

Receipt No 229748

SR. 48294.

Initials Fmf

Date 26.07.13

[Insert name and address of relevant licensing authority and its reference number (optional).]

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

South Lakeland District Council
Public Protection

26 JUL 2013

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 ☐☐☐☐☐ GEORGE AND ANNE HALLAM.
(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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>THE OLIVE TREE</u> <u>49 BEETHAM ROAD</u> <u>MILNTHORPE</u> <u>CUMBRIA</u>			
Post town	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>MILNTHORPE</u>	Postcode	<u>LA7 7QA</u>
Telephone number at premises (if any)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Non-domestic rateable value of premises	£ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>NOT KNOWN</u>		

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

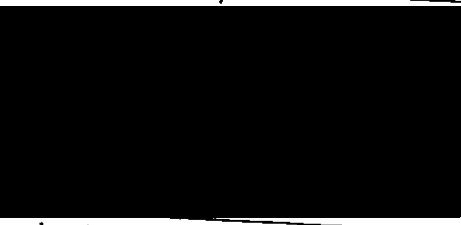

- | | |
|---|---|
| a) an individual or individuals * | <input type="checkbox"/> please complete section (A) |
| b) a person other than an individual * | <input type="checkbox"/> please complete section (B) |
| i. as a limited company | <input checked="" type="checkbox"/> please complete section (B) |
| 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) | <input type="checkbox"/> please complete section (B) |
| c) a recognised club | <input type="checkbox"/> please complete section (B) |

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	□□□□□ ANNE MARY HALLAM / GEORGE HALLAM	
Address	□□□□□ 	
Registered number (where applicable)	□□□□□	
Description of applicant (for example, partnership, company, unincorporated association etc.)	□□□□□ PARTNERSHIP -	
Telephone number (if any)	CONTACT NO	PREMISES NO
E-mail address (optional)		NOT YET AVAILABLE

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	09	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)

INDEPENDENT CAFE/BISTRO UNIT CONSISTING OF MAIN DINING AREA AT FRONT AND OPEN FRONTED KITCHEN AREA AT REAR. PASSAGE WAY TO PUBLIC TOILET AND SMALL STORAGE AREA BEHIND KITCHEN.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

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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 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"/> |

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	08.00	18.00	Please give further details here (please read guidance note 3) MUSIC WILL BE PLAYED AS BACKGROUND ONLY	Both	<input type="checkbox"/>
Tue	08.00	18.00			
Wed	08.00	18.00	State any seasonal variations for the playing of recorded music (please read guidance note 4) 		
Thur	08.00	18.00			
Fri	08.00	22.00	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) 		
Sat	08.00	22.00			
Sun	08.00	22.00			

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 checked="checked" type="checkbox"/>
					Off the premises	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4) 			
Mon	11.00	18.00				
Tue	11.00	18.00				
Wed	11.00	18.00				
Thur	11.00	18.00	<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) 			
Fri	11.00	22.30				
Sat	11.00	22.30				
Sun	11.00	22.30				

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

Name ANNE MARY HALLAM.

Address □□□□□		
Postcode	□□□□□	
Personal licence number (if known) □□□□□	LAPA0077	
Issuing licensing authority (if known) □□□□□	LANCASTER CITY COUNCIL.	

K

<p>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).</p> <p>□□□□□</p> <p>N/A</p>

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	08:00	18:00	
Tue	08:00	18:00	
Wed	08:00	18:00	

	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	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) <input type="text"/>
Thur	<input type="text"/> 08:00	<input type="text"/> 18:00	
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Fri	<input type="text"/> 08:00	<input type="text"/> 22:30	
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Sat	<input type="text"/> 08:00	<input type="text"/> 22:30	
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Sun	<input type="text"/> 08:00	<input type="text"/> 22:30	
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

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)

□□□□□

ALL STAFF WILL BE TRAINED WITH RESPECT ALL 4 OBJECTIVES.
~~MINOR FIRST AID AND ABILITY TO RESPOND TO ANY SITUATIONS IN
RESPECT OF HINDERS OR DISORDER APPOINTING TO SAND PROMISES.
AND TO CALL OR INFORM RELEVANT SERVICES.~~

b) The prevention of crime and disorder

□□□□□

~~AS THIS WILL BE A SMALL EATING HOUSE CATERING MAINLY FOR
LOCAL RESIDENTS AT LUNCH TIME, AFTERNOON TEA AND EARLY EVENING
MEALS AS STATED OVER. WE CAN NOT FORESEE MUCH, IF ANY CRIME
OR DISORDER THAT CANNOT BE POLICED BY ANY STAFF WORKING.~~

c) Public safety

□□□□□

~~ENSURE ALL ACCESS AND EXITS ARE CLEAR OF OBSTACLES, AND
ALL HEALTH & SAFETY REGULATIONS ARE IN FORCE.~~

d) The prevention of public nuisance

□□□□□

~~AS WE WILL BE OPEN NO LATER THAN 22.30 WE CAN NOT
FORESEE ANY PROBLEM DUE TO DRUNKENNESS. ALL CUSTOMERS WILL
BE MONITORED, AND ANY DISTURBANCE WILL BE DEALT WITH BY
EXPERIENCED STAFF~~

e) The protection of children from harm

□□□□□

NO PERSON UNDER 16 YRS OLD WILL BE ABLE TO OBTAIN ALCOHOL.
PERSONS 16-17 YRS OLD WILL BE SUPPLIED ONLY THROUGH A RESPONSIBLE
ADULT. AND AS WE WILL BE OPEN ONLY UNTIL 22.30 AS A BISTRO
WE WILL NOT BE SHOWING OR PARTICIPATING IN ANY ADULT ONLY PERFORMANCES.

