

Receipt No 237216
Initials RF
Date 4/12/13

✓ OK to Process
5/12/13



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.

BRATHAY LODGE (AMBLESIDE) LTD.

(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	
BRATHAY LODGE, ROTHAY ROAD.	
Post town	AMBLESIDE
Postcode	LA22 0EE

Telephone number at premises (if any)	01539432000
Non-domestic rateable value of premises	£ 32,000

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) |

- 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	BRATHAY LODGE (AMBLESIDE) LTD.
Address	BRATHAY LODGE, ROTHAY ROAD, AMBLESIDE. CUMBRIA LA22 0EE
Registered number (where applicable)	6434643
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY (PRIVATE)
Telephone number (if any)	01539432000
E-mail address (optional)	brathaylodge@gmail.com

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
27	12	2013

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)

20 BEDROOM GUEST ACCOMMODATION (B+B)
WITH ONE BREAKFAST AND ONE GUEST LOUNGES.

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

October 2012

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play 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			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
Fri			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)		
Sat					
Sun					

B

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			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
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			
Fri			<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)
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment 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 boxing or wrestling entertainment</u> (please read guidance note 4)	
Thur				
Fri				
Sat			<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> (please read guidance note 5)	
Sun				

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) BOTH AMPLIFIED AND UNAMPLIFIED		
Mon	12.00	23.00			
Tue	12.00	23.00			
Wed	12.00	23.00	State any seasonal variations for the performance of live music (please read guidance note 4) APPLIED FOR SEVEN DAYS A WEEK TO ALLOW FLEXIBILITY IN ORGANISING DAY A FUNCTION WITH LIVE MUSIC.		
Thur	12.00	23.00			
Fri	12.00	23.00			
Sat	12.00	23.00	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) N/A		
Sun	12.00	23.00			

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	Please give further details here (please read guidance note 3)	
Mon	12.00	23.00		
Tue	12.00	23.00	AMPLIFIED	
Wed	12.00	23.00		
Thur	12.00	23.00	State any seasonal variations for the playing of recorded music (please read guidance note 4)	
Fri	12.00	23.00		
Sat	12.00	23.00	APPLIED FOR SEVEN DAYS A WEEK TO ALLOW FLEXIBILITY	
Sun	12.00	23.00		
			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)	
			N/A	

G

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

H


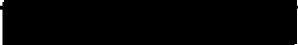
Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please 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			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Thur					
Fri			<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> (please read guidance note 5)		
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			<u>Will the supply of alcohol be for consumption – please tick</u> (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	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4) <p style="text-align: center;">N/A</p>		
Mon	12.00	23.00			
Tue	12.00	23.00			
Wed	12.00	23.00			
Thur	12.00	23.00			
Fri	12.00	23.00			
Sat	12.00	23.00			
Sun	12.00	23.00	<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> (please read guidance note 5) <p style="text-align: center;">N/A</p>		

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

Name	TREVOR PAUL MACPRAE		
Address			
Postcode			
Personal licence number (if known)	PA1052		
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)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	00.00	24.00	
Tue	00.00	24.00	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)
Wed	00.00	24.00	
Thur	00.00	24.00	
Fri	00.00	24.00	
Sat	00.00	24.00	
Sun	00.00	24.00	

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)

NOTHING BEYOND EXISTING HEALTH AND SAFETY /
FIRE SAFETY ETC REQUIREMENTS .

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

Checklist:

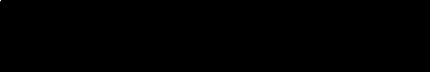
Please tick to indicate agreement

- 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	02 / 12 / 2013
Capacity	MANAGER

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)

PREVIOUSLY GIVEN INFORMATION ON PAGE 14
(SECTION J.)

Post town		Postcode	
Telephone number (if any)			
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 TREVOR PAUL MACPANE [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 Premises Licence [type of
 application] by BRATHAY LODGE (AMBLESIDE) LTD [name of applicant]
 relating to the premises licence [number of existing licence, if any]
 for BRATHAY LODGE, ROTHAY ROAD, AMBLESIDE, CUMBRIA
LA12 0EE [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 BRATHAY LODGE (AMBLESIDE) LTD [name of applicant]
 concerning the supply of alcohol at BRATHAY LODGE, ROTHAY RD, AMBLESIDE
CUMBRIA, LA12 0EE [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.

