

Receipt No 233291

Initials RP

Date 24/7/14



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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.

I/We NINA CAYGILL & PAUL CAYGILL
(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 PARK HOUSE BARN LTD HEUGESTHAM MILNTHORPE CUMBRIA			
Post town	MILNTHORPE	Postcode	LA7 7EB

Telephone number at premises (if any)	015395 63340
Non-domestic rateable value of premises	£ no rateable value

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 checked="" type="checkbox"/> please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> please complete section (B) |

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- 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)

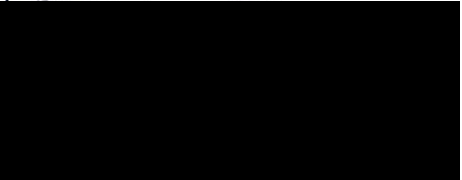


Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over					<input type="checkbox"/> Please tick yes
Current postal address if different from premises address					
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	PARK HOUSE BAKO LTD
Address	
Registered number (where applicable)	08117355
Description of applicant (for example, partnership, company, unincorporated association etc.)	Limited company
Telephone number (if any)	
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	10	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)

wedding barn with a ~~bar~~ bar provided. main barn & bar area next to it with steps to entrance and yard. we also have a bar for parties & events although to date not had any of this type of hire.

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

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music 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	Please give further details here (please read guidance note 3)		
Mon			chris maychose a band for entertainment, my husband singing during ceremony etc		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur					
Fri	12:00	00:30	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 (please read guidance note 5)		
Sat	12:00	00:30	if an event is held on a day other than a Fri or Sat which will be rare		
Sun					

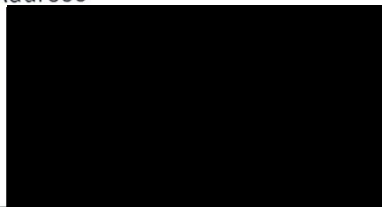
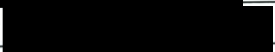
F

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 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) <i>music played during ceremony or before, during meal and a DJ for evening entertainment</i>		
Tue					
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur					
Fri	12:00	00:30	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) <i>if an event is held other than a Fri, Sat which will be rare</i>		
Sat	12:00	00:30			
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				
Tue				
Wed				
Thur				
Fri	12.00	01.00		
Sat	12.00	01.00		
Sun			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) if an event is held any other day other than a Saturday or Friday which will be rare	

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

Name	DINA S CAYGILL
Address	
Postcode	
Personal licence number (if known)	PA029416
Issuing licensing authority (if known)	SLDC

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).

n/a

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			<u>State any seasonal variations</u> (please read guidance note 4)
Day	Start	Finish	
Mon			As this premises is only hired by those people and invited guests only therefore is not open to the public
Tue			
Wed			
Thur			
Fri	12.00	01.30 01.30	<u>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</u> (please read guidance note 5)
Sat	12.00	01.30 01.30	
Sun			

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)

Ensuring good management controls and effective training of staff on the licensing objectives ie no sale of alcohol to underage, drink people, no violent or anti social behaviour

b) The prevention of crime and disorder

Not selling to underage or intoxicated persons, vigilance against anti social behaviour & acting on this when seen ie ask to leave premises, staff will be trained on what to do if there are issues

c) Public safety

Internal & external lighting to promote public safety, ensure at least one member of staff is first aid trained, ensuring ID check of underage

d) The prevention of public nuisance

Ensure music/entertainment levels are kept at an acceptable level after 11.00 hours, ensure public respect the needs of nearby residents

e) The protection of children from harm

Display 'challenge 25' signs at the bar and encourage who look under 25 carry ID, keep a log of anyone challenged and available on premise

Checklist:

Please tick to indicate agreement

- 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 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	23/7/14
Capacity	Director of Park House Bm Ltd

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	[REDACTED]
Date	23/7/14
Capacity	Director of Park House Bm Ltd

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

Nina Caygill

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

Notes for Guidance

SOUTH LAKELAND DISTRICT COUNCIL

Licensing Section, South Lakeland House, Lowther Street, Kendal, Cumbria, LA9 4UD

