

South Lakeland District Council

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.

We E.H. Booth & Co Ltd

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			
Booths Site of former car retail garage, Corner of Windermere Rd/ Lindale Rd			
Post town	Grange-over-Sands	Post code	LA11 6EE
Telephone number at premises (if any)			
Non-domestic rateable value of premises		None	

Part 2 - Applicant Details

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

- | | | |
|---|-------------------------------------|-----------------------------|
| 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) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | please complete section (B) |
| e) the proprietor of an educational establishment | <input type="checkbox"/> | please complete section (B) |
| f) a health service body | <input type="checkbox"/> | 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 | <input type="checkbox"/> | 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 | <input type="checkbox"/> | please complete section (B) |
| h) the chief officer of police of a police force in England and Wales | <input type="checkbox"/> | 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	E.H. Booth & Co Ltd
Address	Booths Central Office Longridge Road Ribblesdale Preston PR2 5BX
Registered number (where applicable)	49933
Description of applicant (for example, partnership, company, unincorporated association etc.)	Limited Company
Telephone number (if any)	01772 693 800
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
A	S	A P

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

Day	Month	Year

A

Please give a general description of the premises (please read guidance note1)

High quality service, food retail outlet. The supply of alcohol and regulated entertainment are intended to be ancillary to the shopping experience at Booths. The operation will mirror that of a number of other Booths stores trading in the North of England

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 yes

- | | |
|--|-------------------------------------|
| 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 checked="" type="checkbox"/> |

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

B

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

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon			State any seasonal variations for indoor sporting events (please read guidance note 4)
Tue			
Wed			
Thur			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 (please read guidance note 5)
Fri			
Sat			
Sun			

D

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

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music 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 checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3) See Box M a) on this application Live music provided by bands playing amplified and unamplified music for the entertainment of customers and to be ancillary to the shopping experience at Booths.		
Mon	06:30	00.00			
Tue	06:30	00.00	<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
Wed	06:30	00.00			
Thur	06:30	00.00	<u>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</u> (please read guidance note 5)		
Fri	06:30	00.00			
Sat	06:30	00.00			
Sun	06:30	00.00			

F

Recorded music Standard days and timings (please read guidance note 6)			<u>Will the playing of recorded music 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 checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3) See Box M a) on this application Music to be played through an in-house sound system to be ancillary to the shopping experience at Booths.		
Mon	06:30	00.00			
Tue	06:30	00.00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)		
Wed	06:30	00.00			
Thur	06:30	00.00	<u>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</u> (please read guidance note 5)		
Fri	06:30	00.00			
Sat	06:30	00.00			
Sun	06:30	00.00			

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

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

I

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (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			
Mon	06:30	00.00	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Tue	06:30	00.00			
Wed	06:30	00.00			
Thur	06:30	00.00	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	06:30	00.00			
Sat	06:30	00.00			
Sun	06:30	00.00			

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

Name Ann Sherratt	
Address [REDACTED]	
Postcode	[REDACTED]
Personal Licence number (if known) PERS0483	
Issuing licensing authority (if known) South Ribble Borough Council	

K

<p>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)</p> <p>None</p>

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	06:30	00.00	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)
Tue	06:30	00.00	
Wed	06:30	00.00	
Thur	06:30	00.00	
Fri	06:30	00.00	
Sat	06:30	00.00	
Sun	06:30	00.00	

M 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)

The supply of alcohol and regulated entertainment are intended to be ancillary to the high quality shopping experience at Booths.

This proposed operation is common across E H Booths & Co Ltd estate. On occasions, entertainment is provided to customers in and outside the premises eg at Christmas, Carroll singers, Easter, brass bands, classical music, themed wine tasting events with associated music such as Spanish guitar music being played etc. All relevant authorities are welcome to visit other E H Booths & Co Ltd premises having similar provisions under the benefit of a Premises Licence.

The Premises Licence Holder are also aware of their obligations under the existing legislation and will train its staff in all the aspects of the relevant legislation

b) The prevention of crime and disorder

- Digital CCTV cameras will be installed both internally and externally and will operate during the hours of sale of alcohol.
- VCR tapes or digital recordings shall be held for a minimum of 31 days and 28 days respectively after the recording is made.
- Recordings will be made available to Police and other agencies including the Local Authority.
- An incident report book will be maintained at the premises.
- All incidents will be reported to and monitored by E.H. Booth Limited's Customer Services Manager.
- The frontage of the premises will be provided with security lighting which will operate during the hours of sale of alcohol.

c) Public safety

- All staff shall have received training on the safe evacuation of the premises in the event of an emergency and such training shall be repeated at least annually. A record of the training provided shall be kept at the premises for at least 12 months and will be made available to the fire service or Council
- Adequate arrangements will be made in the Fire Evacuation Plan to ensure the safe evacuation of any disabled persons in the event of an emergency
- All fire escape routes and access to emergency vehicles shall be kept unobstructed and will be clearly identifiable
- All fire exit doors shall be available and shall be capable of opening without the use of any key, card, code or similar means
- Fire doors will be self closing and shall not be held open other than by devices approved by the fire service
- Notices detailing the action to be taken in the event of fire or other emergency will be prominently displayed in the premises
- All emergency lighting and fire safety signage will be maintained in good working order and will not be altered without the approval of the Fire Authority. The emergency lighting will be capable of lasting at full capacity for not less than 3 hours

d) The prevention of public nuisance

See b) and d) above

e) The protection of children from harm

- Point of sale notices will be displayed advising that any person who appears under the age of 21 will be asked for proof of age.
- Training will be given to all staff of the consequences for adults who buy alcohol on behalf of children.
- All refusals will be recorded in a refusals book kept in store and monitored by Customer Services Manager.
- Training will be provided to new members of staff on the sale of intoxicating liquor when they are employed. Those courses include training in young customer recognition.
- Any new employees under the age of 18 will not work on the tills until they have completed training and management have assessed them as competent in the sale of intoxicating liquor
- Employees will accept photographic identification as proof of age to confirm that a customer is legally entitled to purchase alcohol. Eg: Passport, Picture driving licence, Connexions card, Validate UK, Portman card.

