

**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 e-mail: licensing@southlakeland.gov.ukReceipt No 229641Initials KPDate 25.06.13 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 ZEFFARELLIS LTD
(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>ZEFFARELLIS BY THE PARK</u> <u>THE OLD SCHOOL ROOMS, THE OLD JUNIOR SCHOOL</u> <u>COMPSTON ROAD</u>			
Post town	<u>AMBLESIDE</u>	Postcode	<u>LA22 9DH</u>

Telephone number at premises (if any)	<u>015394 33845</u>
Non-domestic rateable value of premises	£ <u>4750</u> ✓ <u>3</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 checked="" type="checkbox"/> please complete section (B) |
| i. as a limited company | <input 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) ☐ 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	ZEFFIRELLUS LTD
Address	COMPSTON ROAD AMBLESIDE CUMBRIA LA22 9AD
Registered number (where applicable)	4503662
Description of applicant (for example, partnership, company, unincorporated association etc.)	COMPANY
Telephone number (if any)	015394 33845
E-mail address (optional)	david.stanning@zeffirellus.com

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
1	9	072013

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)

THE BUILDING IS AROUND 100 YEARS OLD. IT WAS CONVERTED INTO A TWO SCREEN CINEMA TEN YEARS AGO. THE BUILDING IS SET IN ITS OWN GROUNDS WITH THE NEAREST BUILDING SOME METERS. IT IS FULLY ARMED WITH SECURITY LIGHTING AND UP TO. ~~RIFE~~ FIRE RISK ASSESSMENT.

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

Plays Standard days and timings (please read guidance note 6)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (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 performing plays</u> (please read guidance note 4)		
Thur					
Fri					
Sat			<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> (please read guidance note 5)		
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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) SCREENING OF FILMS WITH BACKGROUND MUSIC BEFORE AND AFTER		
Mon	11.30	24.00			
Tue	11.30	24.00			
Wed	11.30	24.00	State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur	11.30	24.00			
Fri	11.30	24.00	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)		
Sat	11.30	24.00			
Sun	11.30	24.00			

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			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed			
Thur			
Fri			<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)
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment 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			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Thur					
Fri			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 (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 type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
Thur					
Fri			<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					
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" 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) BACKGROUND MUSIC BEFORE AND AFTER FILMS		
Mon	11.30	24.00			
Tue	11.30	24.00			
Wed	11.30	24.00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)		
Thur	11.30	24.00			
Fri	11.30	24.00			
Sat	11.30	24.00	<u>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</u> (please read guidance note 5)		
Sun	11.30	24.00			

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

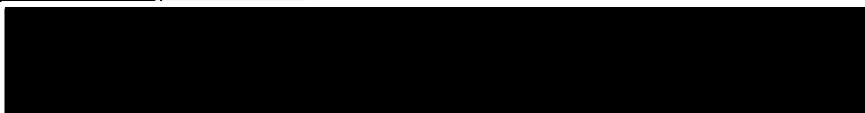

I

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	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Wed					
Thur			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 (please read guidance note 5)		
Fri					
Sat					
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 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) SUPPLIES WILL ONLY BE MADE TO CINEMA GOERS AND NOT START TILL 5:00PM REGARDLESS OF FILM TIMES.		
Mon	17.00	23.00			
Tue	17.00	23.00			
Wed	17.00	23.00			
Thur	17.00	23.00			
Fri	17.00	23.00			
Sat	17.00	23.00			
Sun	17.00	23.00			
			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	DAVID STANNING
Address	
Postcode	
Personal licence number (if known)	PA1325
Issuing licensing authority (if known)	SLDC

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).

FILMS ARE CERTIFIED BY THE BBFC.
OUR STAFF ARE TRAINED TO ENSURE WE
FULLY COMPLY WITH THE REGULATIONS FOR
ADMITTANCE. THE SALE OF ALCOHOL WILL
NOT TAKE PLACE WHILST THE NEARBY
SCHOOL IS OPEN.

