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 [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

THE OLIVE TREE
49 BEETHAM ROAD
MILNTHORPE
CUMBRIA

Post town MILNTHORPE Postcode LA17 7QN

Telephone number at premises (if any) 

Non-domestic rateable value of premises £ NOT KNOWN

Part 2 – Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

a) an individual or individuals *

b) a person other than an individual *
   i. as a limited company
   ii. as a partnership
   iii. as an unincorporated association or
   iv. other (for example a statutory corporation)

c) a recognised club

South Lakeland District Council Public Protection

26.07.13 2013
**SECOND INDIVIDUAL APPLICANT** (if applicable)

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<tr>
<th>Mr</th>
<th>Mrs</th>
<th>Miss</th>
<th>Ms</th>
<th>Other Title (for example, Rev)</th>
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**Surname**  

**First names**

I am 18 years old or over  

Please tick yes

Current postal address if different from premises address

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Daytime contact telephone number

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<th>Postcode</th>
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E-mail address (optional)

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**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)**

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<th>E-mail address (optional)</th>
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Part 3 Operating Schedule

When do you want the premises licence to start?

If you wish the licence to be valid only for a limited period, when do you want it to end?

Please give a general description of the premises (please read guidance note 1)

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

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)
**Recorded music**

Standard days and timings
(please read guidance note 6)

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**Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)**

- [ ] Indoors
- [ ] Outdoors
- [ ] Both

**Please give further details here (please read guidance note 3)**

*Music will be played as background only*

**State any seasonal variations for the playing of recorded music (please read guidance note 4)**

**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)**
Will the supply of alcohol be for consumption - please tick (please read guidance note 7)

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<th>Day</th>
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State any seasonal variations for the supply of alcohol (please read guidance note 4)

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**: Anne Mary Hallam.
Address

Postcode

Personal licence number (if known) LAPA 00 77

Issuing licensing authority (if known) LANCASTER CITY 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

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**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).**
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 and will be able to respond to any situation where the needs of licensees or service users are met.

b) The prevention of crime and disorder

As there will be a small eating house catering mainly for local residents at lunchtime, afternoon tea and early evening meals as stated over, we cannot foresee much if any crime or disorder that cannot be policed by any staff working.

c) Public safety

Ensure all access and exits all clear of obstruction and all health and safety regulations are in force.

d) The prevention of public nuisance

As we will be open no later than 22:30 we cannot 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 years old will be able to obtain alcohol. Persons 16-17 years old will be served only through a responsible adult. And as we will be open only until 22:30 no under 16s will be served or participating in any adult only performances.
Checklist:

- 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.

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<td>18/7/13</td>
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<td>Capacity</td>
<td>Partner</td>
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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.

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Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

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<td>Telephone number (if any)</td>
<td>[Phone Number]</td>
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If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

Notes for Guidance
Part A

Consent of individual to being specified as premises supervisor

[full name of prospective premises supervisor]

[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 a [type of application] by [name of applicant] relating to a premises licence [number of existing licence, if any] for [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 [name of applicant] concerning the supply of alcohol at [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 [insert personal licence number, if any]

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

[signed]

[please print name]

[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]

[please print name]

[dated]