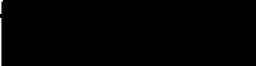
Checklist:**Please tick to indicate agreement**

- 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. ☒

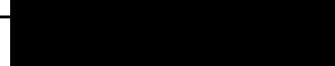
IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

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	18/7/13
Capacity	PARTNER

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	18/7/13
Capacity	PARTNER

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

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, ANNE MARY HALLAM [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 GEORGE AND ANNE HALLAM [name of applicant]
 relating to a premises licence [number of existing licence, if any]
 for THE OLIVE TREE MILNTHORPE, 49 BETHAM RD, MILNTHORPE
LA7 7QN [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 GEORGE AND ANNE HALLAM [name of applicant]
 concerning the supply of alcohol at THE OLIVE TREE MILNTHORPE, 49
BETHAM RD, LA7 7QN [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.

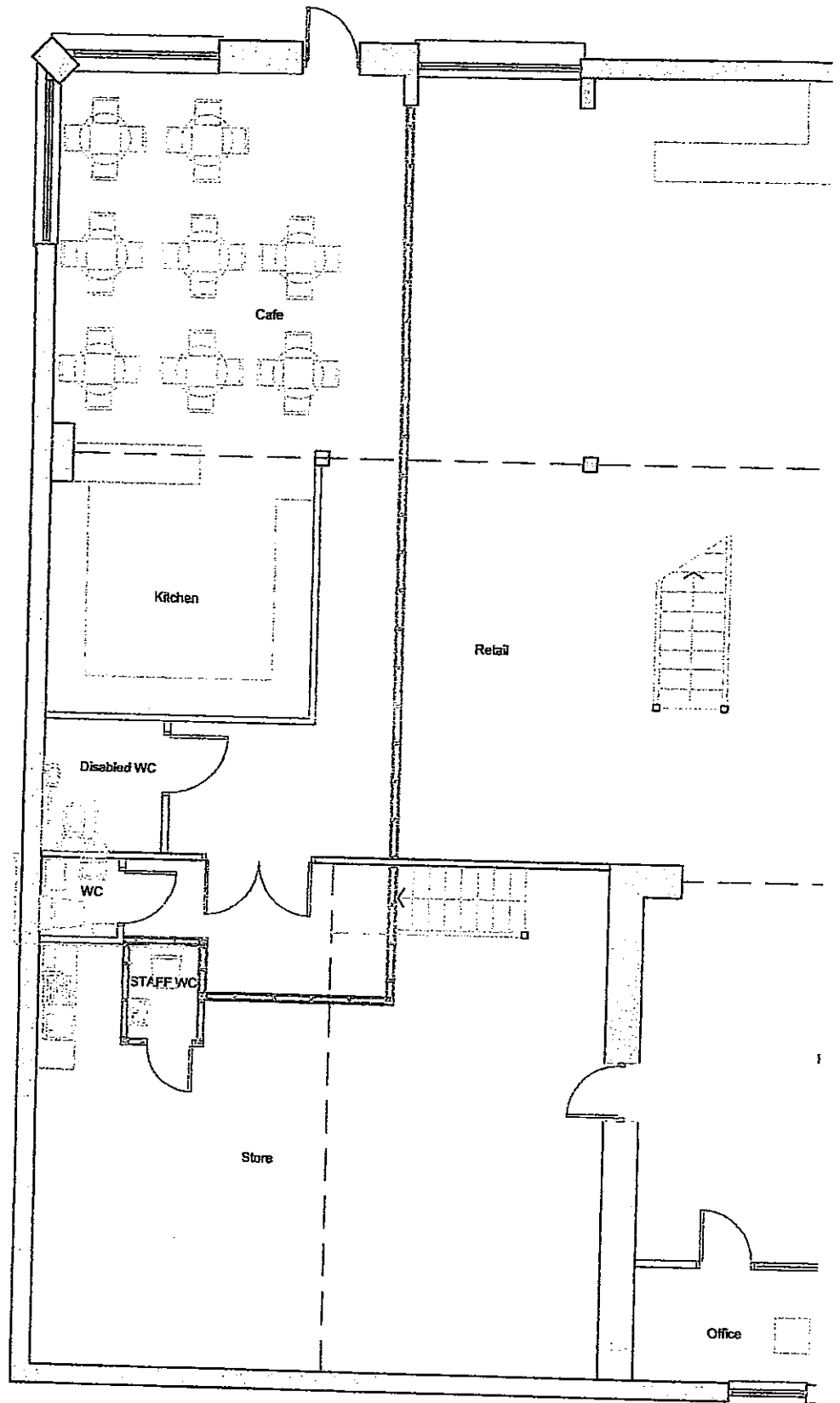
Personal licence number LAPA0077 [insert personal licence number, if any]
 Personal licence issuing authority LANCASTER CITY COUNCIL
 [insert name and address and telephone number of personal licence issuing authority, if
 any]

.....signed
name (please print)
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



Proposed Ground Floor Plan

