

SL08



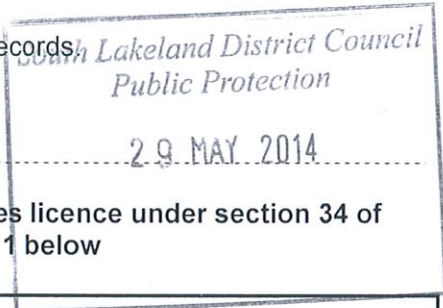
SOUTH LAKELAND DISTRICT COUNCIL
Public Health & Licensing Group, South Lakeland House, Lowther Street,
Kendal, Cumbria LA9 4UD
Tel: 0845 050 4434 Fax: (01539) 740300
 www.southlakeland.gov.uk e-mail: licensing@southlakeland.gov.uk

Application to vary a premises licence 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



I/We KATE WILSON
 (Insert name(s) of applicant)

being the premises licence holder, apply to vary a premises licence under section 34 of the Licensing Act 2003 for the premises described in Part 1 below

| | |
|-------------------------|-------------|
| Premises licence number | PL (A) 0193 |
|-------------------------|-------------|

Part 1 – Premises Details

| | | | |
|--|--------------|----------|---------|
| Postal address of premises or, if none, ordnance survey map reference or description | | | |
| THE AUBION SOCIAL & SNOCCKER CLUB SANDS AVENUE KENDAL | | | |
| Post town | | Postcode | LA9 4LL |
| Telephone number at premises (if any) | 01539 735048 | | |
| Non-domestic rateable value of premises | £ | | |

Receipt No 233153
 Initials EME
 Date 29.05.14

Part 2 – Applicant details

| | | | |
|---|------------|----------|------------|
| Daytime contact telephone number | [REDACTED] | | |
| E-mail address (optional) | [REDACTED] | | |
| Current postal address if different from premises address | [REDACTED] | | |
| Post town | | Postcode | [REDACTED] |

Part 3 - Variation

Please tick as appropriate

Do you want the proposed variation to have effect as soon as possible? Yes No

If not, from what date do you want the variation to take effect?

| | | |
|----|----|------|
| DD | MM | YYYY |
| ┆┆ | ┆┆ | ┆┆┆┆ |

Please describe briefly the nature of the proposed variation (Please see guidance note 1)

We would like to extend our license hours from 12-11pm every day to 12-12am every day.

If your proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend:

Part 4 Operating Schedule

Please complete those parts of the Operating Schedule below which would be subject to change if this application to vary is successful.

Provision of regulated entertainment

Please tick all 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)
- i) Provision of late night refreshment (if ticking yes, fill in box I)
- j) Sale by retail 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) | | | <u>Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)</u> | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here (please read guidance note 3)</u> <u>State any seasonal variations for performing plays (please read guidance note 4)</u> <u>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)</u> | | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | | | |
| Thur | | | | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |

B

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|--|-------|--------|--|----------|--------------------------|---|--|--|
| Films Standard days and timings (please read guidance note 6) | | | <u>Will the exhibition of films 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 type="checkbox"/> | | | |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | | | | | |
| Mon | | | | | | | | |
| Tue | | | | | | | | |
| Wed | | | | | | <u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4) | | |
| Thur | | | | | | | | |
| Fri | | | | | | <u>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</u> (please read guidance note 5) | | |
| Sat | | | | | | | | |
| Sun | | | | | | | | |

C

| | | | |
|---|-------|--------|--|
| Indoor sporting events Standard days and timings (please read guidance note 6) | | | <u>Please give further details</u> (please read guidance note 3) |
| Day | Start | Finish | |
| Mon | | | |
| | | | |
| Tue | | | <u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4) |
| | | | |
| Wed | | | |
| | | | |
| Thur | | | <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> (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) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | Please give further details here (please read guidance note 3) | | |
| Mon | | | | | |
| Tue | | | State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4) | | |
| Wed | | | | | |
| Thur | | | 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) | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |

