

LICENSING APPLICATIONS PROGRESS NOTES – PREMISES

Type of Application	NEW	Date Received	20/9	Rateable Band	B	Plan	✓	Consent Form for DS	To Follow
Fee Rec No	190-	Entered on Lalpac		Lalpac Ref No.		Entered on Weekly List		Date Issued	

REJECTION OF APPLICATION

Application Rejected	Reason of Objection	Date Application Returned

PREMISES:	THE OLD SMITHY, NEWBY BRIDGE
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RESPONSIBLE AUTHORITIES	RESPONSES BY	RECEIVED	OBJECTIONS	TO COMMITTEE BEFORE (DATE)
FIRE OFFICER	18 OCT.			
POLICE				
HEALTH & SAFETY				
ENVIRONMENTAL PROTECTION				
PLANNING SLDC, LDNP or YDNP				
SOCIAL SERVICES				
TRADING STANDARDS				
REPRESENTATIONS MADE BY INTERESTED PARTIES				

REFER TO COMMITTEE	DATE	COMMITTEE DECISION
Y/N		

[illegible]

Receipt No 230186 (CHQ- £190)

Initials REP

Date 24/9/13

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.

~~NAME~~ JUDITH HELEN WREN
 (Insert name(s) of applicant)

South Lakeland District Council
 Public Protection

20 SEP 2013

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

THE OLD SMITHY (NEW NAME OF PREMISES)
 LEVENSIDE REFERRED TO AS
 NEWBY BRIDGE WORKSHOP & PREMISES

Post town	ULVERSTON	Postcode	LA12 8LZ
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Telephone number at premises (if any)	[REDACTED] [REDACTED] (Home)
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Non-domestic rateable value of premises	£ 4450
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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 checked="" type="checkbox"/> please complete section (A) |
| b) a person other than an individual * | |
| i. as a limited company | <input 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 checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname WREN			First names JUDITH HELEN		
I am 18 years old or over				<input checked="" 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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
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	1	0	2	0
1	3				

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)

WORKSHOP FROM WHICH I WILL STORE AND USE AS MY BUSINESS BASE, TO SUPPLY WHOLESALE AND SALE TO RETAIL MARKET. RETAIL SALES WILL BE THROUGH WEB SALES AND DELIVERIES SENT FROM HOME. THE PRODUCT IS FLAVOURED VODKA AND I WILL NOT BE OPERATING A RETAIL OUTLET AT ANY TIME IN THE FORESEEABLE FUTURE. I ALSO INTEND TO SUPPLY OTHER LICENCED BUSINESSES FROM THIS BASE. I WOULD WORK MAINLY EVENINGS AND WEEKENDS.

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?

FULFILMENT OF ^{WEB} ONLY SALES OF PRODUCT AND SUPPLY OF WHOLESALE ORDERS BY DELIVERY.

(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"/>
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 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"/>
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 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			<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					

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live 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 performance of live music</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (please read guidance note 5)		
Sat					
Sun					

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 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 playing of recorded music (please read guidance note 4)		
Thur					
Fri			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					
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					

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

* I WORK FULLTIME SO I WOULD
 ONLY BE FULFILLING ORDERS OUTSIDE
 9-5pm BUT MY HOLIDAYS MAY ALLOW
 ME TO WORK SOME DAYS 9-21:00 HOURS.

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) BOTTLING & PACKAGING TO BE SENT TO WHOLESALE & RETAIL CUSTOMERS - <u>NOT</u> INTENDING <u>ANY CUSTOMERS ON PREMISES.</u>	On the premises <input type="checkbox"/> Off the premises <input checked="" type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) NA	
Mon	9	21:00		
Tue	9	21:00		
Wed	9	21:00		
Thur	9	21:00		
Fri	9	21:00		
Sat	9	21:00		
Sun	10:00	15:00	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) NA	

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

Name		MYSELF ONCE LICENSED	
Address			
Postcode			
Personal licence number (if known)			
Issuing licensing authority (if known)			

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).

NONE

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) NA
Day	Start	Finish	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) NA
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

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)

I intend to use the premises to bottle my flavoured vodka and then dispatch it via delivery (by myself) or courier to customers. I do not intend to invite customers (retail or wholesale) to my premises and would therefore not expect to have any footfall in respect of the business.

b) The prevention of crime and disorder

The premises will remain unchanged in appearance on the exterior. There will be no visible indication that a business of this nature is being carried out. The premise is secure and of very low key appearance. We are located in a quiet area where there is little 'parking traffic'.

c) Public safety

No impact on public as there will be no customers and no traffic other than our own. Therefore there is no increased risk from this and public will not generally be entering the premises.

d) The prevention of public nuisance

No impact on immediate neighbours, many of the local properties are holiday homes and are not main residences therefore the area is sparsely populated. We have 2 major other licensed premises which are significantly bigger and there is low levels of public nuisance.

e) The protection of children from harm

No apparent impact on children. Premises is low key and will be always secured with no access to public and children would not be allowed on the premises. There is no machinery and stocks of alcohol will be secure.

