

Pages 5-16  
omitted, as not  
applicable.

Receipt No. 232364

Application for a premises licence to be granted  
under the Licensing Act 2003

Date 3/4/14

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 Mervyn Owen Bass

(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 Maple Tree Cafe Maple Tree Corner Elterwater			
Post town	Ambleside	Post code	LA22 9HP

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 4,900

Part 2 - Applicant Details

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

- 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)
- 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b> Bass			<b>First names</b> Mervyn Owen		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
<b>Current postal address if different from premises address</b>		[REDACTED]			
<b>Post Town</b>	[REDACTED]			<b>Postcode</b>	[REDACTED]
<b>Daytime contact telephone number</b>			015394 37635		
<b>E-mail address (optional)</b>		[REDACTED]			

**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)	
<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	
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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day	Month	Year
a	s	ap

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

Day	Month	Year

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

Café with small shop area

Selling meals and light snack, cakes etc

Small shop area selling local produce, essentials etc – including alcoholic beverages.

Approximately 28 covers inside and 12 outside in enclosed garden area.

Evening opening will be dependent on demand.

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 yes**

- 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 entertainment facilities:**

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

**Provision of late night refreshment** (if ticking yes, fill in box L)

**Supply of alcohol** (if ticking yes, fill in box M)

**In all cases complete boxes N, O and P**

**M**

<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 box)</b> (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	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	10:00	22:00			
Tue	10:00	22:00			
Wed	10:00	22:00			
Thur	10:00	22:00			
Fri	10:00	22:00			
Sat	10:00	22:00			
Sun	10:00	22:00			
			<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)		
			These are the maximum hours. The premises may close earlier dependent on demand.		

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

<b>Name</b> ██████████
<b>Address</b> ██████████ ██████████
<b>Postcode</b> ██████
<b>Personal Licence number (if known)</b> Being applied for
<b>Issuing licensing authority (if known)</b> SLDC

**N**

**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

**O**

<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	08:00	23:00	<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)  These are the likely <b>maximum</b> opening hours. The premises may open later and close earlier.
Tue	08:00	23:00	
Wed	08:00	23:00	
Thur	08:00	23:00	
Fri	08:00	23:00	
Sat	08:00	23:00	
Sun	08:00	23:00	

**P** Describe the steps you intend to take to promote the four licensing objectives:

**a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)**

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

Given the nature of the premises, the applicant does not consider that crime and disorder will be an issue. However, the applicant and his staff will not allow disorderly conduct and will take reasonable and appropriate steps to diffuse any such situation on the premises.

No drink shall be removed from the premises in an unsealed container.

A CCTV camera is installed at the locations marked, "CCTV" on the plan of the premises.

Where CCTV equipment is fitted, it shall be maintained in good working order in accordance with the manufacturer's instructions.

A written record shall be kept every time images are recorded by CCTV and shall include details of the recording medium used, the time and date recording commenced and finished. This record shall identify the person responsible for the recording and shall be signed by him/her. Where the recording is on a removable medium (i.e. videotape, compact disc, flash card etc.), a secure storage system to store those recording mediums shall be provided.

The images recorded by the CCTV system shall be retained in unedited form for a period of not less than 31 days.

**c) Public safety**

The premises will comply with all relevant regulations and requirements required by Environmental Health, Fire Safety etc and the applicant will co-operate with any recommendations made by the relevant authorities in that regard.

**d) The prevention of public nuisance**

Refuse such as bottles shall be disposed of from the premises at a time when it is not likely to cause a disturbance to residents in the vicinity of the premises.

Where the premises provide food to the public for consumption on or off the premises there shall be provided at or near the exits, sufficient waste bins to enable the disposal of waste food, food containers, wrappings etc.

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

Persons who appear to be under the age of 21 years shall be required to produce proof of age by way of a recognised proof of age card accredited under the Proof of Age Standards Scheme (PASS) or Citizen card if a proof of age card is not available a photo driving licence or passport

**Please tick yes**

- 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 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 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 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	
Capacity	Solicitor for Applicant



**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	

<b>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)</b> Suzie Fisher Thomson Hayton Winkley 114-116 Stricklandgate			
<b>Post town</b>	Kendal	<b>Post code</b>	LA9 4QA
<b>Telephone number (if any)</b>	01539 721945		
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b> [REDACTED]			

**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, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. 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, 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, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

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

Geraldine Allonby

I  
[full name of prospective premises supervisor]

of



[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

A new Premises Licence for Maple Tree Café, Maple Tree Corner, Elterwater

[type of application]

by

Mervyn Bass

[name of applicant]

relating to a premises licence

0  
[number of existing licence, if any]

for

Maple Tree Cafe  
Maple Tree Corner  
Elterwater  
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

