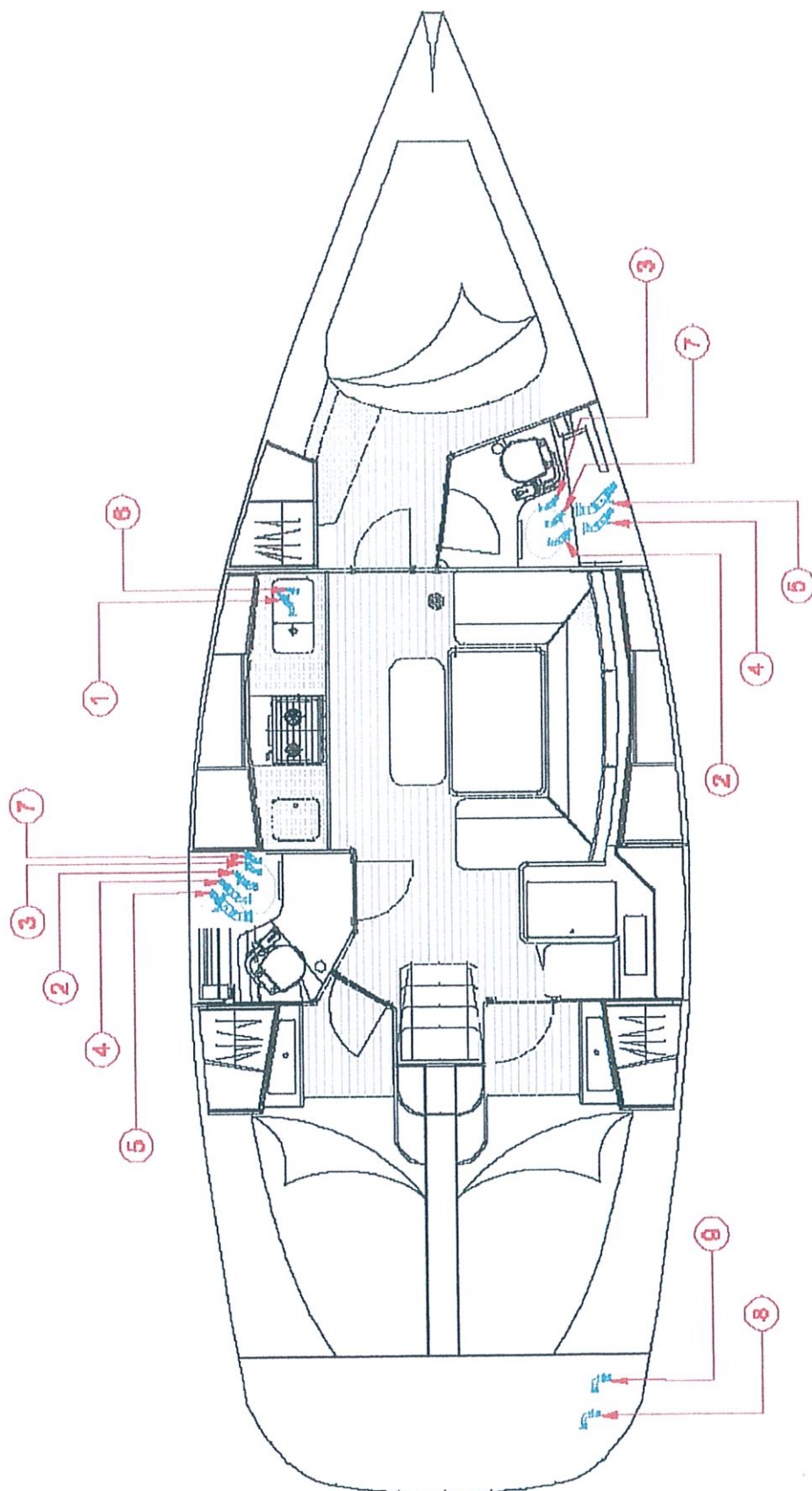
<i>Rep.</i>	<i>Description</i>
<i>Electric bilge pump</i>	
1	Strainer
2	Evacuation piping Ø20
3	Electric bilge pump
4	Deck outlet
<i>Manual bilge pump</i>	
5	Strainer
6	Evacuation piping Ø25
7	Manual bilge pump
8	Deck outlet