Please tick yes

- I have made or enclosed payment of the fee or ☒
- I have not made or enclosed payment of the fee because the application has been made in relation to the introduction of the late night levy ☐
- 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 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	[Redacted Signature]
Date	17 th April 2014
Capacity	Poppleston Allen – Solicitors for and on behalf of the applicant

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	
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Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13) Steve Burnett 37 Stoney Street The Lace Market			
Post town	Nottingham	Post code	NG1 1LS
Telephone number (if any)	0115 9349171		
If you would prefer us to correspond with you by e-mail your e-mail address (optional) s.burnett@popall.co.uk			

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**

To be completed in block capitals

I Ann Sherratt of [REDACTED] 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 by E. H, Booths & Co. Ltd relating to a Premises Licence for Booths, Corner of Windermere and Lindale Road, Grange-over-Sands, Cumbria LA11 and any premises licence to be granted or varied in respect of this application made by E. H, Booths & Co. Ltd concerning the supply of alcohol at Booths, Corner of Windermere and Lindale Road, Grange-over-Sands, Cumbria LA11.

I also confirm that I hold a personal licence, details of which I set out below:

Personal Licence Number:- PERS0483

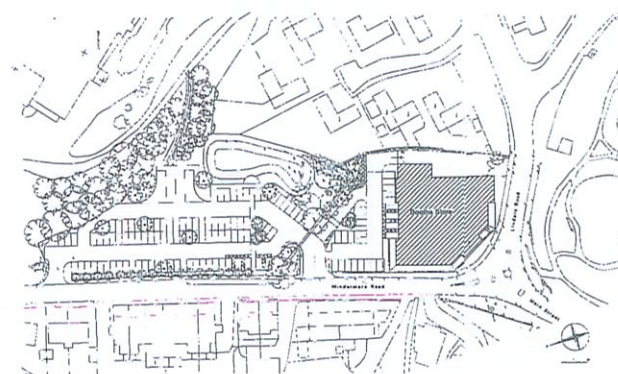
Personal Licence Issuing Authority:- South Ribble Borough Council

Signed

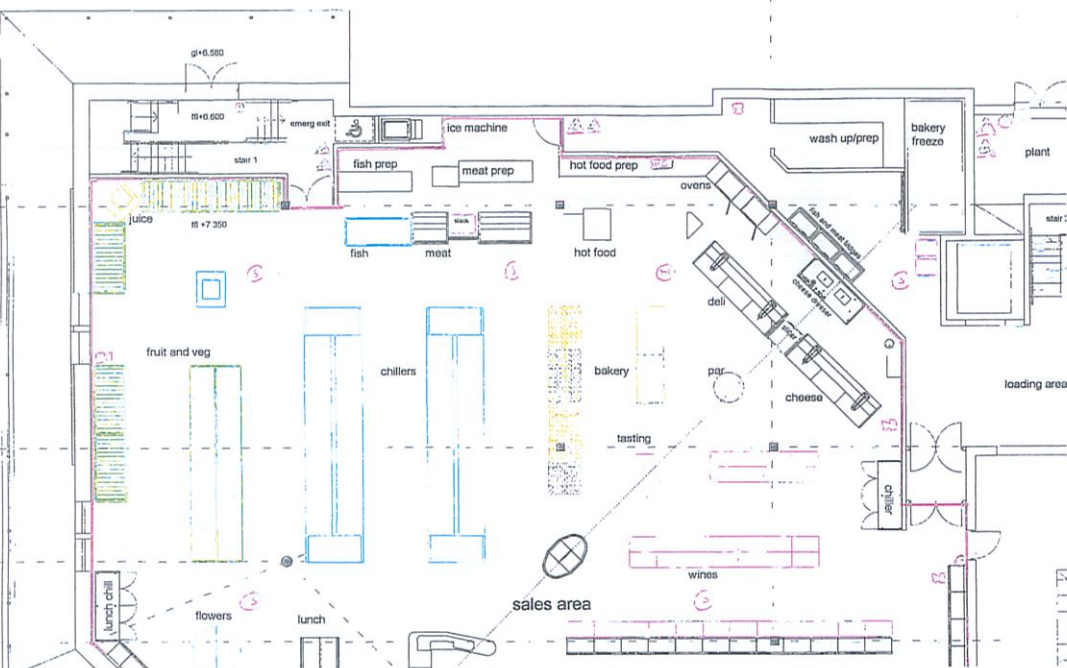
[REDACTED]

Name Printed: Ann Sherratt

Dated 02.04.14



Location Plan 1:1000



Ground Floor Layout

- KEY:-
- Common Outside Fire Extinguisher
 - Kitchen Fire Extinguisher
 - Dry Powder Fire Extinguisher
 - Fire Blanket
 - Fire Alarm Panel
 - Fire Alarm Call Point
 - Fire Alarm Sounder
- Area to be used for licensable activities

First Floor Layout

