

Receipt No 233288

Initials PL

Date 18/7/14



SL06

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 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.

18 JUL 2014

I/We ANTHONY WILLIAM BENTON
(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

BREW BROTHERS

Postal address of premises or, if none, Ordnance Survey map reference or description

69 HIGHGATE

Post town	<u>KENDAL</u>	Postcode	<u>LA9 4UD</u>
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Telephone number at premises (if any)	<u>—</u>
Non-domestic rateable value of premises	<u>£ 14250</u>

Part 2 - Applicant Details

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

- | | |
|--|---|
| 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) |

OK TO PROCEED. CRITICAL DATE 15/08/14

- 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)

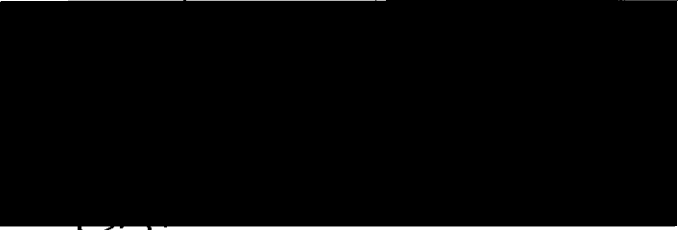
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
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	ANTONY WILLIAM BENTON	
Address		
Registered number (where applicable)	6705728	
Description of applicant (for example, partnership, company, unincorporated association etc.)	LAZY Daisys RESTAURANTS Ltd	
Telephone number (if any)	—	
E-mail address (optional)	—	

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
08	09	2014

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

DD	MM	YYYY

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

Attached are ground floor & basement plans for premises. Currently A2. I have applied for change of use to A3. Property is empty and undergoing minor refurb works.

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 any 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) ☐

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

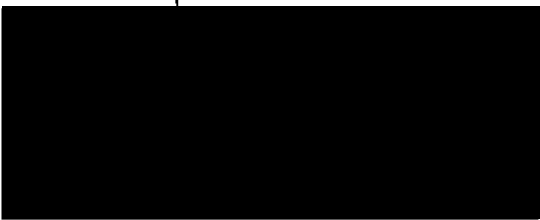
F

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) By ipod/spotify system		Indoors <input checked="" type="checkbox"/>
Day	Start	Finish			Outdoors <input type="checkbox"/>
Mon	8am	9pm	Please give further details here (please read guidance note 3) Music will be played low through speakers just to create atmosphere		
Tue	8am	9pm			
Wed	8am	9pm	State any seasonal variations for the playing of recorded music (please read guidance note 4) 		
Thur	8am	9pm			
Fri	8am	9pm	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) 		
Sat	8am	9pm			
Sun	8am	9pm			

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption <u>– please tick</u> (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	8am	9pm		
Tue	8am	9pm		
Wed	8am	9pm		
Thur	8am	9pm		
Fri	8am	9pm		
Sat	8am	9pm		
Sun	8am	9pm	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)	

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

Name	ANTONY WILLIAM BENTON		
Address			
Postcode	LA6 1PY		
Personal licence number (if known)	013785		
Issuing licensing authority (if known)	Colchester 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)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	8am	9pm	<p>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)</p>
Tue	8am	9pm	
Wed	8am	9pm	
Thur	8am	9pm	
Fri	8am	9pm	
Sat	8am	9pm	
Sun	8am	9pm	

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

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

prevention of crime & disorder
public safety
prevention of public nuisance
protection of children from harm.

b) The prevention of crime and disorder

- A legible notice outside the premises indicating the normal premises license hours in which licensable activities are permitted
- Non selling of alcohol to drunk or intoxicated customers.
- Staff well trained in asking customers to be respectful

c) Public safety

- Staff to be trained in ETO health requirements
- Training and implementation of underage ID checks
- Internal & external lighting fixed to promote public safety

d) The prevention of public nuisance

- prominent, clear legible notices will be displayed at the exit requesting public respect residents
- Deliveries of goods kept to a minimum to prevent disturbances.

e) The protection of children from harm

- There will be a policy of no underage drinking
- Alcohol will only be allowed with meals or light snacks.
- Staff will ask if they consider them to be underage

Checklist:

Please tick to indicate agreement.