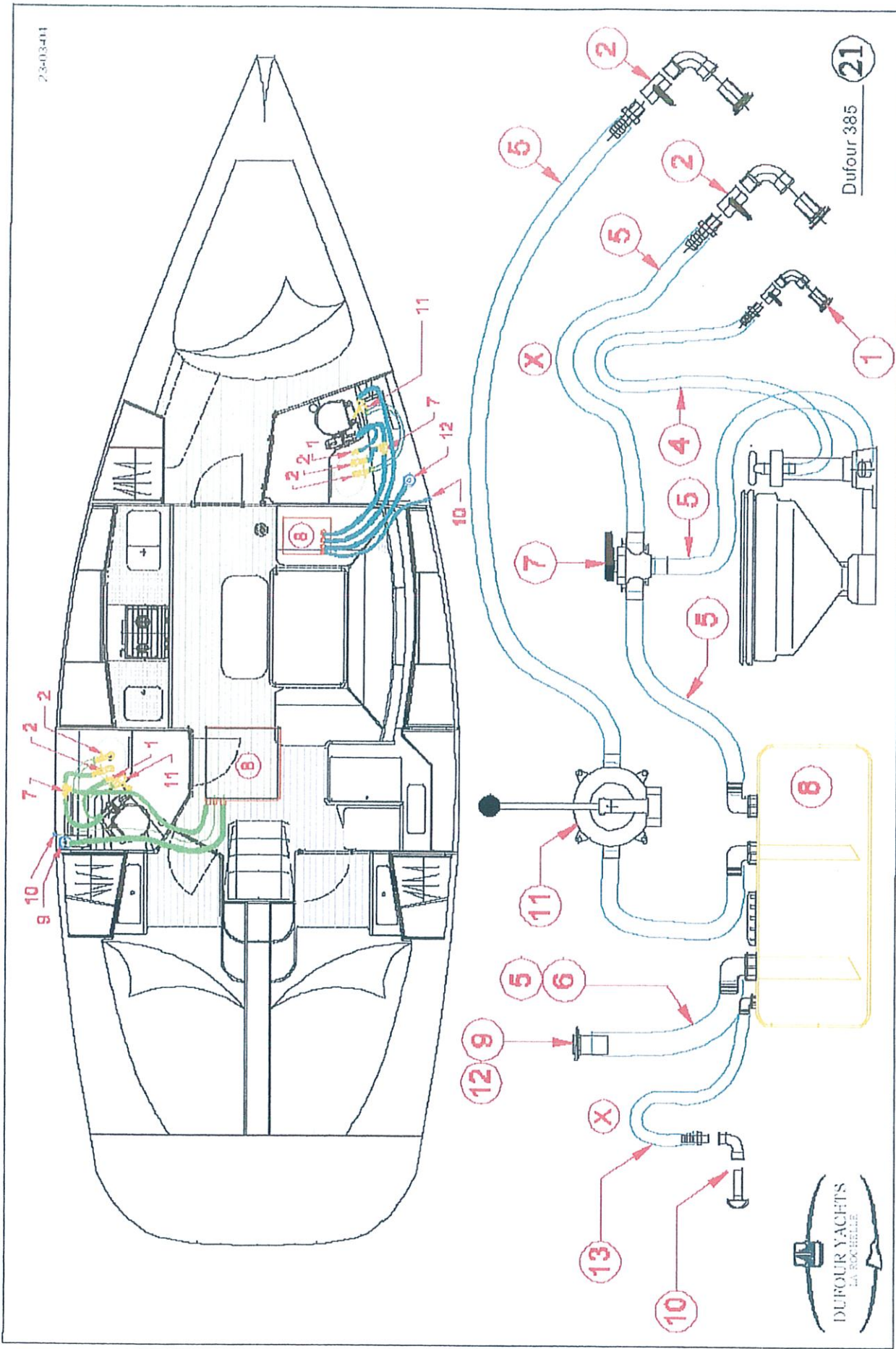
## XVIII. Skin fitting location drawing

<i>Rep.</i>	<i>Function</i>	<i>Ø</i>
<i>Skin fittings and valves</i>		
1	Galley sink evacuation	1"
2	Wash basin evacuation	1"
3	Toilet infill	3/4"
4	Toilet outlet	1"1/4
5	Holding tank outlet*	2"
6	Water foot pump infill *	1/2"
7	Shower water evacuation	3/4"
<i>Skin fittings</i>		
8	Water evacuation electric bilge pump	3/4"
9	Water evacuation manual bilge pump	1"
* Option		



## XXI. Holding tank fitting drawing in 3 cabin version

<i>Rep.</i>	<i>Description</i>
	<i>3 cabin version</i>
1	Through hull fitting & valve 3/4"
2	Through hull fitting & valve 1" 1/4
3	
4	Piping Ø20
5	Anti odour piping Ø38 *
6	Anti odour piping Ø51 *
7	3 way valve in plastic PVC Ø38 *
8	Holding tank in polyethylene *
9	Deck outlet in aluminium Ø50 *
10	Vent in brass *
11	Manual evacuation pump *
12	Deck outlet in aluminium Ø38 *
13	Piping Ø25
(x)	Gooseneck
	* Optional equipment
*	Supplied as standard





# NOTICE OF AN APPLICATION FOR GRANT OF \*PREMISES LICENCE / CLUB PREMISES CERTIFICATE

Date this notice posted on the premises ...12 MARCH 2014.....

Premises ...IMPULSE.....

Address ...LAKE WINDERMERE.....

I/We...EXECUTIVE TEAM SUPPORT LTD...T/A IMPULSE CHARTERS...

have applied to South Lakeland District Council (the Licensing Authority), for grant of the \*Premises Licence / ~~Club Premises Certificate~~ in respect of the above premises. The application relates to the sale of alcohol / ~~provision of regulated entertainment~~ \*. Where applicable regulated entertainment will include:-