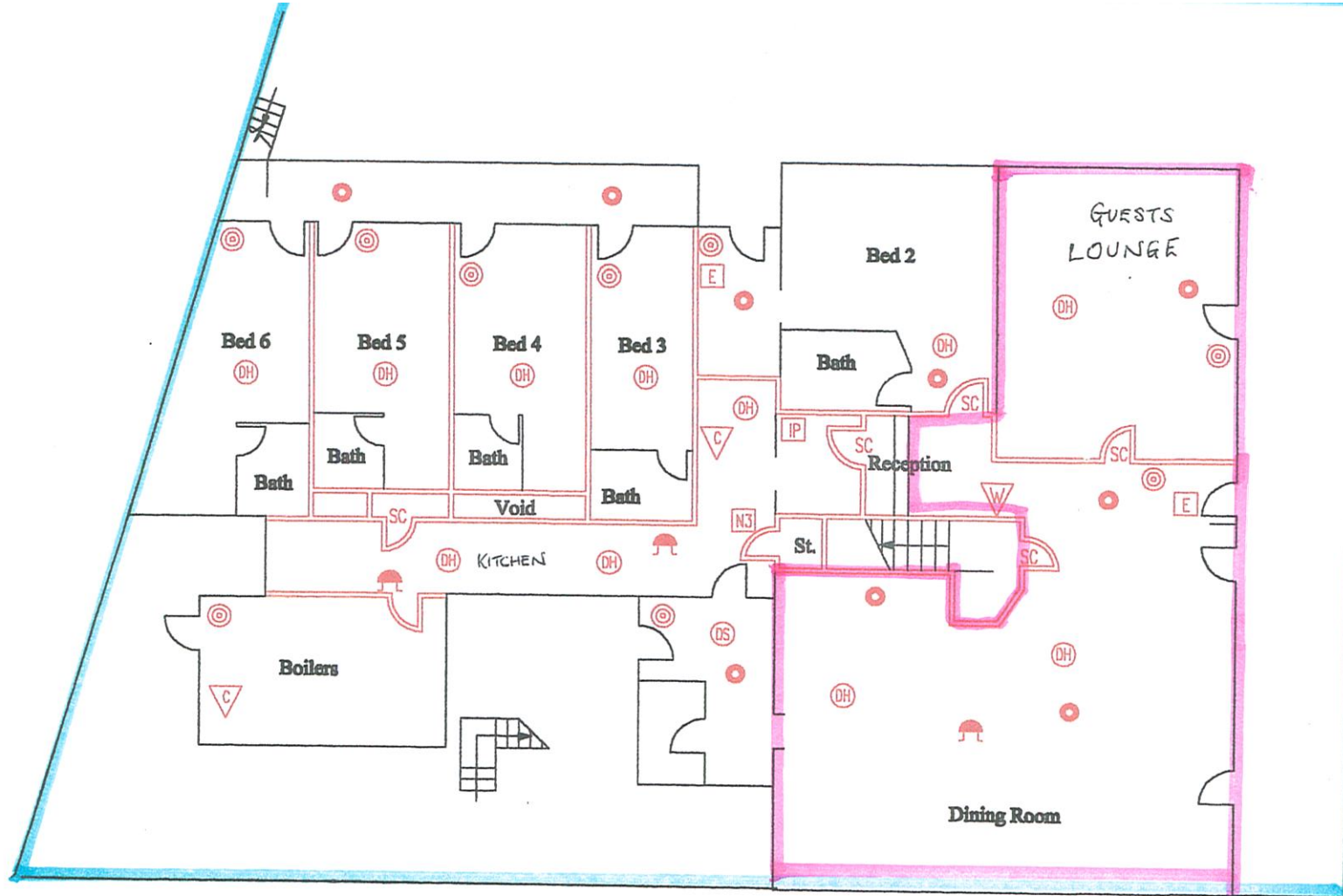
Personal licence number PA1052 [insert personal licence number, if any]
 Personal licence issuing authority SOUTH LAKELAND DISTRICT COUNCIL
 [insert name and address and telephone number of personal licence issuing
 authority, if any]

[REDACTED] signed
TREVOR PAUL MACPANE name (please print)
02/12/2013 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



KEY:



