

Receipt No .....

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Date .....



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](http://www.southlakeland.gov.uk) e-mail: [licensing@southlakeland.gov.uk](mailto: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.

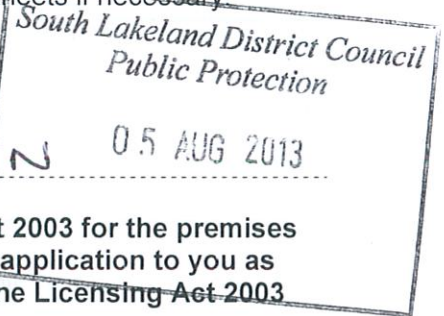
You may wish to keep a copy of the completed form for your records.

I/we

**JOHN ANTHONY NATLACEN**

(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 STORES  
BARBON  
CUMBRIA  
LA6 2LL**

Post town

**BARBON**

Postcode

**LA6 2LL**

Telephone number at premises (if any)

**N/A**

Non-domestic rateable value of premises

£ **2250**

## **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	CHURCHMOUSE CHEESES
Address	4 MARKET STREET KIRKBY LONSDALE CUMBRIA LA6 2AU
Registered number (where applicable)	04506575
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	015242 73005
E-mail address (optional)	info@churchmousecheeses.com

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
1	1	0	0	2	2	0	1

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

DD		MM		YYYY			
1	1	1	1	1	1	1	1

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

GENERAL VILLAGE STORE & DELICATESSEN  
WITH TABLES & SEATING INSIDE & OUT

WE WILL BE SELLING GROCERIES, TOBACCO, NEWSPAPERS,  
CHEESE, OLIVES, ETC & (TO EAT IN OR TAKE AWAY) TEA,  
COFFEE, WINE, BEER & SPIRITS, SANDWICHES, PANINIS,  
FILLED ROLLS, SALADS, ETC.

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

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 4)		
Thur					
Fri			<b><u>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</u></b> (please read guidance note 5)		
Sat					
Sun					

# B

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					

C

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

# D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (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 checked="" type="checkbox"/>		
Mon	10.00	23.00	<u>Please give further details here</u> (please read guidance note 3) LIVE PIANIST PLAYING IN THE SHOP		
Tue	10.00	23.00			
Wed	10.00	23.00	<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4) I HAVE TICKED "BOTH" JUST IN CASE I EVER WISH TO GET, FOR EXAMPLE, A JAZZ BAND TO PLAY OUTSIDE ON A SUMMER'S AFTERNOON OR SIMILAR.		
Thur	10.00	23.00			
Fri	10.00	23.00	<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	10.00	23.00			
Sun	10.00	22.00			

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors <input type="checkbox"/>
					Outdoors <input checked="" type="checkbox"/>
					Both <input checked="" type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	08.00	22.00	I INTEND TO HAVE THE RADIO PLAYING OR CDS. I MAY HAVE QUIET MUSIC PIPED OUTSIDE ONTO THE PATIO AREA.		
Tue	08.00	22.00			
Wed	08.00	22.00	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Thur	08.00	22.00			
Fri	08.00	23.00	<b>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</b> (please read guidance note 5)		
Sat	08.00	23.00			
Sun	08.00	22.00			

(fn)

# G

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)		
Thur					
Fri					
Sat			<b><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></b> (please read guidance note 5)		
Sun					

# H

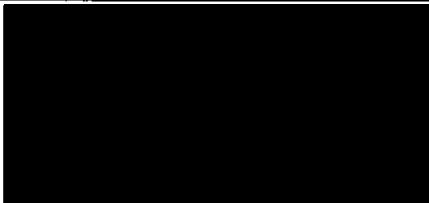

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)		
Fri					
Sat			<b><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></b> (please read guidance note 5)		
Sun					

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)</b>	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3) <i>I WISH TO SERVE CUSTOMERS, BOTH INSIDE &amp; ON OUR OUTSIDE TERRACE, BEER, WINE &amp; SPIRITS. ALSO, OFF SALES.</i>	
Mon	08.00	23.00		
Tue	08.00	23.00		
Wed	08.00	23.00	<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)	
Thur	08.00	23.00		
Fri	08.00	23.00		
Sat	08.00	23.00	<b><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></b> (please read guidance note 5)	
Sun	08.00	22.00		

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b><u>Will the supply of alcohol be for consumption – please tick</u></b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 4)		
Mon	08.00	23.00			
Tue	08.00	23.00			
Wed	08.00	23.00			
Thur	08.00	23.00			
Fri	08.00	23.00			
Sat	08.00	23.00			
Sun	08.00	22.00	<b><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></b> (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	JOHN NATLACEN		
Address			
Postcode			
Personal licence number (if known)	PA1488		
Issuing licensing authority (if known)	SLDC		

**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)**

Sales of alcohol (on and off) are a small part of our business, but need to be handled carefully and 'by the book' I have had a license at Churchmase Cheeses, Kirkby Lonsdale for 4 years without an issue.

**b) The prevention of crime and disorder**

There shall be in place a written admissions policy to prevent the sale or supply of alcohol to persons under 18 years of age ("Think 25") Need a proof of age card accredited under PASS or driving licence (photo) or passport.  
Have Barbon Inn telephone number to alert any disruption.

**c) Public safety**

All exit doors can be opened without use of a key. Seating is arranged so no exit route is obstructed. Fire Officer is arranged to check premises before opening.  
First Aid kit on site.

**d) The prevention of public nuisance**

There shall be no emission of offensive smells, which are likely to cause a nuisance.  
We have containers for storage and disposal of waste food.  
No light pollution.

**e) The protection of children from harm**

No person under the age of 18 years shall be permitted on the premises when premises are being used for supply of alcohol only.  
No person under 12 years permitted after 10pm or alone on premises.  
Request proof of age cards.