Tel: 0845-050-4434 Fax: (01539) 740300

www.southlakeland.gov.uk email: licensing@southlakeland.gov.uk



Part A

Consent of individual to being specified as premises supervisor

I NINA JOCE GAYLLE [full name of prospective premises supervisor]
 of [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 premises licence [type of
 application] by PARK HOUSE BARR LTD (Nina Joyce & Paul Gayle) [name of applicant]
 relating to the premises licence. [number of existing licence, if any]
 for PARK HOUSE BARR LTD, HUCKSINN, MILNTHORPE, CUMBRIA
LA7 7BS [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 Nina Joyce & Paul Gayle [name of applicant]
 concerning the supply of alcohol at Park House Barr, Heaton, Milnthorpe
 [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 PA029416 [insert personal licence number, if any]
 Personal licence issuing authority SLOC
 [insert name and address and telephone number of personal licence issuing
 authority, if any]

[REDACTED] signed
NINA JOCE GAYLLE name (please print)
 dated

Part B

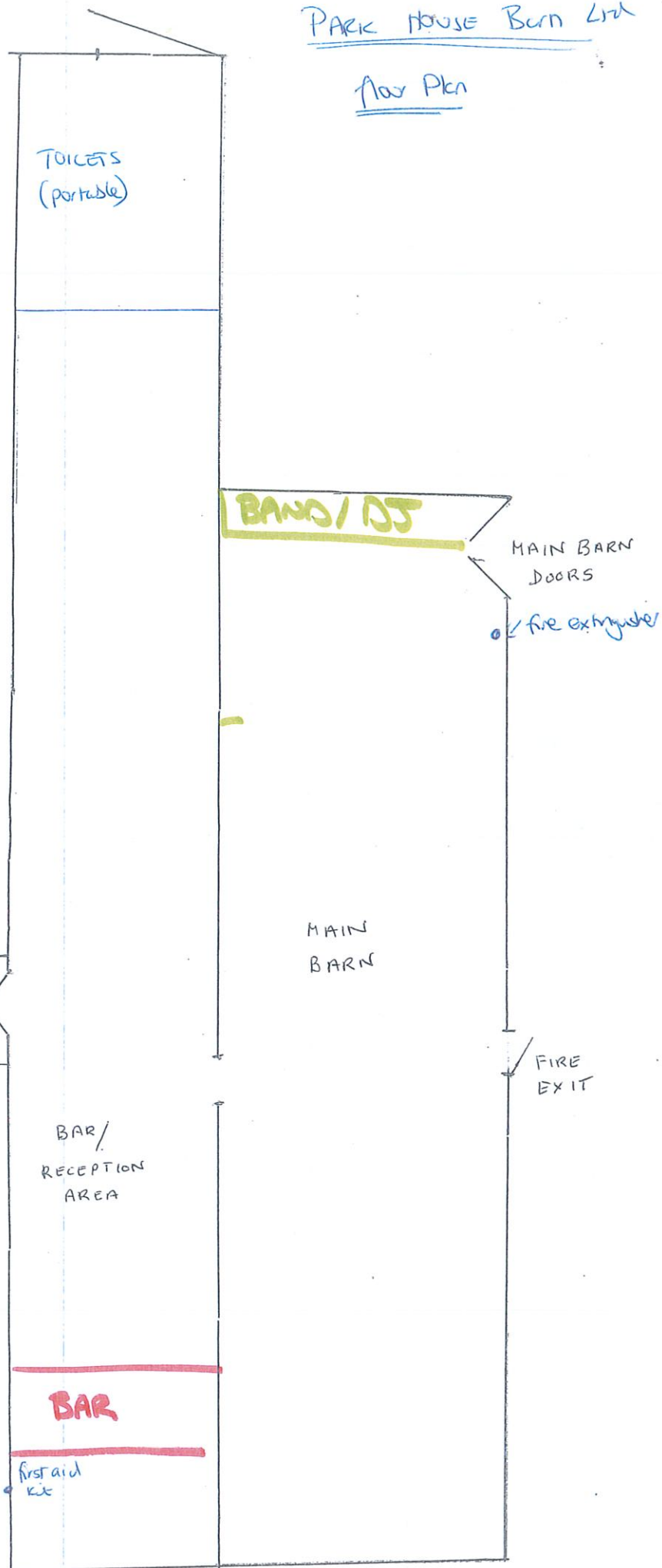
Consent of premises licence holder to transfer

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].

..... signed
 name (please print)
 dated

PARK HOUSE Barn Ltd

floor Plan



Scale 1cm - 1m.