

05 DEC 2013

South Lakeland District Council

Receipt No. 231221  
Initials EME  
Date 05.12.13

**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** Bourne Leisure (Hopton) Limited

**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**

<b>Postal address of premises or, if none, ordnance survey map reference or description</b>			
Owners Lounge Lakeland Leisure Park Moor Lane Flookburgh			
<b>Post town</b>	Flookburgh	<b>Post code</b>	LA11 7LT

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£490,000.00

**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 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) |
| 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	Bourne Leisure (Hopton) Limited
Address	1 Park Lane Hemel Hempstead HP2 4YL
Registered number (where applicable)	01091423
Description of applicant (for example, partnership, company, unincorporated association etc.)	Limited company
Telephone number (if any)	01442 230300
E-mail address (optional)	

### Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
A	S	A P

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

Day	Month	Year

## A

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

A small relaxed lounge-style premises for the owners of caravans on the holiday park and their guests. There is a small bar, games area and outside seating area.

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
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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 checked="" 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 checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)                    | <input checked="" type="checkbox"/> |

- 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					
Wed					
Thur					
			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
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>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	1000	0100	The showing of films and dvds and music videos		
Tue	1000	0100			
Wed	1000	0100	<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Thur	1000	0100			
Fri	1000	0100	<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)		
Sat	1000	0100			
Sun	1000	0100			



# C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b>Please give further details</b> (please read guidance note 3)
Day	Start	Finish	
Mon	1000	0100	
Tue	1000	0100	
Wed	1000	0100	<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4) Including the playing of pool and other indoor games & sports
Thur	1000	0100	<b>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</b> (please read guidance note 5)
Fri	1000	0100	
Sat	1000	0100	
Sun	1000	0100	

# D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</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>Please give further details here</b> (please read guidance note 3)	
Thur			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)	
Fri			<b>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</b> (please read guidance note 5)	
Sat				
Sun				

# E

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music 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	1000	0100			
Tue	1000	0100			
Wed	1000	0100			
Thur	1000	0100	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Fri	1000	0100			
Sat	1000	0100	<b>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</b> (please read guidance note 5)		
Sun	1000	0100			

# F

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music 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	1000	0100			
Tue	1000	0100			
Wed	1000	0100			
Thur	1000	0100	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Fri	1000	0100			
Sat	1000	0100	<b>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</b> (please read guidance note 5)		
Sun	1000	0100			



# G

<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)		Indoors <input checked="" type="checkbox"/>
					Outdoors <input type="checkbox"/>
					Both <input type="checkbox"/>
Day	Start	Finish			
Mon	1000	0100	<b>Please give further details here</b> (please read guidance note 3)		
Tue	1000	0100			
Wed	1000	0100	<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)		
Thur	1000	0100			
Fri	1000	0100	<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	1000	0100			
Sun	1000	0100			

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

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					
Tue					
Wed					
Thur			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Fri			<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)		
Sat					
Sun					

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	1000	0100			
Tue	1000	0100			
Wed	1000	0100			
Thur	1000	0100	<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)		
Fri	1000	0100			
Sat	1000	0100			
Sun	1000	0100			



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

<b>Name</b> Mr Sacha Camilleri
<b>Address</b> [REDACTED]
<b>Postcode</b> [REDACTED]
<b>Personal Licence number (if known)</b> FYPL0248
<b>Issuing licensing authority (if known)</b> Fylde Borough Council

**K**

<p>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)</p> <p>NONE</p>
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**L**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon	0800	0130	<b>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</b> (please read guidance note 5) An additional hour on the day that British Summertime commences
Tue	0800	0130	
Wed	0800	0130	
Thur	0800	0130	
Fri	0800	0130	
Sat	0800	0130	
Sun	0800	0130	

**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)**

1. A text/pager/radio/telephone will be used to keep in contact with the premises providing licensable activities on the park
2. Such text/pager/radio shall be kept in good working order and shall be monitored by a responsible member of staff
3. A Risk assessment will be carried out to determine if any door staff need to be on duty for any event together with a plan for their deployment throughout the times that the premises are open for licensable activities.
4. Where doorstaff are used a register will be maintained indicating the number of door staff on duty, their identity and the times they were on duty
5. No person who is drunk or disorderly will be allowed access to the premises
6. No customer will be allowed to bring alcohol in open or sealed bottles on to the premises
7. All staff who work behind the bar will be fully trained to ensure that no person who is drunk or disorderly or who appears to be under the age of 21 is served with intoxicating liquor without providing identification to prove that they are over 18.
8. All staff shall have received training on the safe evacuation of the premises in the event of an emergency
9. The premises licence holder shall accept the following forms of ID as valid proof of age and identity:
  - I. A picture driving licence,
  - II. Passport
  - III. PASS accredited proof of age card
  - IV. Any other form of identification as approved or prescribed by the Secretary of State as a mandatory condition