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	11.30	24.00	OPENING TIMES WILL DEPEND UPON THE FILM PROGRAMME.
Tue	11.30	24.00	
Wed	11.30	24.00	
Thur	11.30	24.00	
Fri	11.30	24.00	
Sat	11.30	24.00	
Sun	11.30	24.00	

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)

b) The prevention of crime and disorder

CD18 , CD19 , CD20 , CD22 , CD23

c) Public safety

PS8 , PS20 , PS25 , PS26 , PS29 , PS30
PS33 , PS66 , PS71 , PS76 , PS77 , PS78
PS81

d) The prevention of public nuisance

PPN1 (see attached)
PPN6

e) The protection of children from harm

PC44 , PC45 , PC47 , PC49 , PC48

Checklist:

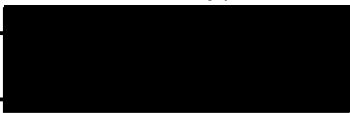
Please tick to indicate agreement

- 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	 DOROTHY SMITH
Date	20/06/2013
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)

DAVID STANNING
ZEFFELLUS LTD, COMPTON RD
AMBLESIDE

Post town		Postcode	LA22 9AD
Telephone number (if any)	015394 33845		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
david.stanning@zeffellis.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.

Zeffirellis Ltd

Premises Licence Application – Zeffirellis by the Park [LA22 9DH]

Occupancy

The anticipated maximum occupancy in the two areas will not exceed at any one time 147 people plus 2 staff.
This being made up of:

Screen 3	83	closely seated
Screen 4	64	closely seated

Opening Hours

Day	Sale/Supply of Alcohol	Regulated Entertainment	Closing Time of the premises	Other opening times the premises will be open
Varied	from: to:	from: to:		from: to:
Monday	17.00pm 23.00pm	11.30am 24.00pm	24.00pm	Good Friday:
Tuesday	17.00pm 23.00pm	11.30am 24.00pm	24.00pm	14.00pm to 20.30pm
Wednesday	17.00pm 23.00pm	11.30am 24.00pm	24.00pm	Christmas day
Thursday	17.00pm 23.00pm	11.30am 24.00pm	24.00pm	14.00pm to 15.00pm
Friday	17.00pm 23.00pm	11.30am 24.00pm	24.00pm	19.00pm to 20.30pm
Saturday	17.00pm 23.00pm	11.30am 24.00pm	24.00pm	New Years Eve
Sunday	17.00pm 23.00pm	11.30am 24.00pm	24.00pm	14.00pm to 23.00pm except Sunday
Public holidays				14.00pm to 20.30pm on a Sunday

LICENSING ACT 2003
APPLICATION FOR A PREMISES LICENCE

Zeffirellis Ltd has applied to South Lakeland District Council for a Premises Licence for Zeffirellis by the Park, Compston Road, Ambleside, Cumbria, LA22 0BT.

To allow the supply of alcohol and to allow the holding of Regulated Entertainment to include: - Playing of recorded sound, Showing of films, - between the following hours:

Day	Sale/Supply of Alcohol	Regulated Entertainment	Closing Time of the premises	Other opening times the premises will be open
Varied	from: to:	from: to:		from: to:
Monday	17.00pm 23.00pm	11.30am 24.00pm	24.00pm	Good Friday:
Tuesday	17.00pm 23.00pm	11.30am 24.00pm	24.00pm	14.00pm to 20.30pm
Wednesday	17.00pm 23.00pm	11.30am 24.00pm	24.00pm	Christmas day
Thursday	17.00pm 23.00pm	11.30am 24.00pm	24.00pm	14.00pm to 15.00pm
Friday	17.00pm 23.00pm	11.30am 24.00pm	24.00pm	19.00pm to 20.30pm
Saturday	17.00pm 23.00pm	11.30am 24.00pm	24.00pm	New Years Eve
Sunday	17.00pm 23.00pm	11.30am 24.00pm	24.00pm	14.00pm to 23.00pm except Sunday
Public holidays				14.00pm to 20.30pm on a Sunday

Any person intending to make relevant representations on this application should submit them in writing by not later than 20th July 2013 – (ie 28 days from first date the notice is displayed at the premises) to the Licensing Manager, Licensing Section, South Lakeland District Council, South Lakeland House, Lowther Street, Kendal, Cumbria, LA9 4UD or by emailing licensing@southlakeland.gov.uk

The full application, including details of the proposed Premises Licence may be viewed at the above offices between 10.00am and 4.00pm. Monday to Friday.