- I have made or enclosed payment of the fee. £190 ☒
- 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 SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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]
Date	17/6/14
Capacity	OWNER

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	
Date	
Capacity	

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

See above

Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
[Redacted]		or postal	

Notes for Guidance



Part A

Consent of individual to being specified as premises supervisor

I ANTHONY WILLIAM BENTON [full name of prospective premises supervisor]
 of [redacted]
 [redacted] [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 [type of
 application] by [name of applicant]
 relating to the premises licence [number of existing licence, if any]
 for 69 HIGHGATE KENDAL LA9 4ED
 [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 ANTHONY WILLIAM BENTON [name of applicant]
 concerning the supply of alcohol at 69 HIGHGATE KENDAL
LA9 4ED [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 013785 [insert personal licence number, if any]
 Personal licence issuing authority COLCHESTER BOROUGH COUNCIL
 [insert name and address and telephone number of personal licence issuing
 authority, if any]
 [redacted]

[redacted] signed
AW BENTON name (please print)
17.6.14 dated

Part B

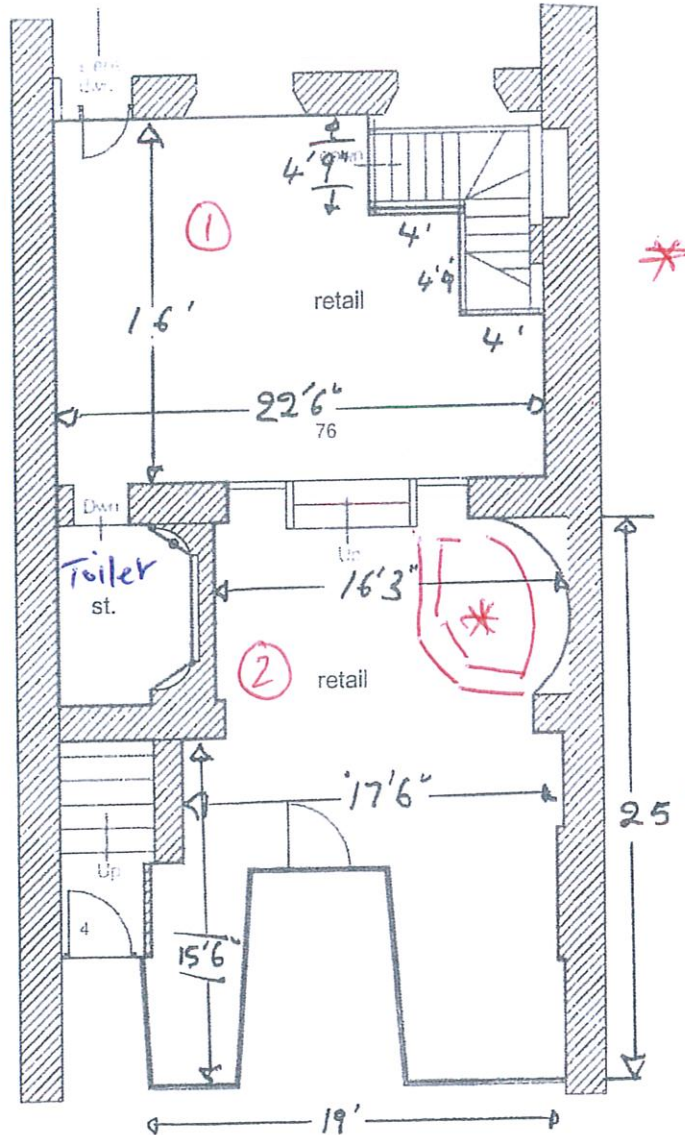
Consent of premises licence holder to transfer

I/we [full name of premises licence holder(s)]
 the premises licence holder of premises licence number [insert
 premises licence number] relating to [name and address of premises
 to which the application relates] hereby give my consent for the transfer of
 premises licence number [insert premises licence number]
 to [full name of transferee].