- LIQUOR



- LIVE/RECORDED MUSIC

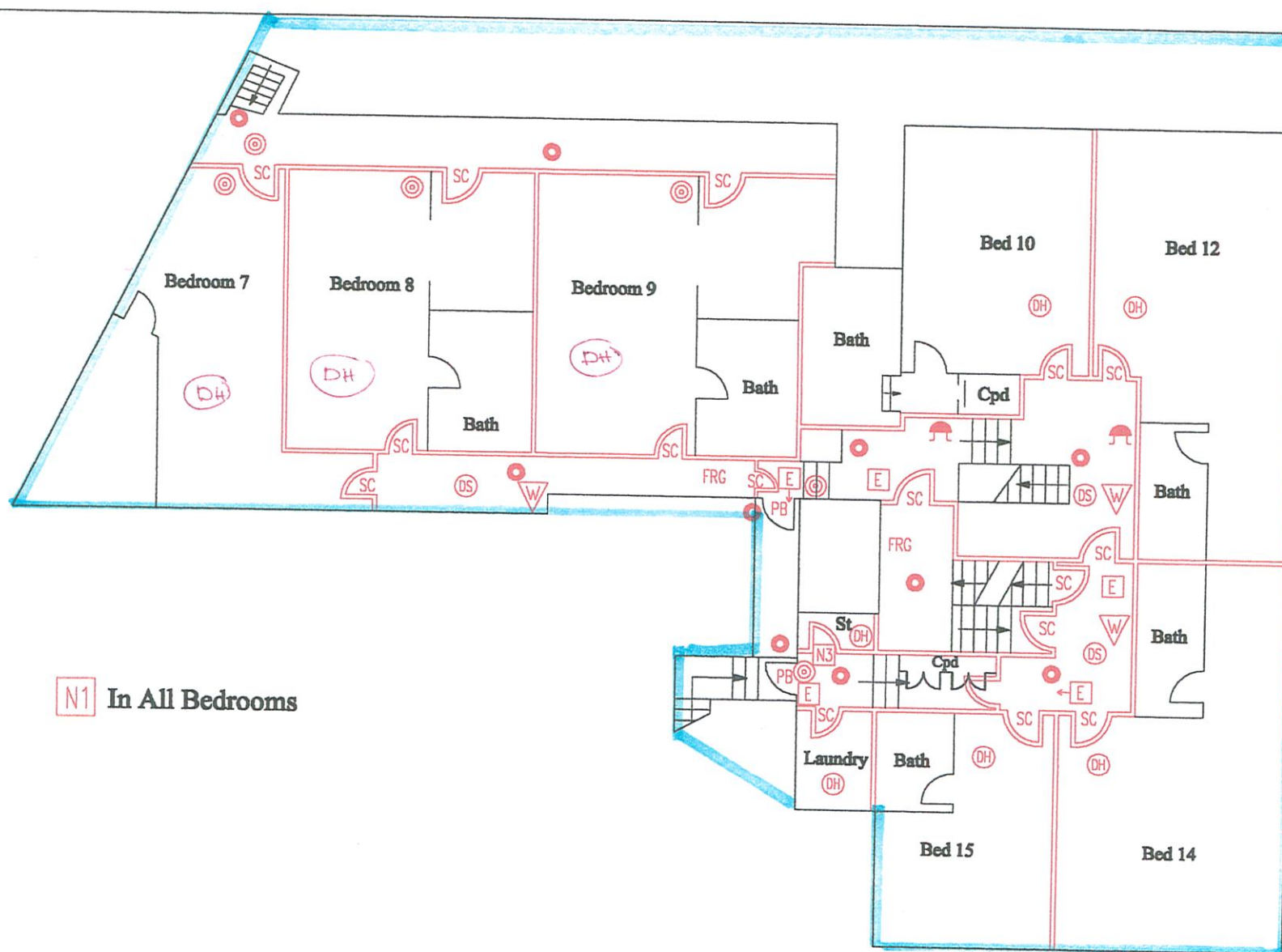
CUMBRIA FIRE SERVICE

DRAWN BY CP/CWG
 PLAN NO SLDG/01737
 PROP. REF. NO CFS/01737
 DATE 13/08/01
 OPS INTEL NO.