IT IS AN OFFENCE, knowingly or recklessly to make a false statement in connection with an application for which you may be liable to a fine of up to £5000 on summary conviction.

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



**Application to vary a premises licence to specify an individual as designated
 premises supervisor 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 2ERRIRELLIS LTD being the premises licence holder, apply to vary
 (full name(s) of premises licence holder)
 a premises licence to specify the individual named in this application as the
 premises supervisor under section 37 of the Licensing Act 2003

Premises licence number

PL (N) 0086

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description <u>2ERRIRELLIS BY THE PARK</u> <u>THE OLD SCHOOL ROOMS, THE OLD JUNIOR</u> <u>SCHOOL, COMPTON RD, AMBLESIDE</u>	
Post town <u>AMBLESIDE</u>	Post code <u>LA22 9DY</u>
Telephone number (if any) <u>015394 33845</u>	

Description of premises (please read guidance note 1)

100 YEAR OLD BUILDING, IN ITS OWN
GRUNDS, CONVERTED FOR USE AS A
TWO SCREEN CINEMA.

Part 2

Full name of proposed designated premises supervisor

DAVID WILLIAM STANNING

Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)

PA 1325

Full name of existing designated premises supervisor (if any)

/

Please tick ✓ yes

I would like this application to have immediate effect under section 38 of the Licensing Act 2003 ☒

I have enclosed the premises licence or relevant part of it ☐

(If you have not enclosed the premises licence, or relevant part of it, please give reasons why not)

Reasons why I have failed to enclose the premises licence or relevant part of it

ENCLOSED IS APPLICATION TO VARY
CURRENT LICENCE PL(N)0086

Please tick ✓ yes

- I have made or enclosed payment of the fee ☒
- I will give a copy of this application to the chief officer of police ☒
- I have enclosed the consent form completed by the proposed premises supervisor ☒
- I have enclosed the premises licence, or the relevant part of it or explanation ☒
- I will give a copy of this form to the existing premises supervisor, if any ☒
- I understand that if I do not comply with the above requirements my application will be rejected ☒

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO 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 3 – Signatures (please read guidance note 2)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 3).
If signing on behalf of the applicant please state in what capacity.

Signature

DOROTHY SMITH

Date

21/06/2013

Capacity

MANAGING DIRECTOR

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 4). If signing on behalf of the applicant please state in what capacity.

Signature

Date

Capacity

Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 5)

DAVID STANNING
2EFFRELLIS
COMPTON ROAD

Post town

AMBLESIDE

Post code

LA22 9AD

Telephone number (if any)

015394 33845

If you would prefer us to correspond with you by e-mail your e-mail address (optional)

david.stanning@2effrellis.com

Guidance notes

1. Describe the premises. For example the type of premises it is.
2. The application form must be signed.
3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
4. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
5. This is the address which we shall use to correspond with you about this application.



Part A

Consent of individual to being specified as premises supervisor

I DAVID WILLIAM STANNING [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 LICENCE [type of application]
 by ZEFRANCELLIS LTD [name of applicant]
 relating to a premises licence PL(N) 0086 [number of existing licence, if any]
 for ZEFRANCELLIS BY THE PARK, COMPTON ROAD, AMBLESIDE, CUMBRIA
LA22 9DH [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 ZEFRANCELLIS LTD [name of applicant]
 concerning the supply of alcohol at ZEFRANCELLIS BY THE PARK, COMPTON RD
AMBLESIDE, CUMBRIA [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 1325 [insert personal licence number, if any]

Personal licence issuing authority S.D.C. [insert name and address and telephone number of personal licence issuing authority, if any]
[REDACTED]

DAVID STANNING signed
21/06/13 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

21st June 2013

To whom it may concern

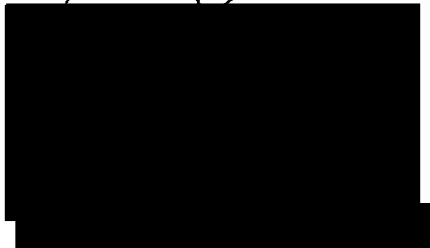
Re: Zeffirellis by the Park, Compston Ambleside, Cumbria, LA22 9DH

I can confirm that I am willing to act as the Premises Supervisor for the above premises operated by Zeffirellis Ltd.