Checklist:

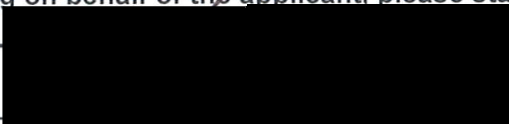
Please tick to indicate agreement

- I have made or enclosed payment of the fee. £190 - ☒
- 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. ☒

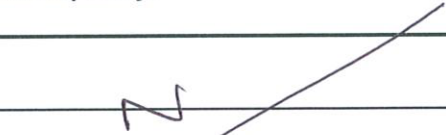
IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

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	20 SEPTEMBER 2013
Capacity	PROPRIETOR

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	A
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

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.

Premises plan of 'The Old Smithy', Levenside, Newby Bridge LA12 8LZ

① Proposed premises for license

River Leven

Garden Area

Garden Area

Entrance/Door

Window

Existing Workshop & Premises

Garden Area

Newby Bridge

Public Road

Scale 1m = 10mm

NATIONAL NON DOMESTIC RATE BILL 2011/12

Reference Number : 50484181

Issue date: 15/03/2011



Local Taxation Team
South Lakeland House
Lowther Street
Kendal
Cumbria LA9 4DQ
Tel: 01539 797790

Mr M J Wren
Levenside
Newby Bridge
Ulverston
Cumbria
LA12 8LZ

Address of NNDR property:
Levenside
Newby Bridge
Ulverston
Cumbria

Reason for bill: New Year Billing

Property reference: 08838389270004		Description of Property: Workshop and Premises
For information only	Standard Non-domestic Rating Multiplier 43.3p	Small Business Non-domestic Rating Multiplier 42.6p

Details for period 01/04/2011 to 30/09/2011 :-

Occupied Property Rates	£947.85
Gross Charge (£4450 x 42.6p)	£947.85 CR
SBR Relief	
Total liability for period	£0.00

Details for period 01/10/2011 to 31/03/2012 :-

Occupied Property Rates	£947.85
Gross Charge (£4450 x 42.6p)	£473.93 CR
SBR Relief	
Total liability for period	£473.92

Total Amount Payable

£473.92

You have elected to pay your bill by direct debit and your payments will be collected as follows:

Date	Amount Payable	Deferred Instalment	Current Instalment
01/04/2011	£0.00		
01/05/2011	£0.00		
01/06/2011	£0.00		
01/07/2011	£0.00		
01/08/2011	£0.00		
01/09/2011	£0.00		
01/10/2011	£119.92		
01/11/2011	£118.00		
01/12/2011	£118.00		
01/01/2012	£118.00		

When to pay

The front of the bill shows the amount of each payment and the date by which it should be paid (for direct debit customers this will be the date on which payments are collected from your bank account). This will show monthly instalments unless you have arranged to pay at different intervals.

If you wish to pay **annually** payment of the full amount due should reach the Council by 1 April. If you wish to pay **half yearly** 50% of the full amount should reach the Council by 1 April and the remainder by 1 September.

How to pay

Direct Debit

Allows payments to be collected from your bank account as they become due. It saves you the time and trouble of remembering to make payments. If you already pay by this method you do not need to take any further action. If you would like to start paying by this method please telephone us on (01539) 797758. Direct Debit payments are collected on 1st of the month. You can also pay annually or half yearly by Direct Debit.

Debit Card (Visa Debit, Maestro etc)

You can either ring the Council on (0845) 0504434 between 8.45am to 6pm, Monday to Friday to make a payment. Alternatively you can use our 24 hours 7 day automated telephone service. Please telephone (0845) 0501734 and have your debit card ready. You will need to refer to the front of this bill for your Business Rates reference number and the amount to pay. You will be advised of the authorisation number at the end of the call.

On-line

Simply log on to www.southlakeland.gov.uk and click on the Pay for it link on the right hand side of the home page. You will need your debit card and Business rates reference number from the front of this bill.

Telephone or Internet Banking

If you have this facility with your bank, you will need to quote the Council's bank details which are Sort Code 20-45-28 Account Number 50822809 and your Business Rates reference number from the front of this bill.

Standing Order

Please contact your bank to advise them of the Council's bank details, sort code 20-45-28, account number 50822809, your reference number, and the amount and dates of the instalments to be paid. If you already pay by standing order, you should contact your bank to revise the instructions if the instalments have changed since your last bill.

Post Office/PayPoint

These payments should be made at the Post Office using a card which can be obtained from the Council by telephoning (01539) 797758. Cheques should be made payable to Post Office Ltd. Alternatively, payments can be made at participating PayPoint outlets. The plastic card can be used each year. It will only need replacing if, you move property, you lose the card or the card is damaged.

By Post

Cheques should be made payable to **South Lakeland District Council** and sent to the address overleaf. Please quote your account number on the back of your cheque. Post-dated cheques will not be accepted. **DO NOT SEND CASH THROUGH THE POST.** If you need a receipt please include a stamped addressed envelope.

Important

Please be aware that you should continue to make payments even if an appeal has been made.

If you have financial difficulties and cannot pay please contact, without delay:

Local Taxation Team, South Lakeland District Council, South Lakeland House, Lowther Street, Kendal LA9 4DQ. Please quote your reference number if you contact us.

The Citizens Advice Bureau offers independent financial advice to anyone with problems with their financial affairs. Please telephone the Kendal Office on (01539) 738772 or the Ulverston Office on (01229) 585585 if you need their help.

If an instalment is not received by the date due, a reminder can be issued immediately giving only seven days to pay. If that reminder is ignored the full tax becomes due and the right to pay by instalments is lost.