Mervyn Bass

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*[name of applicant]*

concerning the supply of alcohol at

Maple Tree Cafe  
Maple Tree Corner  
Elterwater  
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

PA029559

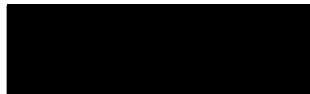
-----  
*[insert personal licence number, if any]*

Personal licence issuing authority

South Lakeland District Council  
South Lakeland House  
Lowther Street  
Kendal  
Cumbria

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*[insert name and address and telephone number of personal licence issuing authority, if any]*

Signed

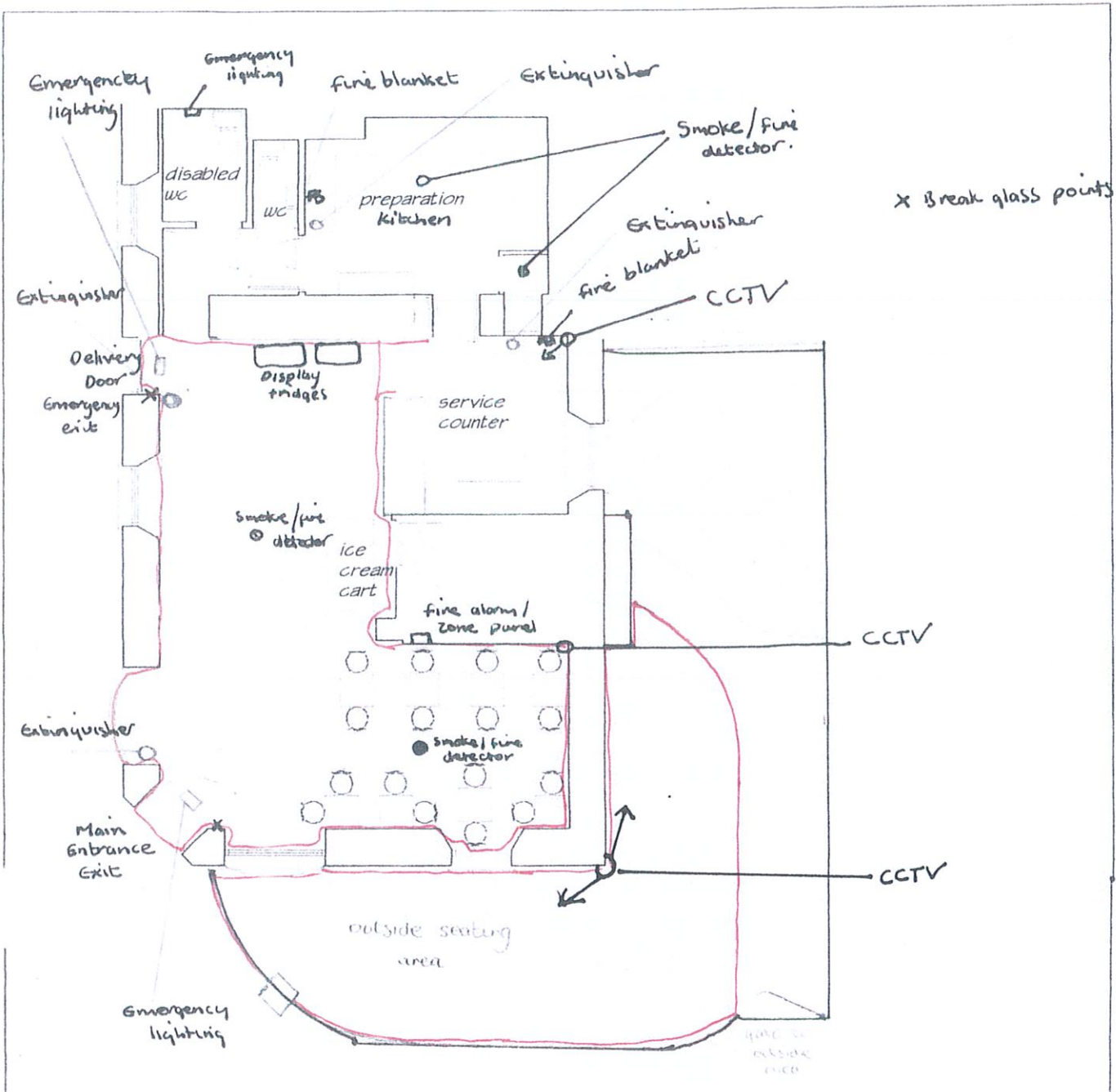


Name (please print)

Geraldine Allonby

Date

26 / 3 / 2014



**Public areas consumption of alcohol**

**CCTV and intruder alarm**



### Corner Shop Elterwater Proposed Layout\_100 1:100

MAPLE TREE CAFE,  
MAPLE TREE CORNER  
ELTERWATER  
LAZZ QHP.