David Stanning

PA 1325

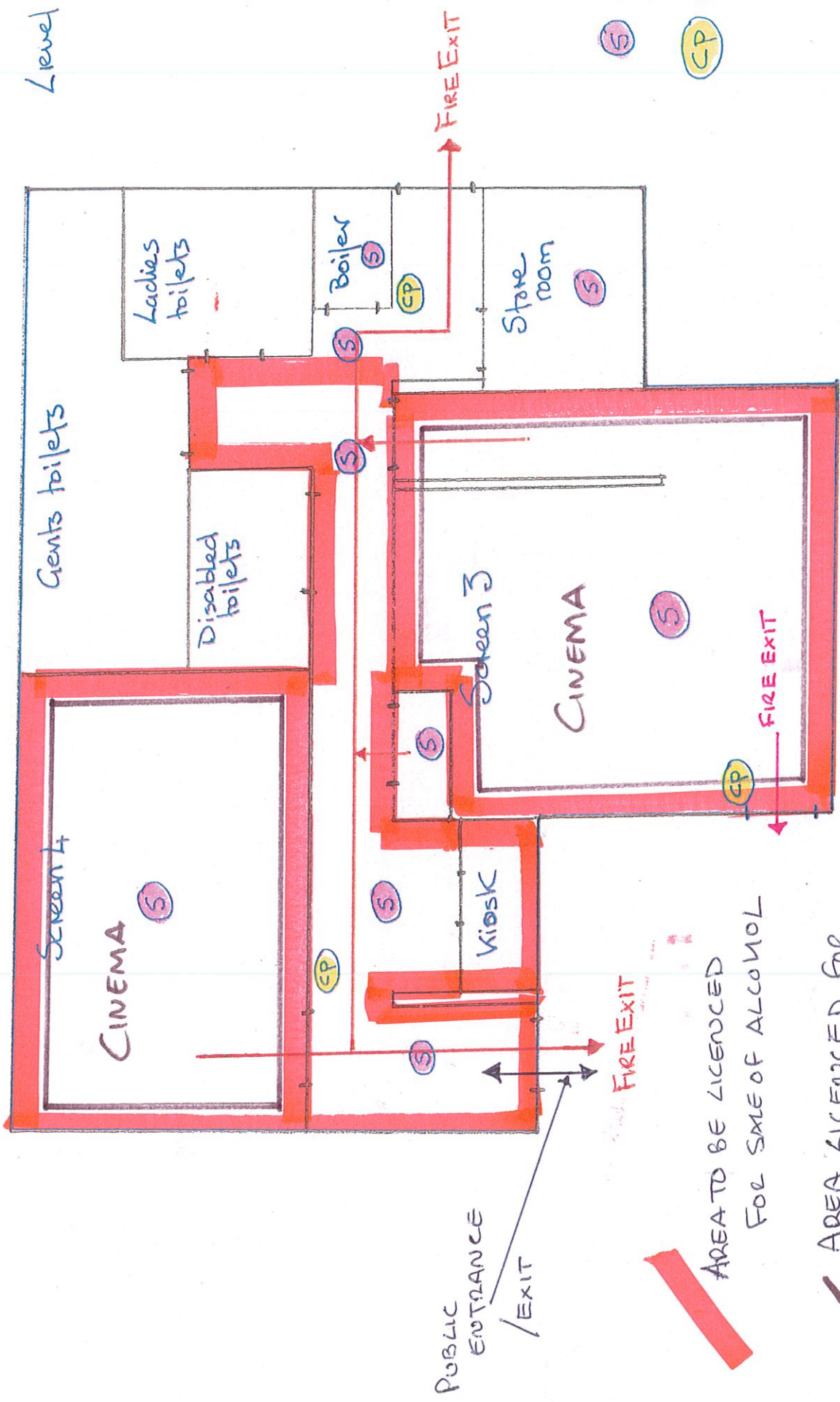
Cedar House, 2 Waterhead Range, Lake Road, Ambleside, Cumbria, LA22 0DS.



