

Receipt No ..... 081042 .....

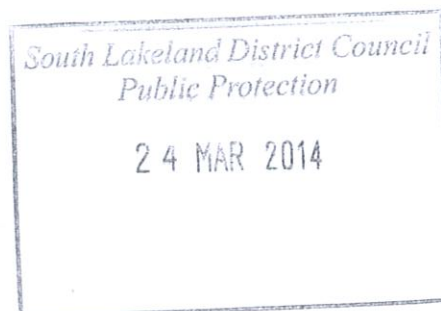
Initials ..... E.M.E. ....

Date ..... 24.03.14 .....

**SL20**



**SOUTH LAKELAND DISTRICT COUNCIL**  
 Licensing Group, South Lakeland House, Lowther Street, Kendal, Cumbria, LA9 4UQ  
 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 minor variation to a premises licence or club premises certificate 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, especially Note 1. 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 in black ink. Use additional sheets if necessary. Once completed please send your application to the relevant licensing authority. You may wish to keep a copy of the completed form for your records.

Rachel Partington

(Insert name(s) of applicant)

being the premises licence holder(s) / club holding a club premises certificate, apply to vary a premises licence under section 41A / club premises certificate under section 86A of the Licensing Act 2003 for the premises described in Part 1 below.

**Part 1 – Premises details**

Postal address of premises (or, if none, ordnance survey map reference, or description)	
Telephone number at premises (if any)	01539 732 552.
The Jolly Anglers main street Burneside	
Premises licence number/club premises certificate number PL(A) 0549	
Post town Kendal	Post Code LA9 6QP.

[Empty box]

**Brief description of premises** (Please see Guidance Note 2) Public House, with  
General Store

**Part 2 – Applicant Details**

Please tick *yes*

I am/ ~~we are~~ the premises licence holder/club premises certificate holder

Contact phone number in working hours (if any)

01539 732552

**Applicant Postal address IF DIFFERENT FROM PREMISES ADDRESS**

**Part 3 – Proposed variation(s)**

Do you want the proposed variation to have effect as soon as possible?  *yes*

Post town Kendal, Postcode LA9 Day 6<sup>00</sup> P. Month Year

If not, from what date do you want the variation to take effect? [Empty box]

Please provide email address if you would prefer us to contact you by email (optional)  
[Redacted]

Please describe the proposed variation(s) in detail in the box below and explain why you consider that they could not have an adverse effect on the promotion of any of the licensing objectives (See Guidance Note 1). This should include whether new or increased levels of licensable activities will be taking place indoors or outdoors (indoors may include a tent):

**Details of proposed variations** (Please see Guidance Note 3)

I would like to open a rural shop in the premises of my pub.  
I would like to sell fresh fruit & vegetables, toys and personal hygiene products. we would also like to sell sweets, postcards & stamps.

We currently have a 'payzone' facility, so we are already becoming<sup>2</sup> a community hub.  
There will be no change to the floor layouts.

**Details of proposed variations (Continued)**

The only change to the license will be the opening hours. They will be from <sup>5.30am</sup>~~6am~~ Monday to Saturday & 7am on a Sunday. Closing times will be as per the old license.

**Part 4 – Operating Schedule**

Please tick those parts of the Operating Schedule which would be subject to change if this application to vary were successful.

**Provision of regulated entertainment**

- |   | <i>Please tick</i>       | <i>yes</i>               |
|---|--------------------------|--------------------------|
| a. plays  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. films  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. indoor sporting events   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. boxing or wrestling entertainment  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. live music   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. recorded music   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. performances of dance  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. anything of a similar description to that falling within (e), (f) or (g) | <input type="checkbox"/> | <input type="checkbox"/> |

**Provision of entertainment facilities for**

- |                 | <i>Please tick</i>       | <i>yes</i>               |
|-----------------|--------------------------|--------------------------|
| i. making music | <input type="checkbox"/> | <input type="checkbox"/> |
| j. dancing      | <input type="checkbox"/> | <input type="checkbox"/> |

- I understand that I am required to advertise my application by posting a white notice a  or on the premises for ten consecutive working days commencing on, and including the day after the day when my application is given to the licensing authority.

