

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

Receipt No

230058

Initials

KAS

Date

13/5/13

(£100)

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 CARLTON THOMAS HOWE apply for a premises licence under section 17 of
(Insert name(s) of applicant)
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 <u>COCKLES CONVENIENCE STORE</u> <u>2 CHURCH WALK</u> <u>FLOCKBURGH</u>	
Post town <u>GRANGE OVER SANDS</u>	Post code <u>LA11 7JX</u>

Telephone number at premises (if any)

N/A

Non-domestic rateable value of premises

£ 2263 £100-00

Part 2 - Applicant details

Please state whether you are applying for a premises licence as

Please tick ✓ yes

- | | | | |
|----|---|-------------------------------------|-----------------------------|
| a) | an individual or individuals* | <input type="checkbox"/> | please complete section (A) |
| b) | a person other than an individual* | | |
| | 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) |
| d) | a charity | <input type="checkbox"/> | please complete section (B) |

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY
11 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)

CONVENIENCE STORE - SELLING ALCOHOL FOR
CONSUMPTION OFF THE PREMISES

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?

(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)



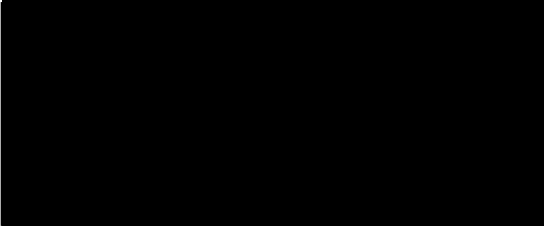

In all cases complete boxes K, L and M

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	MR CARLTON THOMAS HOWE
Address	
Registered number (where applicable)	06396194
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	
E-mail address (optional)	N/A

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"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue			State any seasonal variations for performing plays (please read guidance note 4)			
Wed						
Thur			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)			
Fri						
Sat						
Sun						

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films 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	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Wed					
Thur			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 (please read guidance note 5)		
Fri					
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			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue			
Wed			
Thur			<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)
Fri			
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"/>
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 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)			Will the performance of live music 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	Please give further details here (please read guidance note 3)			
Mon						
Tue			State any seasonal variations for the performance of live music (please read guidance note 4)			
Wed						
Thur			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)			
Fri						
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)			Will the performance of dance 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	Please give further details here (please read guidance note 3)			
Mon						
Tue						
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)			
Thur						
Fri			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 (please read guidance note 5)			
Sat						
Sun						

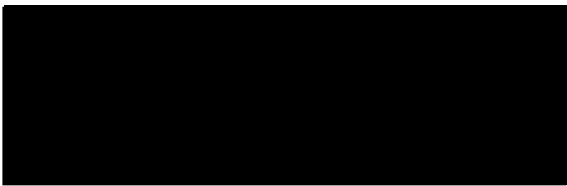
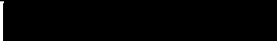
H

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	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)	
Wed				
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)	
Fri				
Sat			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 (please read guidance note 5)	
Sun				

J

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)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>		
Mon	0700	2000	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Tue	0700	2000			
Wed	0700	2000			
Thur	0700	2000	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	0700	2000			
Sat	0700	2000			
Sun	0800	1600			

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

Name	CARLTON THOMAS HOWE
Address	
Postcode	
Personal licence number (if known)	PAO 648
Issuing licensing authority (if known)	SOUTH LAKELAND DISTRICT COUNCIL

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	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
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					

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

Hours premises are open to the public
Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon	07.00	20.00
Tue	07.00	20.00
Wed	07.00	20.00
Thur	07.00	20.00
Fri	07.00	20.00
Sat	07.00	20.00
Sun	08.00	20.00

State any seasonal variations (please read guidance note 4)

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)

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)

WE HAVE CURRENTLY OPERATED A PREMISES LICENCE
AT 1 MAIN ST FLOCKBURN LAIN TLA FOR SIX
YEARS WITH NO PROBLEMS REGARDING (b)(c)(d)(e)

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

WE DONOT SELL OR SERVE ALCOHOL TO PEOPLE WHO
APPEAR DRUNK OR DISORDERLY.

e) The protection of children from harm

THERE SHALL BE IN PLACE FOR THE PREMISES A WRITTEN
ADMISSIONS POLICY TO PREVENT THE SALE OF ALCOHOL TO
PERSONS UNDER 18 YEARS OF AGE. THIS POLICY WILL REQUIRE
ANY PERSON WHO APPEARS TO BE UNDER 18 YEARS OF AGE TO
PRODUCE A ^{STANDARDISED} RECOGNISED PROOF OF AGE CARD ACCREDITED UNDER
PROOF OF AGE SCHEME. PASS OF CITIZEN CARD IF A PROOF OF AGE CARD
IS NOT AVAILABLE OR A PASSPORT OR DRIVING LICENCE

Checklist:

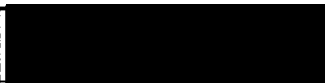
Please tick to indicate agreement

- 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	13/08/13
Capacity	MANAGING DIRECTOR

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

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.

BACK STREET 7.5m

600mm
SPIRITS
UNIT

CIGARETTE
CASKET

2 SHELVES
ONE HERE
ONE THERE
RED WINE

2.5 BEER CHILLER

COUNTER

BRICKS
FENCE

FRONTAGE

1.8meters minimum

FRONT
DOOR

ICE CHAM

GROCCERY SHELVES

GROCCERY SHELVES

NEWSPAPERS

2.5 DAIRY CHILLER

BREAD CAKED BISCUITS

FROZEN FOODS

7.9m

door

Back
door

3.0m ACCESS

SOUTH LAKELAND DISTRICT COUNCIL

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Part A

Consent of individual to being specified as premises supervisor

I, CARLTON THOMAS HOWE [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 CARLTON THOMAS HOWE [name of applicant]
 relating to a premises licence PLA0106 [number of existing licence, if any]
 for 2 CHURCH WALK FLOOKBURGH CRANGE OVER
SANDHILL 7 [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 CARLTON THOMAS HOWE [name of applicant]
 concerning the supply of alcohol at 2 CHURCH WALK FLOOKBURGH
LA11 7JX [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 PA0668 [insert personal licence number, if any]
 Personal licence issuing authority SLDC KENDAL
 [insert name and address and telephone number of personal licence issuing authority, if
 any]

[REDACTED] signed
C.T. HOWE name (please print)
25/04/10 dated
12-8-2013

PART B

Consent of premises licence holder to transfer

I/we CARLTON THOMAS HOWE [full name of premises licence holder(s)]
 the premises licence holder of premises licence number PLA0106 [insert
 premises licence number] relating to 1 MAIN ST FLOOKBURGH
CRANGE OVER SANDS LA11 7LA [name and address of
 premises to which the application relates] hereby give my consent for the transfer of
 premises licence number PA0668 [insert premises licence number]
 to CARLTON THOMAS HOWE [full name of transferee].

[REDACTED] signed
C.T. HOWE name (please print)
25/04/10 dated

WE WOULD STILL LIKE
TO KEEP PREMISES LICENCE
FOR COCKLES
1 MAIN ST
FLOOKBURGH PLA0106

