

Receipt No 233069  
 Initials EME  
 Date 21.05.14

# South Lakeland District Council

South Lakeland District Council  
 Public Protection  
 21 MAY 2014

## 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 Simon Gill and Andrew Milliard

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			
Sola Sports Bar and Grill Unit 1 Blackhall Yard			
Post town	Kendal	Post code	LA9 4LU

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£13205

### 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 type="checkbox"/>            | please complete section (B) |
| ii. as a partnership  | <input checked="" 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	Andrew Milliard	Simon Gill
Address	<div>██████████</div> <div>██████████</div> <div>██████████</div>	
Registered number (where applicable)		
Description of applicant (for example, partnership, company, unincorporated association etc.)	Partnership	
Telephone number (if any)		
E-mail address (optional)		

## Part 3 Operating Schedule

When do you want the premises licence to start? **As soon as possible**

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

## A

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

High Street premises with trading area, bar, toilets and self-contained food preparation area to first floor level,

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 checked="" 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 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

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

## B

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



# C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)  Exhibition matches of pool for the benefit of patrons
Day	Start	Finish	<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Mon	09:00	03:00	
Tue	09:00	03:00	
Wed	09:00	03:00	<b><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></b> (please read guidance note 5)  An additional Hour at the commencement of British Summer Time  From the commencement of hours on New Year's Eve until the commencement of hours on New Year's Day
Thur	09:00	03:00	
Fri	09:00	03:00	
Sat	09:00	03:00	
Sun	09:00	03:00	

# D

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

# E

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

# F

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon	09:00	03:00			
Tue	09:00	03:00			
Wed	09:00	03:00	<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4)		
Thur	09:00	03:00			
Fri	09:00	03:00			
Sat	09:00	03:00	<b><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></b> (please read guidance note 5)		
Sun	09:00	03:00			
			An additional Hour at the commencement of British Summer Time		
			From the commencement of hours on New Year's Eve until the commencement of hours on New Year's Day		



# G

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

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the type of entertainment you will be providing</u></b>			
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
Mon					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)			
Wed			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)			
Thur						
Fri						
Sat						
Sun			<b><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></b> (please read guidance note 5)			

I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	23:00	04:00			
Tue	23:00	04:00			
Wed	23:00	04:00	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Thur	23:00	04:00			
Fri	23:00	04:00			
Sat	23:00	04:00	<b>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</b> (please read guidance note 5)  An additional Hour at the commencement of British Summer Time  From 23:00 on New Year's Eve until 05:00 on New Year's Day		
Sun	23:00	04:00			

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 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	09:00	03:00			
Tue	09:00	03:00			
Wed	09:00	03:00	<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)  An additional Hour at the commencement of British Summer Time  From the commencement of hours on New Year's Eve until the commencement of hours on New Year's Day		
Thur	09:00	03:00			
Fri	09:00	03:00			
Sat	09:00	03:00			
Sun	09:00	03:00			

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

<b>Name</b> Mr Simon Gill
------------------------------



**Address**

[REDACTED]

**Postcode**

[REDACTED]

**Personal Licence number (if known)**

PA1906

**Issuing licensing authority (if known)**

South Lakeland District 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)**

NONE

**L**

**Hours premises are open to the public**

Standard days and timings  
(please read guidance note 6)

Day	Start	Finish
Mon	09:00	04:00
Tue	09:00	04:00
Wed	09:00	04:00
Thur	09:00	04:00
Fri	09:00	04:00
Sat	09:00	04:00
Sun	09:00	04:00

**State any seasonal variations** (please read guidance note 4)

**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)

An additional Hour at the commencement of British Summer Time

From the commencement of hours on New Year's Eve until the commencement of hours on New Year's Day

**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)

Please see below.

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

**CCTV**

- a) A CCTV system shall be installed which will be compliant with the requirements and recommendations of Cumbria Constabulary.
- b) CCTV recordings shall be made available to an Authorised Officer of the South Lakeland District or a Police Officer upon request as is reasonably practicable and in any case within 24 hours.
- c) Any subject access request shall be compliant with the provisions of the Data Protection Act and shall be pursuant to an investigation of crime and disorder.
- d) Notices confirming CCTV systems are in operation shall be displayed at the premises.