[redacted] signed
 [redacted] name (please print)
 [redacted] dated

Ground floor

SCALE
METRES 0 1 2 3



* Alcohol serving
area & consumed
in ① & ② areas
mainly wine &
some bottled beers

main road

**Tuckeys
Surveying Ltd**

Chestnut Villa, Milnthorpe, LA7 7QF
Telephone: 07976 602333
e-mail: Chris@Tuckeys.co.uk

All critical dimensions to be confirmed on site
This drawing is the copyright of Chris Tuckey

Project title:
**69 Highgate
Kendal**

Drawing title:
Ground floor plan

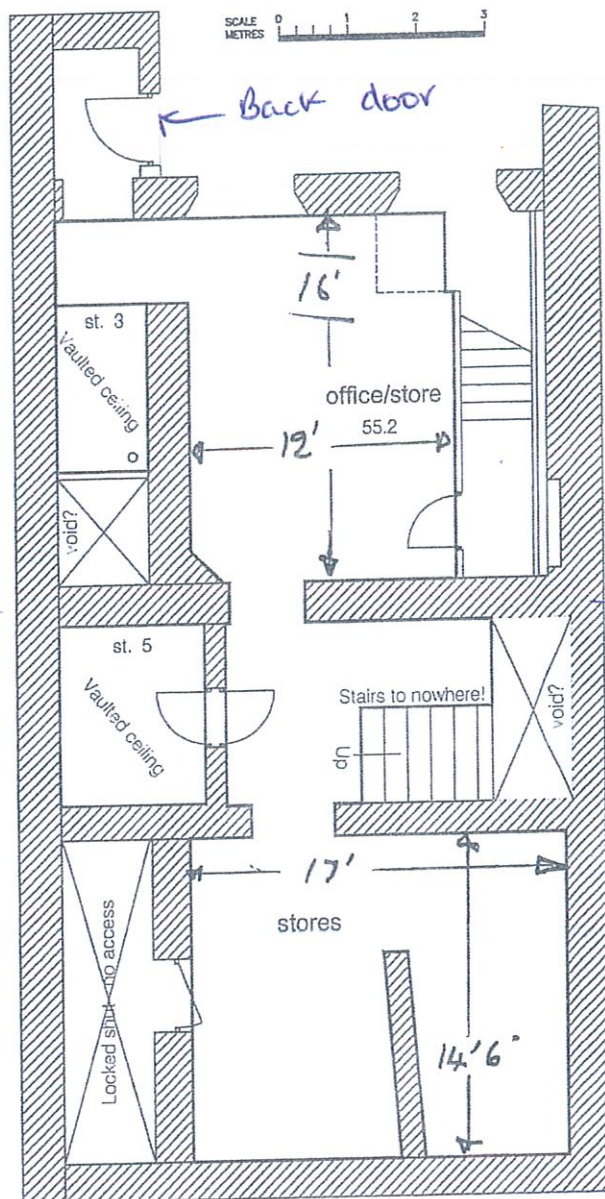
Drq No :
69High/02-A

Scale :
1:100@A4

Date :
12/04/14

Drawn by :
CT

Basement



This area
will be unused
and not accessible
to customers

Tuckeys Surveying Ltd

Chestnut Villa, Milnthorpe, LA7 7QE
Telephone: 07976 602533
e-mail: Chris@Tuckeys.co.uk

All critical dimensions to be confirmed on site
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Project title:
69 Highgate
Kendal