E

| | | | | | |
|---|-------|--------|---|----------|--------------------------|
| Live music Standard days and timings (please read guidance note 6) | | | Will the performance of live music take place <u>indoors or outdoors or both</u> – please tick (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | Please give further details here (please read guidance note 3) | | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | State any seasonal variations for the performance of live music (please read guidance note 4) | | |
| Thur | | | | | |
| Fri | | | Non standard timings. Where you intend to use the premises for the <u>performance of live music</u> at different times to those listed in the column on the left, please list (please read guidance note 5) | | |
| Sat | | | | | |
| Sun | | | | | |

F

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

G

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

|

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

J

| | | | | | | | | |
|---|-------|--------|--|------------------|-------------------------------------|---|--|--|
| Supply of alcohol Standard days and timings (please read guidance note 6) | | | Will the supply of alcohol be for consumption – please tick (please read guidance note 7) | On the premises | <input checked="" type="checkbox"/> | | | |
| | | | | Off the premises | <input type="checkbox"/> | | | |
| | | | | Both | <input type="checkbox"/> | | | |
| Day | Start | Finish | State any seasonal variations for the supply of alcohol (please read guidance note 4) | | | | | |
| Mon | 12pm | 12am | | | | | | |
| Tue | 12pm | 12am | | | | | | |
| Wed | 12pm | 12am | | | | | | |
| Thur | 12pm | 12am | | | | 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 | 12pm | 12am | | | | | | |
| Sat | 12pm | 12am | | | | | | |
| Sun | 12pm | 12am | | | | | | |

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).

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 | | | 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 | | | |
| Wed | | | |
| Thur | | | |
| Fri | | | |
| Sat | | | |
| Sun | | | |
| | | | |
| | | | |
| | | | |

Please identify those conditions currently imposed on the licence which you believe could be removed as a consequence of the proposed variation you are seeking.

Please tick as appropriate

- I have enclosed the premises licence
- I have enclosed the relevant part of the premises licence

If you have not ticked one of these boxes, please fill in reasons for not including the licence or part of it below

Reasons why I have not enclosed the premises licence or relevant part of premises licence.

I have enclosed a copy of the premises licence as the original is with the variation of the original premises licence to specify an individual as a designated premises specifier. (SL9) enclosed with this form

M

Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:

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

b) The prevention of crime and disorder

c) Public safety

| | | | |
|---|--|-----------|--|
| Capacity | | | |
| Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 13) | | | |
| | | | |
| Post town | | Post code | |
| Telephone number (if any) | | | |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional) | | | |

Notes for Guidance









This application cannot be used to vary the licence so as to extend the period for which the licence has effect or to vary substantially the premises to which it relates. If you wish to make that type of change to the premises licence, you should make a new premises licence application under section 17 of the Licensing Act 2003.



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 state 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 the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. 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 or 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, each of the 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.