GROUND FLOOR PLAN
 NOT TO SCALE

ADDRESS
 BRATHAY LODGE
 ROTHAY ROAD
 AMBLESIDE
 CUMBRIA
 LA22 0EE

SHEET 1 OF 4



N1 In All Bedrooms

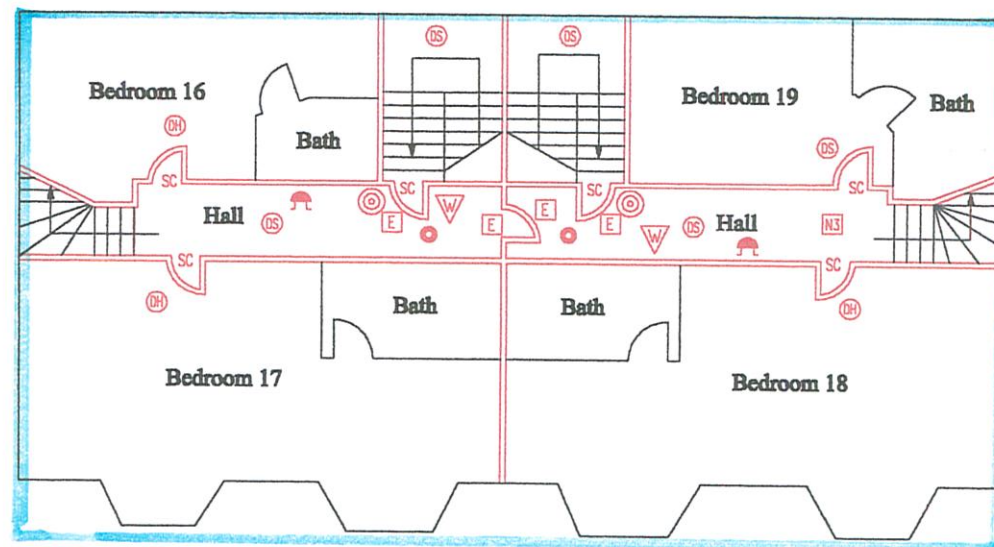
CUMBRIA FIRE SERVICE

DRAWN BY CP/CWG
 PLAN NO SLDC/01737
 PROP. REF. NO CFS/01737
 DATE 13/08/01
 OPS INTEL NO.

FIRST FLOOR PLAN
 NOT TO SCALE

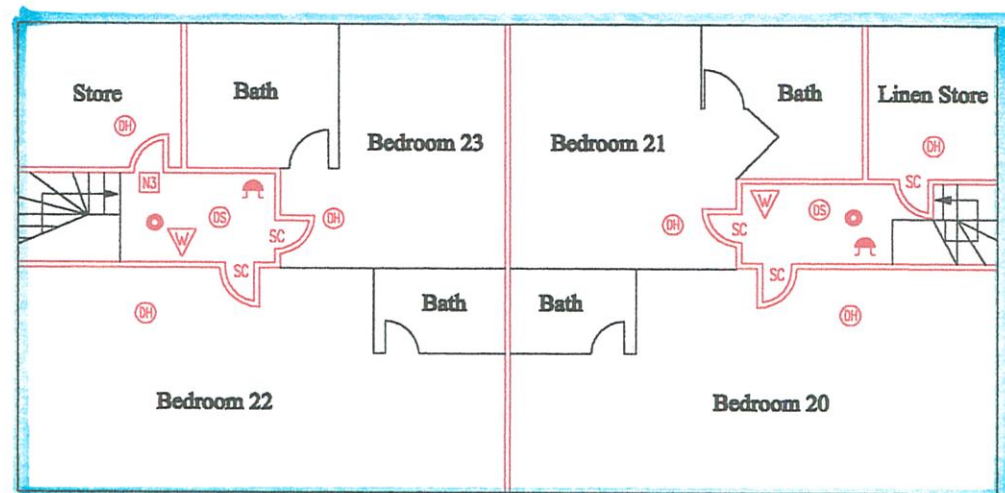
ADDRESS
 BRATHAY LODGE
 ROTHAY ROAD
 AMBLESIDE
 CUMBRIA
 LA22 0EE

SHEET 2 OF 4



N1 In All Bedrooms

CUMBRIA FIRE SERVICE	
DRAWN BY	CP/CWG
PLAN NO	SLDC/01737
PROP. REF. NO	CFS/01737
DATE	13/08/01
OPS INTEL NO.	
SECOND FLOOR PLAN	
NOT TO SCALE	
ADDRESS	
BRATHAY LODGE	
ROTHAY ROAD	
AMBLESIDE	
CUMBRIA	
LA22 0EE	
SHEET	3 OF 4



N1 In All Bedrooms

CUMBRIA FIRE SERVICE	
DRAWN BY	CP/CWG
PLAN NO	SLDC/01737
PROP. REF. NO	CFS/01737
DATE	13/08/01
OPS INTEL NO.	
THIRD FLOOR PLAN NOT TO SCALE	
ADDRESS BRATHAY LODGE ROTHAY ROAD AMBLESIDE CUMBRIA LA22 0EE	
SHEET	4 OF 4

BRATHAY LODGE

Rothay Road Ambleside LA22 0EE Tel: 015394 32000

www.brathay-lodge.co.uk E-mail: brathaylodge@gmail.com

(See also www.orchardcottageconiston.co.uk / www.conistonholidays.co.uk)

Ref: TM



VE 4* Star Guest Accommodation

South Lakeland District Council
Public Protection

04 DEC 2013

02 December 2013,

To whom it may concern,

Please find enclosed required information to support our application for a premises licence.

Yours sincerely

Trevor MacPake MInstLM
Manager



Brathay Lodge (Ambleside) Ltd, Registered in England & Wales (company no. 6434643)
Directors: Mr and Mrs D.W & J. Johnson Manager: Mr T. MacPake MInstLM