**SIA Registered door staff**

- a) A requirement for the use of Security Industry Authority Registered Door Supervisor shall be risk assessed by the management of the premises.
- b) Cognizance shall be taken of Police intelligence when determining whether Door Supervisors should be deployed for specific events occurring within the vicinity of the premises.
- c) Where Door Supervisors are employed a register shall be maintained confirming the full name and Security Industry Authority badge number and time of deployment. The register shall be signed by each Supervisor confirming the hours worked and the register shall be retained for a period of not less than one calendar year.
- d) A separate register shall be maintained by the Designated Premises Supervisor/Manager identifying the name, address, date of birth and SIA Registered badge number of each Supervisor employed by the premises. The register shall be retained for a period of not less than one calendar year.

**c) Public safety**

- Staff shall be trained in respect of their responsibilities with regard to the sale of alcohol

**d) The prevention of public nuisance**

- Notices shall be displayed requesting patrons to leave the premises quietly and respect the environment in which the premises are situated.

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

- A challenge 25 policy shall be in operation at the premises.
- Children will be allowed on the premises until 18:00 after which time they must be accompanied by an adult.

**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	
Date	20 May 2014
Capacity	Poppleston Allen – Solicitors for and on behalf of the 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	

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

Nick Walton  
37 Stoney Street  
The Lace Market

<b>Post town</b>	Nottingham	<b>Post code</b>	NG1 1LS
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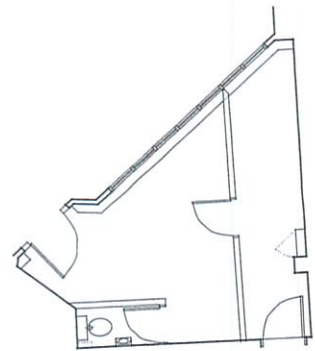
<b>Telephone number (if any)</b>	0115 9487410
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**If you would prefer us to correspond with you by e-mail your e-mail address (optional)**  
n.walton@popall.co.uk