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

**c) Public safety**

**d) The prevention of public nuisance**

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



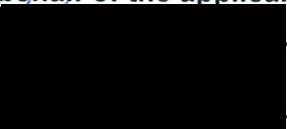
**Please tick yes**

- 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	04 December 2013
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	

<b>Contact name (where not previously given) and postal address for correspondence associated with this application</b> (please read guidance note 13) Nick Landells 37 Stoney Street The Lace Market			
<b>Post town</b>	Nottingham	<b>Post code</b>	NG1 1LS
<b>Telephone number (if any)</b>	0115 934 9170		
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b> n.landells@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.



I, Nick Landells in the firm of Messrs. Poppleston Allen, Solicitors of 37 Stoney Street, The Lace Market, Nottingham, NG1 1LS refer to the following:-

1. Letter to South Lakeland District Council dated 04 December 2013
2. Application Form
3. Copy of the plan – drawing no – 1291 – OB-1000.
4. Consent of Designated Premises Supervisor
5. Cheque in the sum of £635

I FURTHER CERTIFY that I have served documents 1 – 5 upon the following:-

1. Licensing Department, South Lakeland District Council , Community Services Directorate, South Lakeland House, Lowther Street , Kendal , LA9 4UQ

I FURTHER CERTIFY that I have served a true copy of documents 1 - 4 upon the following:-

2. John Brooks, Cumbria Constabulary, Kendal Police Station, Busher Walk, , Kendal, LA9 4RJ
3. Licensing Department, South Lakeland District Council , Community Services Directorate, South Lakeland House, Lowther Street , Kendal , LA9 4UQ
4. The Chief Fire Officer, Cumbria Fire Service, "B" Division, Busher Walk, , Kendal, LA9 4RH
5. Environmental Health Department - Health and Safety Section, Community Services Directorate, South Lakeland District Council, South Lakeland House, Lowther Street, LA9 4UD
6. Child Protection - Safeguarding and Review , Childrens Services, Performance Unit, 5 Portland Square, Carlisle, CA1 1PU
7. Trading Standards, Cumbria Trading Standards, South Area Office, County Offices, Stricklandgate, LA9 4RQ
8. Planning Department, South Lakeland Council, South Lakeland House, Lowther Street, Kendal, LA9 4UD
9. Environmental Health Department, South Lakeland Council, South Lakeland House, Lowther Street, Kendal, LA9 4UD
10. Director of Public Health / County Medical Officer, NHS Cumbria Trust HQ, Penrith Hospital, Tyne Field Drive, Penrith, CA11 8JA

I effected service by sending the said documents to each and every one of them by special delivery addressed to them on 04 December 2013.

SIGNED ...

DATED: 04 December 2013

**CONSENT OF INDIVIDUAL TO BEING SPECIFIED AS  
PREMISES SUPERVISOR**

**To be completed in block capitals**

I Sacha Camilleri of [REDACTED] hereby confirm that I give my consent to be specified as the Designated Premises Supervisor in relation to the application for a New Premises Licence by Bourne Leisure (Hopton) Limited relating to a Premises Licence for Lakeland Leisure Park - Owners' Lounge, Moor Lane, Flookburgh, LA11 7LT and any premises licence to be granted or varied in respect of this application made by Bourne Leisure (Hopton) Limited concerning the supply of alcohol at Lakeland Leisure Park - Owners' Lounge, Moor Lane, Flookburgh, LA11 7LT

I also confirm that I hold a personal licence, details of which I set out below:

Personal Licence Number:- FYPL0248

Personal Licence Issuing Authority:- Fylde Borough Council

Signed

[REDACTED]

Name Printed

S. Camilleri

Dated

22-11-13





AREA FOR THE PROVISION  
OF LICENSABLE ACTIVITIES

