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SOUTH LAKE LAND DISTRICT COUNCIL
 Public Health & Licensing Group, South Lakeland House, Lowther Street,
 Kendal, Cumbria LA9 4UD
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 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 SIMON GILL
 (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			
CAFE SOLA UNIT 1 BLACKHALL YARD KENDAL CUMBRIA LA9 4LU			
Post town	KENDAL	Postcode	LA9 4LU

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£4,301 - £33000 BAND B

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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname GILL			First names SIMON PAUL		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		[REDACTED]			
Post town	[REDACTED]	Postcode	[REDACTED]	[REDACTED]	[REDACTED]
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)					

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY
07 02 2014

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)
A CAFE BISTRO IN THE AREA OF BLACKWALL YARD
KENOAL WITH SMALL AREA FOR OUTSIDE SEATING

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) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input 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) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |
| <u>Provision of late night refreshment</u> (if ticking yes, fill in box I) | <input checked="" type="checkbox"/> |
| <u>Supply of alcohol</u> (if ticking yes, fill in box J) | <input checked="" type="checkbox"/> |

In all cases complete boxes K, L and M

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	7pm	12AM	Please give further details here (please read guidance note 3) IF SOMEONE WANTS TO HOLD A PARTY WE MAY HAVE TO PROVIDE ACOUSTIC ARTISTS. WE ALSO MAY HIRE ACOUSTIC PERFORMER FROM TIME TO TIME	Both	<input type="checkbox"/>
Tue	7pm	12AM			
Wed	7pm	12AM	State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur	7pm	12AM			
Fri	7pm	12AM	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	7pm	12AM			
Sun	5pm	12AM			

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	7AM	1AM	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	7AM	1AM			
Wed	7AM	1AM	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	7AM	1AM			
Fri	7AM	1AM	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)		
Sat	7AM	1AM			
Sun	7AM	1AM			

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"/>
Day				Start	Finish
				Outdoors	<input type="checkbox"/>
Mon	11pm	1AM	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	11pm	1AM			
Wed	11pm	1AM	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur	11pm	1AM			
Fri	11pm	1AM	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	11pm	1AM			
Sun	11pm	1AM.			

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – <u>please tick</u> (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>			
				Off the premises	<input checked="" type="checkbox"/>			
				Both	<input checked="" type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)					
Mon	11AM	1AM						
Tue	11AM	1AM						
Wed	11AM	1AM						
Thur	11AM	1AM				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)		
Fri	11AM	1AM						
Sat	11AM	1AM						
Sun	11AM	1AM						

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

Name	SIMON PAUL GILL		
Address			
Postcode			
Personal licence number (if known)	PA 1906		
Issuing licensing authority (if known)	S.L.D.C		

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)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	7AM	2AM	<p>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)</p>
Tue	7AM	2AM	
Wed	7AM	2AM	
Thur	7AM	2AM	
Fri	7AM	2AM	
Sat	7AM	2AM	
Sun	7AM	2AM	

M

Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 9)

Run a well trained team who are aware of all objectives.

The application applies to the ground floor only

b) The prevention of crime and disorder

To make all staff fully aware of the licensing objectives and the importance of maintaining a high standard of work in relation objectives

The designated premises supervisor or a person nominated by them shall actively participate and be a member of a Pub and Club watch scheme for the area within which the premises is located.

An incident book shall be maintained to record any activity of a violent, criminal or antisocial nature. The record will contain the time and date, the nature of the incident, the people involved, the action taken and details of the person responsible for the management of the premises at the time of the incident.

An incident book shall be available for inspection at all times a licensable activity is being conducted by an authorised officer of the relevant responsible authority. The records will be retained for at least 12 months.

A dispersal policy shall be implemented setting out the steps the venue will take at the end of the trading session to minimise the potential for disorder and disturbance as customers leave the premises.

All staff who are involved in the sale of alcohol will be trained in relation to all of the licensing objectives so as to prevent crime, disorder, public nuisance and to promote public safety and the protection of children from harm. Such training will encompass service refusal skills and recognising drunkenness. Refresher training will be completed no later than every 6 months thereafter. Training will be documented and be available for inspection to a Police Officer or council Licensing and Enforcement Officers.

There shall be in force for the premises a drugs policy for prospective customers.

There shall be no consumption of beverages in any outside areas after 23:00 hours.

The outside areas shall only be used by customers from 7am until 11pm at which time all furniture shall be removed and the area cleared of customers. Notices shall be displayed in appropriate locations to ensure that this information is brought to the attention of patrons.

c) Public safety

As above

Please tick as appropriate

- I have enclosed the premises licence
- I have enclosed the relevant part of the premises licence

If you have not ticked one of these boxes, please fill in reasons for not including the licence or part of it below

Reasons why I have not enclosed the premises licence or relevant part of premises licence.


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	3.1.14
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)

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

CAFE SOLA (UNIT 1)

Unit 1.