**Checklist:**

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

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b><u>State any seasonal variations</u></b> (please read guidance note 4)
Day	Start	Finish	<b><u>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</u></b> (please read guidance note 5)
Mon	08.00	23.00	
Tue	08.00	23.00	
Wed	08.00	23.00	
Thur	08.00	23.00	
Fri	08.00	23.00	
Sat	08.00	23.00	
Sun	08.00	22.00	



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	31/7/13
Capacity	

For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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)

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)		
john@churchmousecheeses.com		

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.

**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 JOHN ANTHONY NATLACEN [full name of prospective premises supervisor]  
 of [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 SUPERVISOR [type of application]  
 by JOHN NATLACEN [name of applicant]  
 relating to a premises licence [number of existing licence, if any]  
 for CHURCHMOUSE BARBON STORES, BARBON, CUMBRIA  
LA6 2LL [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 JOHN NATLACEN [name of applicant]  
 concerning the supply of alcohol at BARBON STORES, BARBON, CUMBRIA  
LA6 2LL [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 PA 1488 [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]

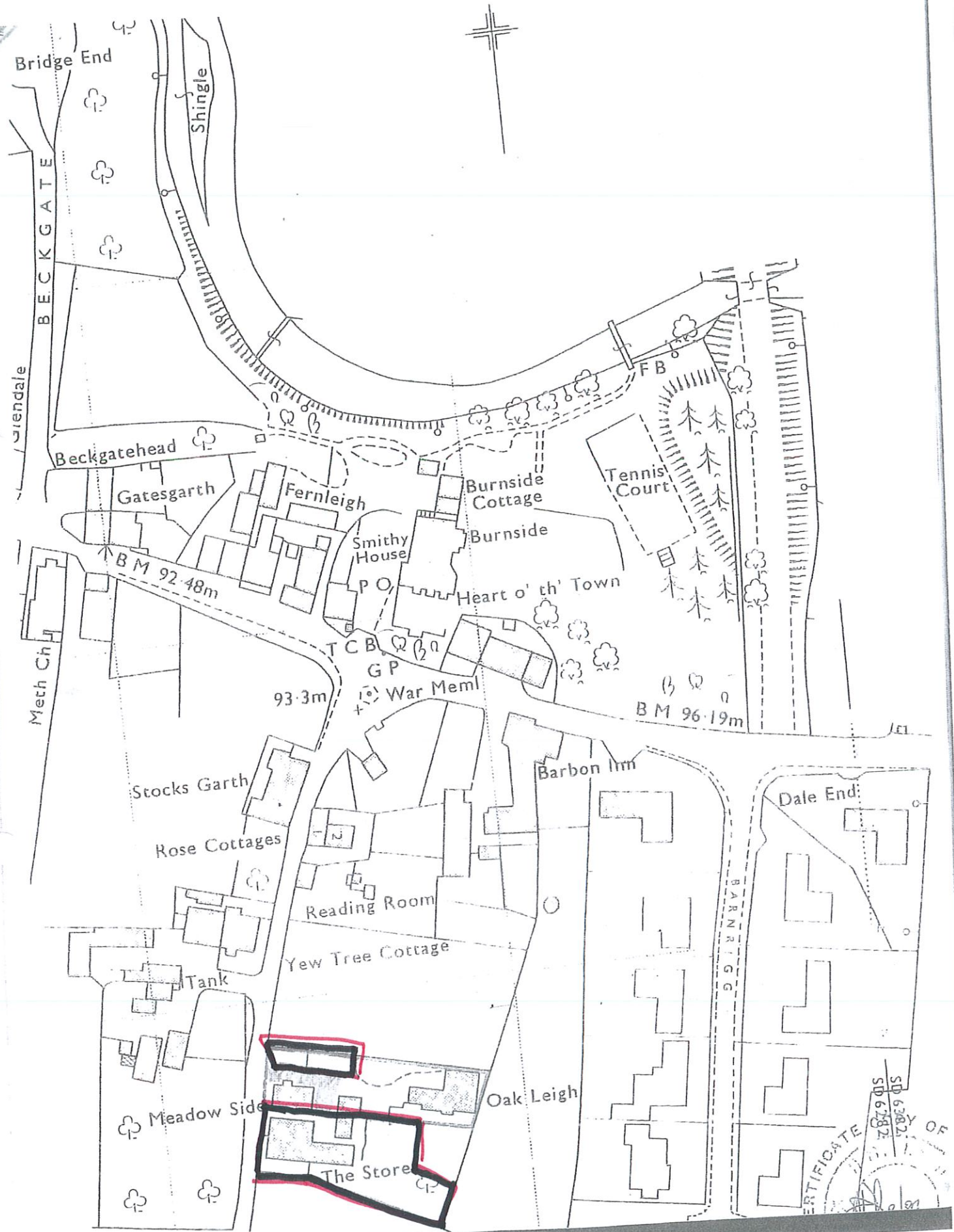
[REDACTED] signed  
JOHN NATLACEN name (please print)  
23.07.2013 dated

**PART B****Consent of premises licence holder to transfer**

I/we JOHN ANTHONY NATLACEN [full name of premises licence holder(s)]  
 the premises licence holder of premises licence number PL(A) 0808 [insert  
 premises licence number] relating to CHURCHMOUSE CHEESES  
LIMITED [name and address of  
 premises to which the application relates] hereby give my consent for the transfer of  
 premises licence number PL(A) 0808 [insert premises licence number]  
 to BARBON STORES [full name of transferee].

[REDACTED] signed  
JOHN NATLACEN name (please print)  
23.07.2013 dated





SD 6382  
SD 6782  
CERTIFICATE OF  
1