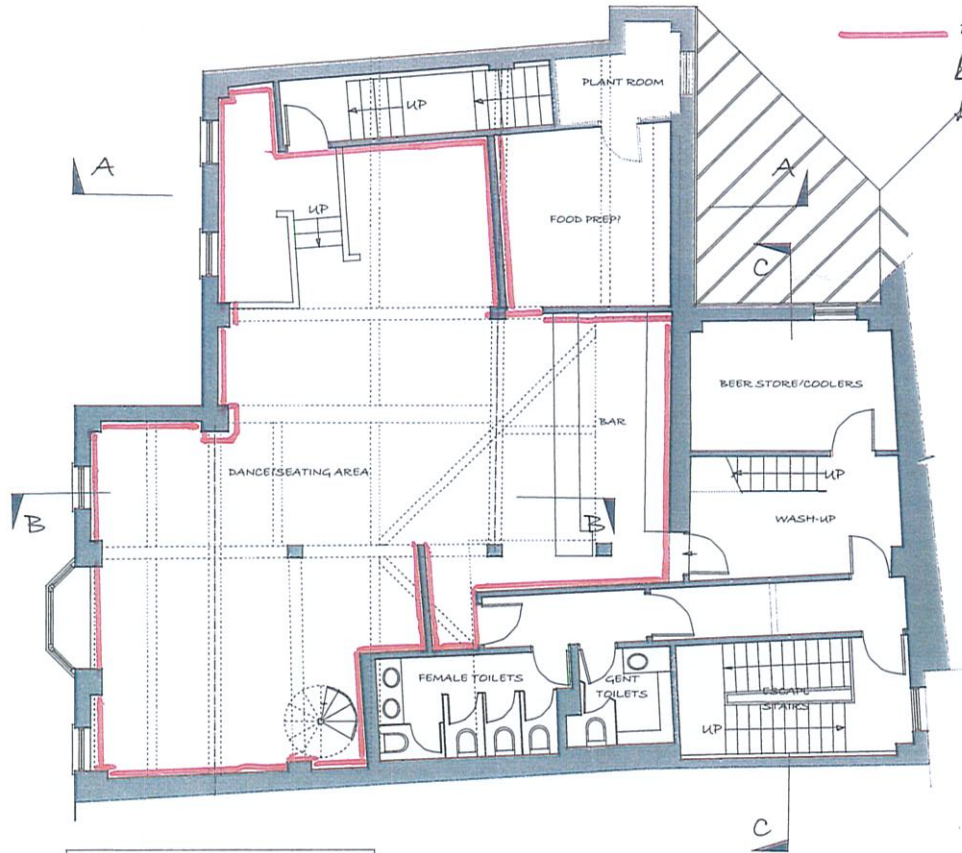
**Notes for Guidance**

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.

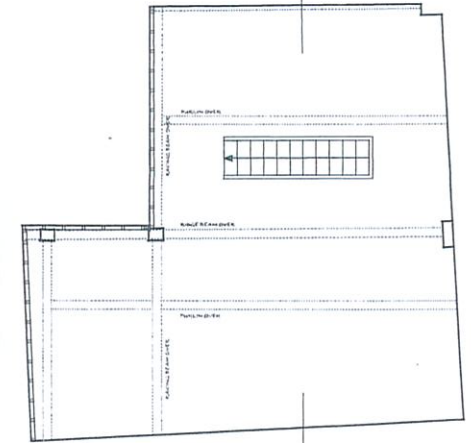




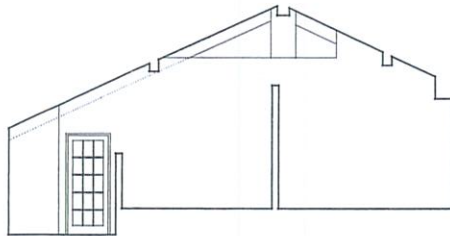
PART GROUND FLOOR  
PLAN (UNIT 14)



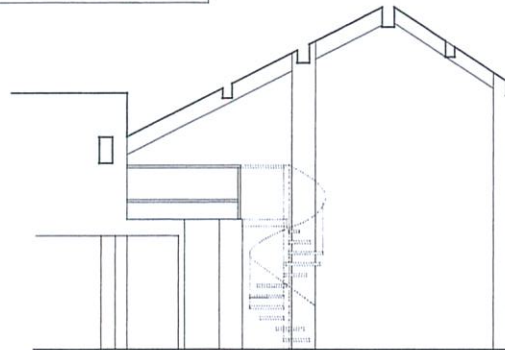
FIRST FLOOR PLAN (UNIT 1)



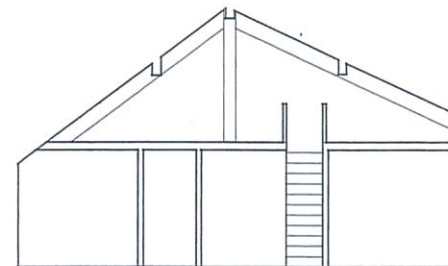
ATTIC FLOOR PLAN (UNIT 1)



SECTION A - A



SECTION B - B



SECTION C - C

Area for Sale of Alcohol  
REGULATED ENTERTAINMENT  
AND LATE NIGHT RECREATION

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POSITION AND TYPE OF FIRE SAFETY EQUIPMENT TO BE AGREED WITH FIRE SAFETY OFF.

**TED FLETCHER**  
ARCHITECTS LIMITED

KENDAL HOUSE MURLEYMOSS BUSINESS VILLAGE  
OXENHOLME ROAD KENDAL CUMBRIA LA9 7RL  
TELEPHONE: (01539) 726558 FAX: (01539) 726199

PROPOSED REDEVELOPMENT OF  
VACANT RETAIL COMMERCIAL  
UNITS AT BLACKHALL YARD  
KENDAL

TOWNSON ESTATES PLC

UNIT 1 & 14 - FLOOR PLANS &  
CROSS SECTIONS -

AS EXISTING

MAY 2013 1:50 PV

K719 - 01

Unit 1 BLACKHALL YARD  
STRICKLAND GATE