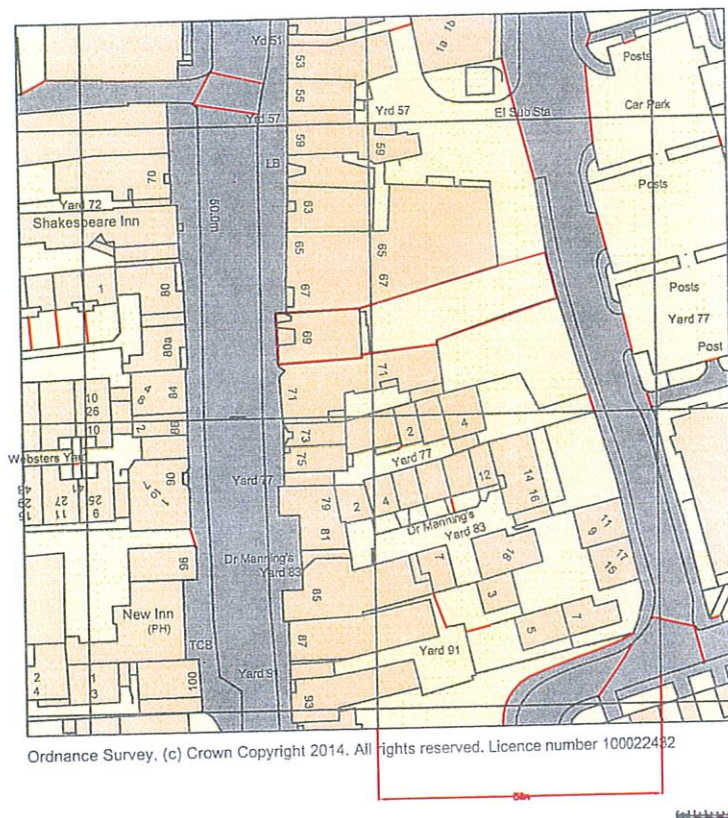
Drawing title:
Basement plan

Drg No :
69High/05-A

Scale :
1:100@A4

Date :
12/04/14

Drawn by :
CT



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Tuckeys Surveying Ltd

Chestnut Villa, Milnthorpe, LA7 7QE
Telephone: 07976 602533
e-mail: Chris@Tuckeys.co.uk

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Project title:
69 Highgate
Kendal