FIRE EXITS

Zetts by the Park
Fire Plan.

Level 1



(S) smoke detector
(CP) call point

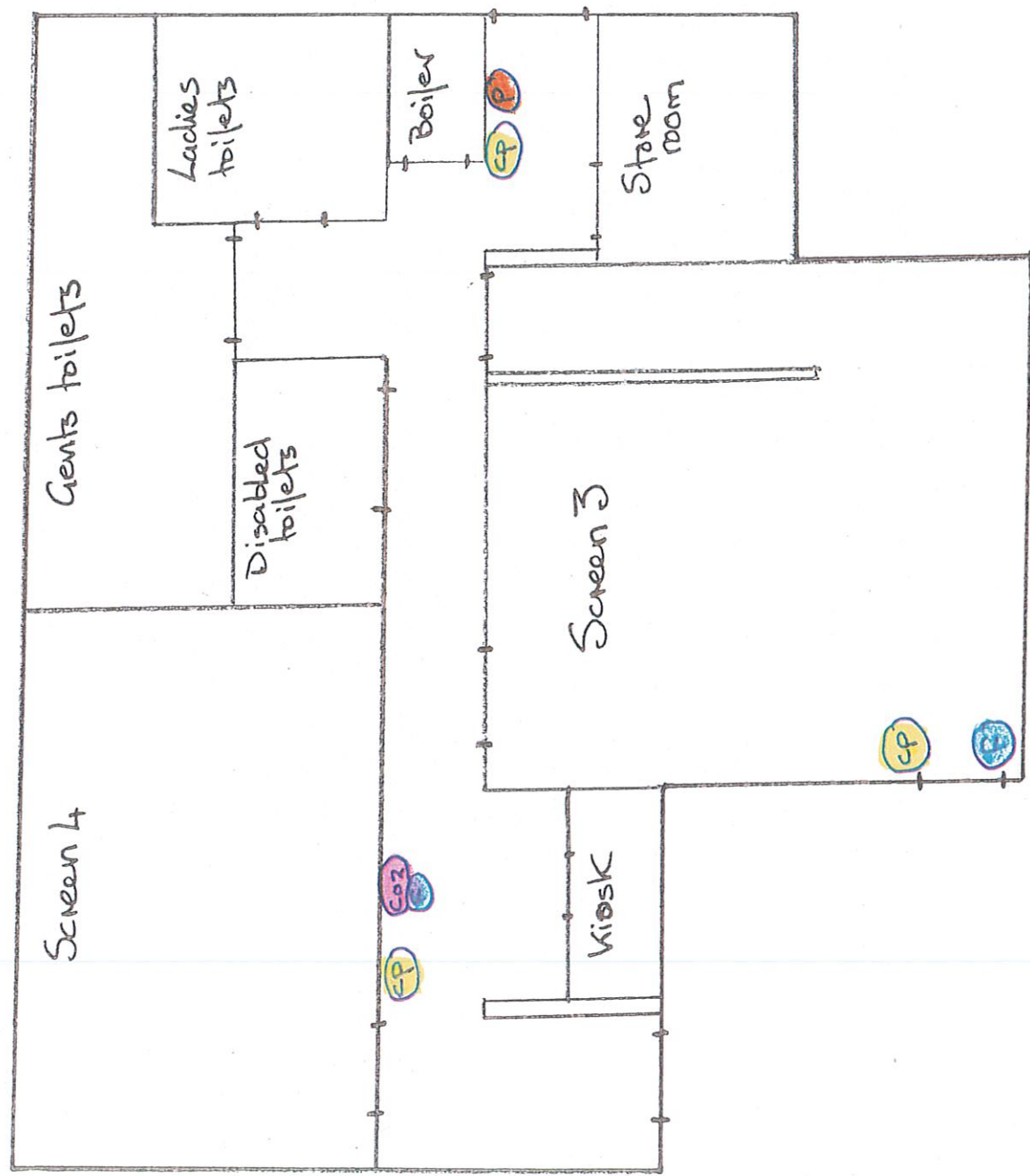
AREA TO BE LICENCED
FOR SALE OF ALCOHOL

AREA LICENCED FOR
USE AS A CINEMA

Zetfs by the Park
Fire Plan.