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

## Part 5 – Signatures and Contact Details

(See Guidance Note 5)

**Premises Licence:** Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent. (See Guidance Note 6) If signing on behalf of the applicant, please state your name and in what capacity you are authorised to sign:

Signature:



Date: 21st March 2014.

Capacity: I / We (insert full name and capacity) Rachel Partington, Lessee.

sign on behalf of and have authority to bind the applicant.

**Where the premises licence is jointly held, signature of 2<sup>nd</sup> applicant (the current premises licence holder) or 2<sup>nd</sup> applicant's solicitor or other authorised agent (See Guidance Note 7). If signing on behalf of the applicant please state in what capacity.**

Signature:

Date:

Capacity: I / We (insert full name and capacity)

sign on behalf of and have authority to bind the applicant.

### Where the premises is a club

I (*insert full name*) make this application on behalf of the club and have authority to bind the club

Signature:

Date:

Capacity: I / We (insert full name and capacity)

sign on behalf of and have authority to bind the applicant.

<b>Contact name (where not previously given) and address for correspondence associated with this application. (See Guidance Note 8)</b>	
Post town	Post code
Telephone number (if any)	If you would prefer us to correspond with you by email your email address (optional)
6	

k. entertainment of a similar description to that falling within (i) or (j)

**Provision of late night refreshment**

**Sale by retail of alcohol**

(Note that this can only relate to reducing licensed hours, or moving them without any overall increase between 7am and 11pm)

**Enclosures**

I have enclosed the premises licence/club premises certificate

I have enclosed the relevant part of the premises licence/  
club premises certificate

I have included a copy of the plan  
(necessary if the proposed variation will affect the layout)

If you have not ticked one of the previous three boxes, please explain why in the box below.

**Reasons why you have failed to enclose the premises licence/club premises certificate or relevant parts.**

**Any further information to support your application. (See Guidance Note 4)**

**CHECKLIST:**

- Please tick *yes*.
- I have made or enclosed payment of the fee
  - I have enclosed the plan, if appropriate, of the premises in scale [1mm to 100mm], unless otherwise agreed with the licensing authority
  - I have enclosed the premises licence/club premises certificate or relevant part of it or provided an explanation
  - I understand that if I do not comply with the above requirements  my application will be rejected.

**Red Line** - denotes area used for sale/ consumption of alcohol and all existing licensable activities. Bar servery/counter = point of sale (alcohol).

*Beer Garden - consumption only*



Area used for sale and consumption of alcohol = 197 m<sup>2</sup>

**Notes:**  
1/ Each layout on the drawing has detailed against it how the information was gathered and drawn:

**Check Survey** - Information has been drawn up from original paper drawings and then checked on site and modified accordingly.

**Full Survey** - Complete on site survey carried out

**KEY**

- E1** Emergency Light Fitting
- EE** Emergency Exit Sign
- H** Heat Detector
- S** Smoke Detector
- C** Break Glass Call Point
- F** Fire Alarm Sounder
- FB** Fire Blanket
- DP** Dry Powder Fire Extinguisher
- CD** Carbon Dioxide Fire Extinguisher
- FO** Foam Fire Extinguisher
- WA** Water Fire Extinguisher

Revision	B	X	X
Revision	A	X	X
Revision	Date	By	Note

**CASSIDY ASHTON**

Architects Building Surveyors Planners Designers

7 East Cliff  
Preston  
Lancashire  
PR1 3JE  
Tel: 01772 258356  
Fax: 01772 825000



**JOB TITLE**  
Jolly Anglers-Burneside  
Kendal

**DRAWING**  
GENERAL PLAN LAYOUTS  
FOR PUB LICENSING SHOWING  
GROUND FLOOR

<b>SCALE</b> 1:100	<b>DATE</b> APR05	<b>DRAWN</b> XX
<b>PROJECT</b> S8776	<b>DRAWING NO</b> L1	<b>PHC</b> *****