

Receipt No 074047 (£190.00)
Initials RP
Date 13/12/13



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.

South Lakeland District Council
Public Protection
13 DEC 2013

I/We Moonfest Kendal Limited

(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

Kendal Rugby Club playing fields,
Mint Bridge,
Shap Road

Post town

Kendal

Postcode

LA9 6DL

Telephone number at premises (if any)

01539 734039

Non-domestic rateable value of premises

£ 12,750

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 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 Moonfest Kendal	
Address	
Registered number (where applicable) 8804757	
Description of applicant (for example, partnership, company, unincorporated association etc.) Company limited by guarantee	
Telephone number (if any)	
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
0	1	0	5	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 playing fields of kendal rugby club.

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

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 checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon	10:00	00:00	Small play with amplified music	
Tue				
Wed			State any seasonal variations for performing plays (please read guidance note 4)	
Thur			N/A	
Fri	10:00	00:00	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	10:00	00:00	N/A	
Sun	10:00	23:00		

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) May be played with amplified music.		
Mon	10:00	00:00			
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4) N/A		
Thur					
Fri	10:00	00:00	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 (please read guidance note 5) N/A		
Sat	10:00	00:00			
Sun	10:00	23:00			

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3) Exhibition games may be played to an audience.
Day	Start	Finish	
Mon	10:00	00:00	
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4) N/A
Wed			
Thur			<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) N/A
Fri	10:00	00:00	
Sat	10:00	00:00	
Sun	10:00	23:00	

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 checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3) May be played with amplified music.		
Mon	10:00	00:00			
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4) N/A		
Thur					
Fri	10:00	00:00			
Sat	10:00	00:00	<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) N/A		
Sun	10:00	23:00			

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 type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) Amplified music to be played on an outdoor stage and in marquee(s).	
Mon	10:00	00:00		
Tue				
Wed			State any seasonal variations for the performance of live music (please read guidance note 4) N/A	
Thur				
Fri	10:00	00:00	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	
Sat	10:00	00:00		
Sun	10:00	23:00		

F

Recorded music Standard days and timings (please read guidance note 6)			<u>Will the playing of recorded music 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 checked="" type="checkbox"/>
Day	Start	Finish			
Mon	10:00	02:00	<u>Please give further details here</u> (please read guidance note 3) Amplified music to be played on outdoor stage and in marquee(s).		
Tue					
Wed			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4) N/A		
Thur					
Fri	10:00	02:00	<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> (please read guidance note 5) N/A		
Sat	10:00	02:00			
Sun	10:00	01:00			

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input checked="" type="checkbox"/>
Mon	10:00	00:00	Please give further details here (please read guidance note 3) Dance acts to perform around grounds to accompany the music.	
Tue				
Wed			State any seasonal variations for the performance of dance (please read guidance note 4) N/A	
Thur				
Fri	10:00	00:00	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 (please read guidance note 5) N/A	
Sat	10:00	00:00		
Sun	10:00	23:00		

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 Comedy acts and street acts e.g. mimes etc		
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	10:00	00:00		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3) Comedy acts indoors may have amplified microphones		
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) N/A		
Fri	10:00	00:00			
Sat	10:00	00:00	<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) N/A		
Sun	10:00	23:00			

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 checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3) Food and hot drink may be sold.		
Mon	18 00	02:00			
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4) N/A		
Thur					
Fri	23 00	02:00	<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) N/A		
Sat	23 00	02:00			
Sun	23 00	01:00			

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 type="checkbox"/>
					Off the premises	<input type="checkbox"/>
Day	Start	Finish			Both	<input checked="" type="checkbox"/>
Mon	10:00	02:00	State any seasonal variations for the supply of alcohol (please read guidance note 4) N/A			
Tue						
Wed						
Thur			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) N/A			
Fri	10:00	02:00				
Sat	10:00	02:00				
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	Geoffrey Metcalfe		
Address	<div style="background-color: black; width: 100px; height: 40px; margin: 5px 0;"></div> <div style="background-color: black; width: 100px; height: 20px; margin: 5px 0;"></div>		
Postcode	<div style="background-color: black; width: 60px; height: 15px; display: inline-block;"></div>		
Personal licence number (if known)	PA0 260		
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).

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	09:30	03:00	N/A
Tue			
Wed			
Thur			<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) N/A
Fri	09:30	03:00	
Sat	09:30	03:00	
Sun	09:30	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)

The events will only take place a maximum of ten days a calendar year.

The exact dates and details of the events will be put to the local residents at least 3 months prior to the event.

