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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.

I/We SHEILA'S COTTAGE LTD T/AS THE GABLES B+B.
(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			
<u>THE GABLES</u> <u>COMPTON RD.</u> <u>AMBLESIDE</u> <u>CUMBRIA</u>			
Post town		<u>AMBLESIDE</u>	Postcode
			<u>LA22 9BT</u>
Telephone number at premises (if any)		<u>015394 33292</u>	
Non-domestic rateable value of premises		<u>£ 18250</u>	

South Lakeland District Council
Public Protection
05 JUN 2013

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)

Receipt No
Initials
Date

- 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)

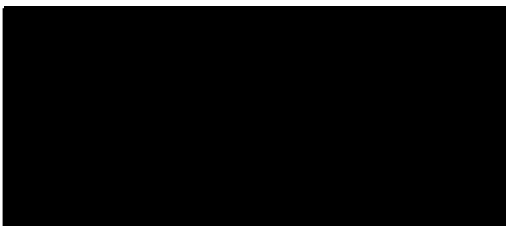


Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
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	SHARON RUSH + MARK RUSH
Address	
Registered number (where applicable)	5606238
Description of applicant (for example, partnership, company, unincorporated association etc.)	LTD COMPANY.
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	0	7	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			
1	1	1	1	1	1	1	1

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

FOURTEEN BEDROOM GUESTHOUSE ON
EDGE OF AMBLESIDE OVERLOOKING
BOWLING GREEN. A SMALL RESIDENTS
LOUNGE IS ALSO AVAILABLE FOR
GUESTS USE.

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) ☐

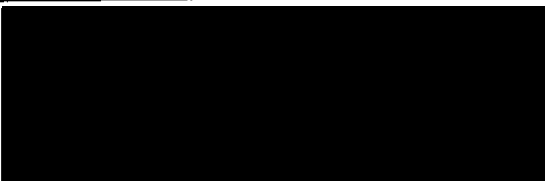

Supply of alcohol (if ticking yes, fill in box J) ☒

In all cases complete boxes K, L and M

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 checked="" type="checkbox"/>
					Off the premises <input type="checkbox"/>
					Both <input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	11am	10pm			
Tue	11am	10pm			
Wed	11am	10pm			
Thur	11am	10pm			
Fri	11am	10pm			
Sat	11am	10pm			
Sun	11am	10pm	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	SWARZEN RUSH		
Address			
Postcode			
Personal licence number (if known)	PA0221		
Issuing licensing authority (if known)	SOUTH LAKELANDS DISTRICT 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).

NONE

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	PREMISES ONLY OPEN TO RESIDENTS ONLY WHO ALL STAY OVERNIGHT
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			<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> (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)

ALCOHOL WILL ONLY BE AVAILABLE FROM RECEPTION NAMELY BOTTLES OF WINE & BEER FOR CONSUMPTION IN RESIDENTS ROOMS OR GUESTHOUSE LOUNGE AREA. THERE WILL NOT BE A 'BAR AREA' AND NO MONEY WILL CHANGE HANDS UNTIL A GUEST CHECKS OUT, SO VERY LITTLE OPPORTUNITY FOR CRIME. ALCOHOL NOT AVAILABLE TO GENERAL PUBLIC OR UNDER 18'S. PUBLIC NUISANCE SHOULD NOT BE AN ISSUE.

b) The prevention of crime and disorder

SHOULD NOT BE AN ISSUE SINCE WE ARE NOT OPEN TO THE GENERAL PUBLIC. THERE WILL BE NO CHANCE OF THEFT SINCE ALCOHOL WILL NOT BE ON DISPLAY AND THERE WILL BE NO 'LARGE GROUPS' CONSUMING ALCOHOL

c) Public safety

ONLY RESIDENTS PURCHASING & DRINKING ALCOHOL IN THEIR ROOM OR LOUNGE AREA. SO PUBLIC SAFETY SHOULDN'T ARISE.

d) The prevention of public nuisance

THERE IS NO OPPORTUNITY FOR PUBLIC NUISANCE

e) The protection of children from harm

WE ONLY HAVE TWO FAMILY ROOMS. WE WOULD EXPECT RESIDENTS WITH CHILDREN WHO PURCHASE ALCOHOL TO BEHAVE IN A SIMILAR MANNER TO WHEN THEY ARE AT HOME AND EXERCISE THE SAME DUTY OF CARE TO THEIR CHILDREN

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	[Redacted]
Date	31.5.13
Capacity	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	[Redacted]
Date	31-5-13
Capacity	DIRECTOR

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.

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SOUTH LAKELAND DISTRICT COUNCIL

Licensing Section, South Lakeland House, Lowther Street, Kendal, Cumbria, LA9 4UD

Tel: (01539) 733333 Ext 7481/7484 Fax: (01539) 737669

www.southlakeland.gov.uk e-mail: licensing@southlakeland.gov.uk

**Part A****Consent of individual to being specified as premises supervisor**

I, SHARON RUSH [full name of prospective premises supervisor]
 of THE GABLES, WESTHOUSE, COMPTON AKA, BIRKBECK [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 SHEILAS COTTAGE LTD [name of applicant]
 relating to a premises licence [number of existing licence, if any]
 for THE GABLES, WESTHOUSE, COMPTON AKA, BIRKBECK [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 SHEILAS COTTAGE LTD [name of applicant]
 concerning the supply of alcohol at THE GABLES, WESTHOUSE, COMPTON AKA, BIRKBECK [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 PA0221 [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]

SR signed
S. RUSH name (please print)
3.6.13 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

Ⓛ FIRE DETECTOR HEAD

▽ P POWDER EXTINGUISHER

▽ B FIRE BLANKET

▽ W WATER EXTINGUISHER

● EMERGENCY LIGHTING