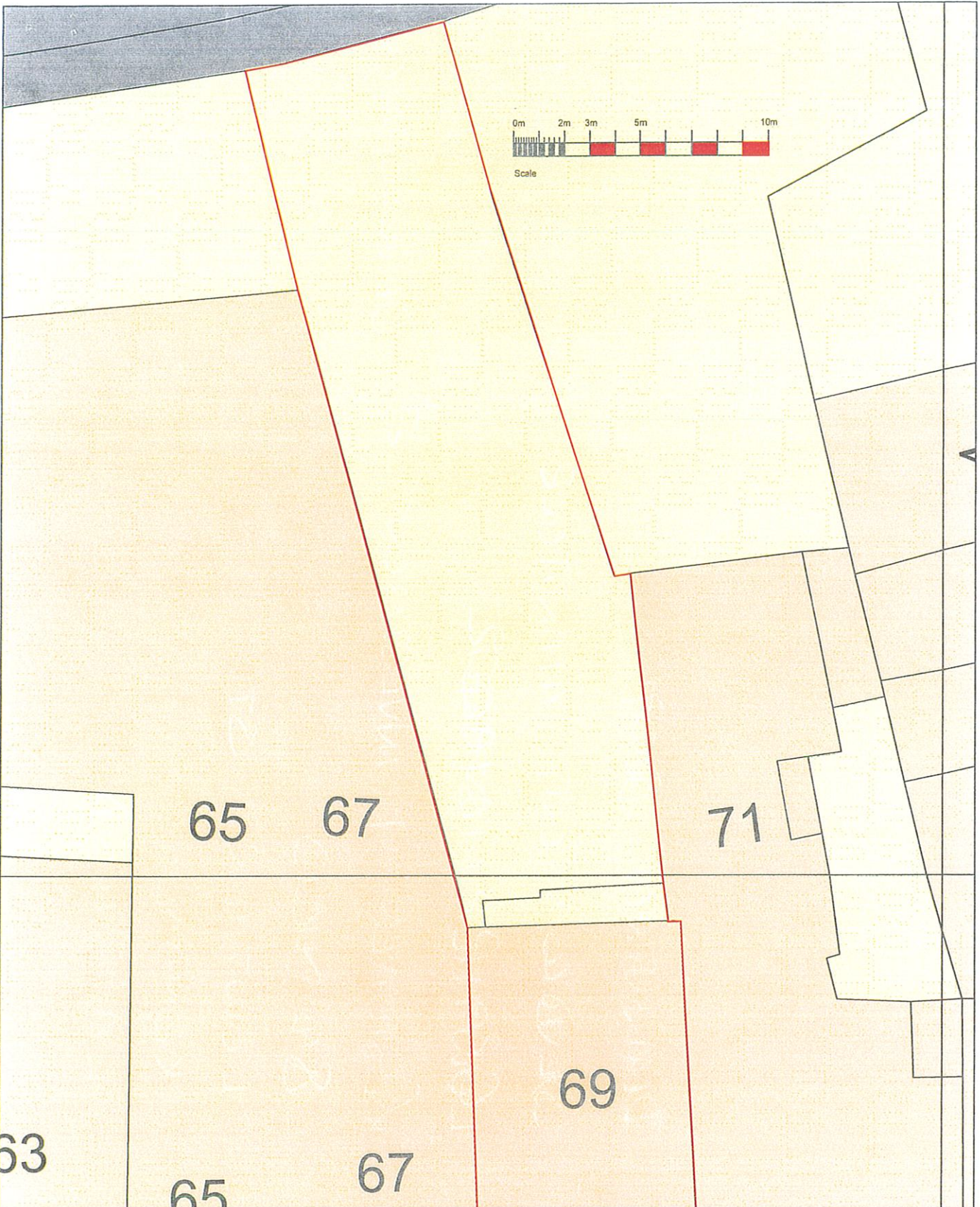
Drawing title:
Location plan

Drg No :
69High/06

Scale :
1:1250@A4

Date :
12/04/14

Drawn by :
CT



<p>Tuckeys Surveying Ltd</p> <p>Chestnut Villa, Milnthorpe, LA7 7QE Telephone: 07976 602533 e-mail: Chris@Tuckeys.co.uk</p>	Project title:		Drg No :
	69 Highgate		69High/06
	Kendal		Scale :
	Drawing title:		1:200@A4
Rear external area		Date :	12/04/14
All critical dimensions to be confirmed on site		Drawn by :	CT
This drawing is the copyright of Chris Tuckey			

Houlihan, Tony

From: Houlihan, Tony
Sent: 22 July 2014 09:03
To: Brew Brothers [REDACTED]
Subject: Licensing Application - Brew Brothers, 69 Highgate, Kendal
Attachments: 2013 Template - Grant - Newspaper.pdf

Dear Mr Benton,

Your application for a premises licence for 'Brew Brothers' 69 Highgate, Kendal, was received and accepted by the Licensing Authority on Friday 18 July 2014.

Public Consultation Period: The public consultation period started at 00:01 on **Saturday 19th July 2014** and will terminate at midnight on **Friday 15th August 2014**. In the event that a representation is received, you will be informed in the first instance.

Advertising:

'Blue Notice' A 'Blue Notice' must be displayed prominently at or on the premises to which the application relates where it can be conveniently read from the exterior of the premises and in the case of a premises covering an area of more than 50 metres square, a further notice in the same form and subject to the same requirements every fifty metres along the external perimeter of the premises abutting any highway. The blue notice(s) must be displayed until midnight on **Sunday 10th August 2014**

Use the notice on this link (NB: Must be printed on light blue paper – do not alter the font size!): [Blue Notice for display on Premises](#)

Newspaper:

The application must be advertised in a local newspaper (Westmorland Gazette or North West Evening Mail) within 10 working days of the application being accepted. I have attached a pdf file (2013 Template etc) to help you to construct an advert in a newspaper. The advert must appear in the paper by Friday 01 August 2014.

Yours sincerely,

Tony Houlihan | Licensing Officer
South Lakeland District Council, South Lakeland House, Lowther Street, Kendal, Cumbria LA9 4DQ
Tel: 0845 050 4434 | Email: T.Houlihan@southlakeland.gov.uk
Website: www.southlakeland.gov.uk

South Lakeland District Council *Making South Lakeland the best place to live, work and explore*

Please note that I am a part time licensing officer. If you wish to reply by e-mail, please use the licensing@southlakeland.gov.uk e-mail address, which is monitored during office hours. My e-mail address is only monitored when I am in the office.