An event notification form will be submitted at least 4 months prior to the event to Cumbria County Council Single Point of Contact for Events (SPOC) who will forward the information on to the relevant local authorities (police force, fire service etc) who may decide an Events Advisory Group is set up to make sure the event is run in accordance with the four licensing objectives.

Where more than 499 people are expected to attend an event management plan will be drawn up which will include risk assessments, dispersal procedures, car parking arrangements etc.

b) The prevention of crime and disorder

SIA approved door staff and stewards will be present at all events the local authorities feel them necessary to attend.
The quantity of these door staff will be in accordance with the Health and Safety Executives Event Safety Guide (HSG195).
These door staff will also be on hand after the event to disperse the public down Shap Road past the adjacent houses.
They will also carry out bag searches on entry to stop any alcohol or drugs being brought into the premises and a drug disposal policy will be in place in accordance with police advice.
They will give all 18 and overs a secure wrist band to show they are over 18.
Pub watch will be in operation.
CCTV will be in operation to cover the entrance and exit of the rugby club.
A Challenge 21 policy will be used to ask for proof of age from anyone looking younger than 21.
Floodlights will be turned on at the end of any event to help the dispersal of the public.

c) Public safety

Risk assessments will be carried out before every event to ensure public and staff safety.
Emergency exits will be clearly visible in case an evacuation is required.
Appropriate fire extinguishers will be on hand at all needed locations in accordance with the local fire protection team.
Floodlights will be turned on at the end of any event to provide sufficient illumination for the public to leave the premises safely.
A dispersal policy will be developed to include a wind down period of 1 hour after the event to ease the congestion.
A first aid tent will be accessible throughout any event where one is required with a qualified first aider on hand to deal with any issues.
All electrical equipment tested to meet the appropriate British Standards.
Sanitary facilities will be provided in accordance with the Health and Safety Executives Event Safety Guide (HSG195).

d) The prevention of public nuisance

When required SIA approved door staff will be on site for 1 hour after the event and will help with the dispersal down Shap Road past the adjacent houses.
The stage(s) will be located so as to minimise the noise to the local residents.
Regular assessments will be conducted at the perimeter of the premises for noise coming from the premises. These will take place on every occasion the premises are used for regulated entertainment and steps will be taken to reduce the level of noise where it is likely to cause disturbance to local residents.
No music will be played on any open outdoor stage after 11pm.
Taxi firms will be notified of any events where more than 499 people are expected and at what times the event will close.
An appropriate amount of car parking space will be available and readily accessible.
No glass will be allowed to be taken off the premises.

e) The protection of children from harm

A Challenge 21 policy will be used to ask for proof of age from anyone looking younger than 21.
No persons without a secure wrist band will be sold alcohol when they are being used.
Patrols will be carried out constantly throughout any event where SIA approved door staff are required to ensure no persons without a wrist band consume alcohol.
Any children under 12 must be accompanied by an adult.
When appropriate a lost child point will be clearly designated in the unlikely event that a child becomes separated from their guardian.

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	13/12/13
Capacity	

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)

Liam Hayton,

[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) lchayton@hotmail.com			

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 the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. 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 or 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, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.



Part A

Consent of individual to being specified as premises supervisor

I Geoffrey Metcalfe [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 Kendal Moonfest Kendal [name of applicant]

relating to the premises licence [number of existing licence, if any]

for Kendal Rugby Club Playing Fields, Shap Road, Kendal [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 Moonfest Kendal [name of applicant]

concerning the supply of alcohol at Kendal Rugby Club Playing Fields, Shap Rd, Kendal [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 PA0260 [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

G. Metcalfe name (please print)

14-Nov-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].

signed

name (please print)

dated



Boundary

Mint Bridge Rd



Moonfest Kendal Limited

Kendal**Receipt**Transaction Date: 13/12/2013
14:27:19

Operator ID: PN048

Machine: PN048

Account Details

CAN	Reference	Payment of	Transaction Amt	VAT Amt	Rate
03604	GMD2452881	04 - Miscellaneous	£190.00	£0.00	0%
Licensing - PREMISES LICENCES					

Payment Details

MOP	Payment Ref	Payment Amt
05 - Debit Card		£190.00

APACS Payment Details**** Customer Copy ****

Sale PLEASE DEBIT MY ACCOUNT

Transaction Type: Telephone Order (Keyed)

Date / Time: 13/12/2013 14:27:19

Auth Code: 074047

Card Number: [REDACTED]

Ref: [REDACTED]

Card Type: [REDACTED]

MID: [REDACTED]

TID: ****

Card Amount: £190.00

Please keep this copy for your records

Total Amt Paid: £190.00

VAT Number: 155 6863 35