

Receipt No 233292  
Initials RF  
Date 24/7/14



SL06

**SOUTH LAKE LAND 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](http://www.southlakeland.gov.uk) e-mail: [licensing@southlakeland.gov.uk](mailto: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 Stephen James Fagan

(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			
Britannia Inn Main Street Penny Bridge Ulverston			
Post town	Ulverston	Postcode	LA12 7RJ

Telephone number at premises (if any)	None
Non-domestic rateable value of premises	£ 2100

**Part 2 - Applicant Details**

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

- a) an individual or individuals \* ☐ please complete section (A)

- b) a person other than an individual \*
- i. as a limited company ☐ please complete section (B)
  - ii. as a partnership ☐ please complete section (B)
  - iii. as an unincorporated association or ☐ please complete section (B)
  - iv. other (for example a s. 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b> Fagan			<b>First names</b> Stephen James		
I am 18 years old or over					<input checked="" type="checkbox"/> Please tick yes
Current postal address if different from premises address					
Post town	Ulverston			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)	
<b>Surname</b>			<b>First names</b>		
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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)



## Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY

2 1 0 8 2 0 1 4

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)

The premises is a public house in the village of Penny Bridge. Alcohol will be sold in the premises, in the bar downstairs. Food preparation will take place in the upstairs kitchen. The premises is a three-story property. The upstairs within the premises will be personal living accommodation. The premises also has a large car park to the rear. The premises previously benefitted from a premises licence number (PLA0423), which was surrendered in February 2014 when the public house exchanged hands. The premises licence is sought with regard to the ground floor only.

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 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

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

# B

<b>Films</b> Standard days and timings (please read guidance note 6)			<b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)			
Tue						
Wed			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 4)			
Thur						
Fri			<b><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></b> (please read guidance note 5)			
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)  Darts, Pool, Dominoes, Card Games
Day	Start	Finish	
Mon	19.00	23.00	
Tue	19.00	23.00	
			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Wed	19.00	23.00	
Thur	19.00	23.00	
			<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)
Fri	19.00	23.00	
Sat			
Sun			



# 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)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)		
Thur					
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			
Mon	12.00	24.00	<b><u>Please give further details here</u></b> (please read guidance note 3)  Music will be amplified.		
Tue	12.00	24.00			
Wed	12.00	24.00	<b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 4)		
Thur	12.00	24.00			
Fri	12.00	24.00	<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)		
Sat	12.00	24.00			
Sun	12.00	24.00			

# 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)  Music will be both amplified and non-amplified.		
Mon	12.00	24.00			
Tue	12.00	24.00			
			<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4)		
Wed	12.00	24.00			
Thur	12.00	24.00			
			<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)		
Fri	12.00	24.00			
Sat	12.00	24.00			
Sun	12.00	24.00			

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



# H

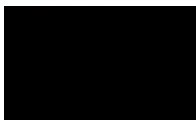

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing	
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – 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				
Thur			<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)	
Fri				
Sat			<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)	
Sun				

<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><u>Please give further details here</u></b> (please read guidance note 3)  The provision of late night refreshment will take place at the bar and within both lounges.		
Mon	23.00	01.00			
Tue	23.00	01.00			
			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Wed	23.00	01.00			
Thur	23.00	01.00			
			<b><u>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</u></b> (please read guidance note 5)		
Fri	23.00	01.00			
Sat	23.00	01.00			
Sun	23.00	01.00			

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b><u>Will the supply of alcohol be for consumption – please tick</u></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><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 4)			
Mon	10.00	01.00				
Tue	10.00	01.00				
Wed	10.00	01.00				
Thur	10.00	01.00				<b><u>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</u></b> (please read guidance note 5)  The different times listed will be from permitted hours on New Year's Eve until the start of permitted hours on New Year's Day.
Fri	10.00	01.00				
Sat	10.00	01.00				
Sun	10.00	01.00				

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

Name	Stephen James Fagan
Address	
Postcode	
Personal licence number (if known)	PA030052
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).



L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b><u>State any seasonal variations</u></b> (please read guidance note 4)
Day	Start	Finish	
Mon	10.00	02.00	
Tue	10.00	02.00	<b><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></b> (please read guidance note 5)
Wed	10.00	02.00	
Thur	10.00	02.00	
Fri	10.00	02.00	
Sat	10.00	02.00	
Sun	10.00	02.00	

**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)**

A local bar watch scheme will be joined.  
All staff will be trained and kept up to date with all health & safety and licensing laws.  
All notices will be checked regularly to ensure they are up to date.  
The premises will be safely maintained, with equipment to be checked regularly.  
Fire exits will be known to all staff and clearly signed for customers.  
Any public nuisance to be reported to the designated premises supervisor and dealt with immediately.

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

Patrons carrying open and/or bottles and/or canned drinks shall not be admitted on the premises at any time in which the premises are open to the public.  
Indication of the hours as to when the sale of alcohol is permitted will be clearly signed and displayed.

**c) Public safety**

All fire doors will be maintained effectively, will be self-closing and shall not be held open by un-approved devices.  
Notices detailing the actions of what is to happen in the event of a fire or other emergency, including how the relevant emergency service are to be summoned, will be prominently displayed.  
The capacity of the premises will not be exceeded.  
All systems, procedures, and services at the premises will be checked and/or reviewed regularly in accordance with legal requirements.