<del>*Music</del>	<del>*Playing Recorded Sound</del>	<del>*Showing of films</del>
<del>*Singing</del>	<del>*Live Performers</del>	<del>*Performance of a play</del>
<del>*Dancing</del>	<del>*Other forms of live dance</del>	
<del>*Sporting/game competitions in the presence of an audience (including but not limited to, darts and snooker/pool competitions)</del>		
<del>*Late night refreshment will be provided until not later than: 21.00</del>		

(\*Delete as appropriate)

Day	Sale/Supply of Alcohol		Regulated Entertainment		Other times when the premises will be open	
Varied	from:	to:	from:	to:	From:	to:
Monday	10.00	21.00				
Tuesday	10.00	21.00				
Wednesday	10.00	21.00				
Thursday	10.00	21.00				
Friday	10.00	21.00				
Saturday	10.00	21.00				
Sunday	10.00	21.00				
Public Holiday	10.00	21.00				

Any person intending to make relevant representations on this application should submit them in writing within 28 days from the date this notice is first displayed on the above premises to: The Licensing Manager, Licensing Section, South Lakeland District Council, South Lakeland House, Lowther Street, Kendal LA9 4UQ or by emailing to: [licensing@southlakeland.gov.uk](mailto:licensing@southlakeland.gov.uk) The full application can be viewed at the given address between the hours of 10.00am to 4.00pm, Monday to Friday.

IT IS AN OFFENCE, to knowingly or recklessly make a false statement in connection with an application for which you may be liable to a fine not exceeding level 5 on the standard scale on summary of conviction.