

Receipt No 231511
Initials RP
Date 17/12/13



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 e-mail: licensing@southlakeland.gov.uk

Application for a premises licence to be granted under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I/We

PENNY TAPSELL

(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

AULKS
CAVENDISH ST
CARTMEL

Post town

GRANGE-OVER-SANDS

Postcode

LA11 6QA

Telephone number at premises (if any)

015395 32043

Non-domestic rateable value of premises

£ 3450 PER ANNUM

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	XXXX AULIS RD LTD
Address	CAVENDISH ST CARTMEL GRANGE OVER SANDS CUMBRIA LA11 6QA
Registered number (where applicable)	CO REG NO :- 07899769
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	015395 32043
E-mail address (optional)	pt@aolisrd.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

ASAP

DD	MM	YYYY

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 RESEARCH AND
DEVELOPMENT CENTRE OPEN TO THE PUBLIC
THE BUILDING IS SPLIT INTO THREE MAIN
AREAS ALL ON GROUND FLOOR ONLY.
THE PREMISES IS ON CAVENDISH ST NEXT TO
L'ENCLUME RESTAURANT.

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

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

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon			State any seasonal variations for indoor sporting events (please read guidance note 4)
Tue			
Wed			
Thur			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 (please read guidance note 5)
Fri			
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"/>
Day	Start	Finish		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 boxing or wrestling entertainment</u> (please read guidance note 4)		
Thur					
Fri			<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)		
Sat					
Sun					

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"/>
Day	Start	Finish			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 playing of recorded music</u> (please read guidance note 4)		
Thur					
Fri			<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)		
Sat					
Sun					

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)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
Day	Start	Finish	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				


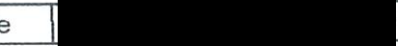
I

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 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	08:00				
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	12.00	24.00			
Tue	12.00	24.00			
Wed	12.00	24.00			
Thur	12.00	24.00			
Fri	12.00	24.00			
Sat	12.00	24.00			
Sun	12.00	24.00	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)		

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

Name	PENNY TAPSELL		
Address			
Postcode			
Personal licence number (if known)	PA1072		
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).

L

Hours premises are open to the public
Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon	10.00	24.00
Tue	10.00	24.00
Wed	10.00	24.00
Thur	10.00	24.00
Fri	10.00	24.00
Sat	10.00	24.00
Sun	10.00	24.00

State any seasonal variations (please read guidance note 4)

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)

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)

WE INTEND TO ~~PREVENT VIOLENCE AND DISORDER~~
PROMOTE ALL OF THE LICENSING OBJECTIVES
IN ACCORDANCE WITH ALL CURRENT
LEGISLATION.

b) The prevention of crime and disorder

TO ENSURE PREMISES IS FULLY LOCKED (TO WHEN
NOT IN USE
TO LEAVE LIGHTING ON BOTH INSIDE + OUT.
WE SHALL STORE ANY EXCESS STOCK AWAY
FROM CUSTOMER ACCESS IN A LOCKABLE AREA.

c) Public safety

TO ENSURE WE COMPLY WITH ALL FOOD SAFETY
REGULATIONS
TO HAVE IN PLACE STATUTORY FIRE SAFETY
CONTROLS / SIGNAGE ETC...
TO ENSURE PREMISES SHALL NOT BE OVERCROWDED.

d) The prevention of public nuisance

- TO ENSURE NOISE IS KEPT TO ACCEPTABLE LEVELS.
- TO ENSURE ALL REFUSE IS STORED AWAY FROM
PUBLIC ACCESS
- NOT TO EMPTY BOTTLE BINS ETC BETWEEN 11pm-7am
- ADHERE TO OPENING HOURS

e) The protection of children from harm

~~TO ENSURE ALL CHILDREN ARE KEPT AWAY FROM THE PREMISES~~
TO ENSURE STAFF ARE TRAINED TO
CHECK ID FOR PROOF OF AGE.
~~TO ENSURE ALL CHILDREN ARE KEPT AWAY FROM THE PREMISES~~

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	12-12-13
Capacity	DIRECTOR

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)

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

Notes for Guidance

SOUTH LAKELAND DISTRICT COUNCIL

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

Tel: (01539) 733333 Ext 7481/7484 Fax: (01539) 737659

www.southlakeland.gov.uk e-mail: licensing@southlakeland.gov.uk**Part A****Consent of individual to being specified as premises supervisor**

I PENELOPE ELIZABETH TAPSELL [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 AULIS RD LTD [name of applicant]

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

for AULIS, CAVENDISH ST. CARTMEL GRANGE - OVER SANDS, LAILGA [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 AULIS RD LTD [name of applicant]

concerning the supply of alcohol at AULIS, CAVENDISH ST. CARTMEL GRANGE - OVER SANDS [name and address of premises to which application relates].

CAULGA 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 PA1072 [insert personal licence number, if any]

Personal licence issuing authority SLDC

[insert name and address and telephone number of personal licence issuing authority, if any]

[redacted] signed

PENELOPE TAPSELL name (please print)

12/12/13 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

E

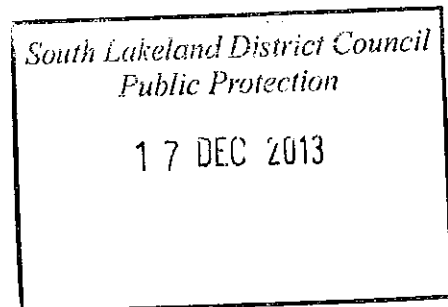
Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
Day	Start	Finish		Both <input checked="" type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	
Tue				
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)	
Thur				
Fri			Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 5)	
Sat				
Sun				

11.12.13


FAO: Licensing Dept of S.L.D.C.

Please find enclosed a cheque for
£100. this is for my application
for a premises licence at the address
below :-

Aulis RD Ltd
Carendish St
Cartmel
Grange over Sandh
Cumbria
LA11 6QA.



Kind regards
Miss Penny Tapsell



Pearson, Rebecca

From: Chet Sharma <cs@aulisrd.co.uk>
Sent: 16 December 2013 20:30
To: Licensing
Cc: john.brooks@cumbria.police.uk; DEH; trading.standards@cumbria.gov.uk;
paul.dugdale@cumbria.gov.uk; development.management@southlakeland.cgov.uk;
safeguardingandreview@cumbria.gov.uk; enquiries@cumbriapct.nhs.uk
Subject: Premises licence application for Aulis RD
Attachments: Licensing application_reduced size.pdf

Dear Sir / Madam,

Following the preliminary application for a premises licence at Aulis RD (Cavendish street, Cartmel, LA11 6QA) by Ms. P.E. Tapsell on 12/12/13, I attach the required electronic documentation for your attention.

Please feel free to get in touch if you require any more information.

Best wishes,

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Dr. Chet Sharma
Director of Research and Development
www.AulisRD.co.uk
m: +44 (0)7930 890 087