**d) The prevention of public nuisance**

A sign is to be located at the exit(s) requesting patrons leaving the premises to do so quietly and with the highest consideration to the neighbours.  
When live regulated entertainment is taking place after 22.00, windows and doors, excluding the entrance(s) and exit(s), will be kept shut.

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

No one under the age of 16 will be allowed to enter or remain on the premises after 22.00, excluding Christmas Eve and New Year's Eve.  
Anyone who appears to be under the age of 18 and is attempting to buy alcohol must be required to provide proof of age before such a sale is made.


**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	
Date	24/7/14
Capacity	N/A

**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)



Post town	Ulverston	Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) allison.fagan@btinternet.com			



## 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](http://www.southlakeland.gov.uk) email: [licensing@southlakeland.gov.uk](mailto:licensing@southlakeland.gov.uk)



## Part A

## Consent of individual to being specified as premises supervisor

I STEPHEN JAMES FAGAN [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 STEPHEN JAMES FAGAN [name of applicant]  
 relating to the premises licence ..... [number of existing licence, if any]  
 for THE BRITANNIA INN MAIN STREET PENNY BRIDGE  
LA12 7RJ ..... [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 STEPHEN JAMES FAGAN [name of applicant]  
 concerning the supply of alcohol at THE BRITANNIA INN MAIN STREET  
PENNY BRIDGE ..... [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 PA030052 [insert personal licence number, if any]  
 Personal licence issuing authority SOUTH LAKELAND DISTRICT COUNCIL  
 [insert name and address and telephone number of personal licence issuing  
 authority, if any]  
 [REDACTED]

STEPHEN JAMES FAGAN name (please print)  
24/7/14 dated

## Part B

## Consent of premises licence holder to transfer

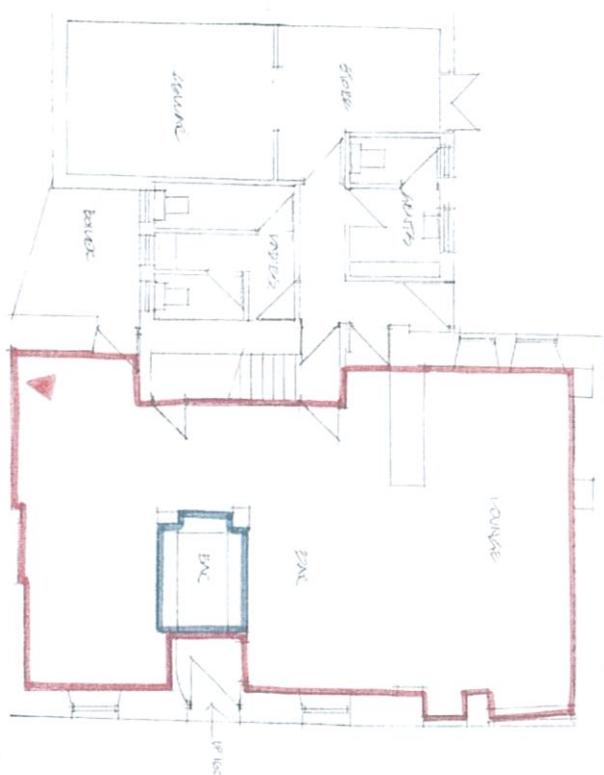
I/we ..... [full name of premises licence holder(s)]  
 the premises licence holder of premises licence number ..... [insert  
 premises licence number] relating to .....  
 ..... [name and address of premises  
 to which the application relates] hereby give my consent for the transfer of  
 premises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

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



RED Public areas for consumption  
of alcohol

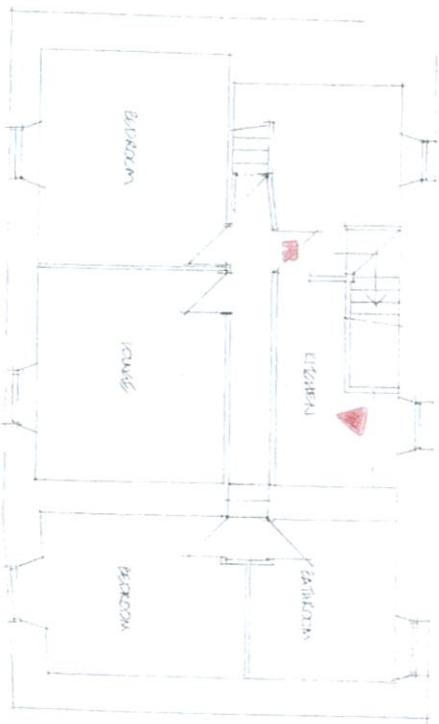
BLUE Bar/point of sale (alcohol)



**RED** FIRE DOOR  
FIRE EXTINGUISHER  
OR FIRE BLANKET

The Britannia  
Penny Bridge, Ulverston, Cumbria, LA12 7RJ  
Ground Floor Plan AS Existing  
DO NOT SCALE FROM THIS DRAWING

Scale 1:100  
Date January 2005



■ FIRE DOOR  
 ▲ FIRE EXTINGUISHER  
 or FIRE BLANKET

The Britania  
 Penny Bridge, Ulverston, Cumbria, LA12 7RU

First Floor Plan As Existing

DO NOT SCALE FROM THIS DRAWING

Scale 1:50  
 Date January 2005