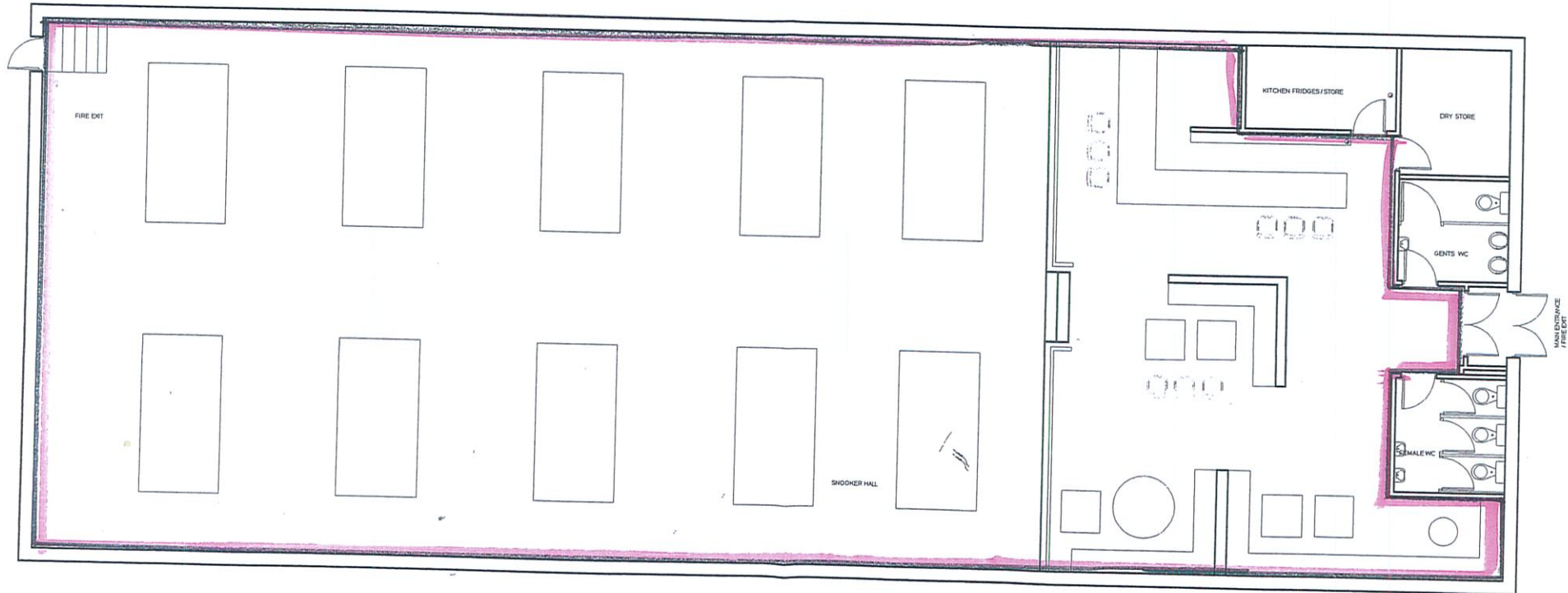
GROUND FLOOR PLAN 1:100

LEGEND


| SYMBOL | DESCRIPTION |
|--------|-------------|
|--------|-------------|

-  EMERGENCY LIGHT POINT
-  EMERGENCY EXIT SIGN
-  FIRE ALARM PANEL
-  FIRE ALARM BREAK GLASS UNIT/ACTUATOR
-  FIRE ALARM SOUNDER (1 OR 2 INDICATES SOUNDER CIRCUIT)
-  FIRE ALARM SMOKE DETECTOR
-  FIRE ALARM HEAT DETECTOR
-  EMERGENCY EXIT SIGN

- FIRE EXTINGUISHERS AND SIGNAGE**
-  1 X 9 LITRE WATER
 -  1 X 2 KG CO₂



Area for consumption of alcohol

| | | | | | | | |
|---|------|--|------|---|------|------------------------------|-----------|
| Computer file No. | PSH1 | 3 PROPOSALS SUBJECT TO DESIGN DEVELOPMENT AND APPROVALS | REV. | DATE | REV. | DATE | LICENSING |
| NOTES | | | | | | | |
| 1. ACCURACY AND SETTING OUT TO BE CHECKED ON SITE | | | | | | | |
| 2. INFRASTRUCTURE DESIGN AND VEHICLE CIRCULATION TO BE CHECKED BY ENGINEER | | | | | | | |
|  | | Ben Cunliffe Architects 8 Halesfield Hall Wincoburn Rd, Kencot, LA9 5EJ | | CLIENT DAVID PEPPER PEPPER CONSULTANTS | | DWG TITLE EXISTING | |
| | | SCALE AS SHOWN | | DATE 16/06/16 | | DWN. BC CLK CLK | |