Level 1

EXTINGUISHERS



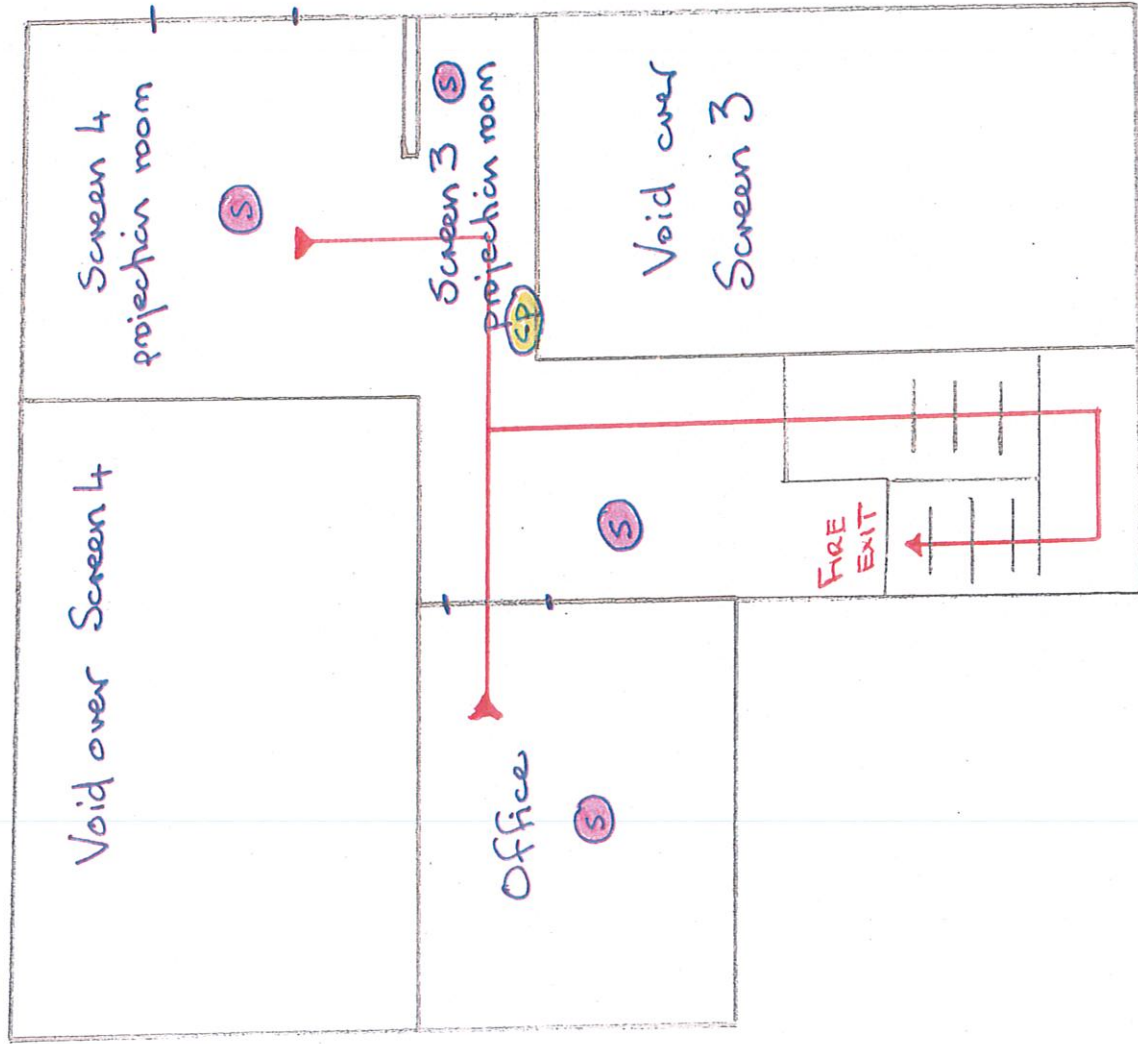
CP call point

Extinguishers:

- CO2 Carbon Dioxide
- F Foam
- P Powder

FIRE EXITS

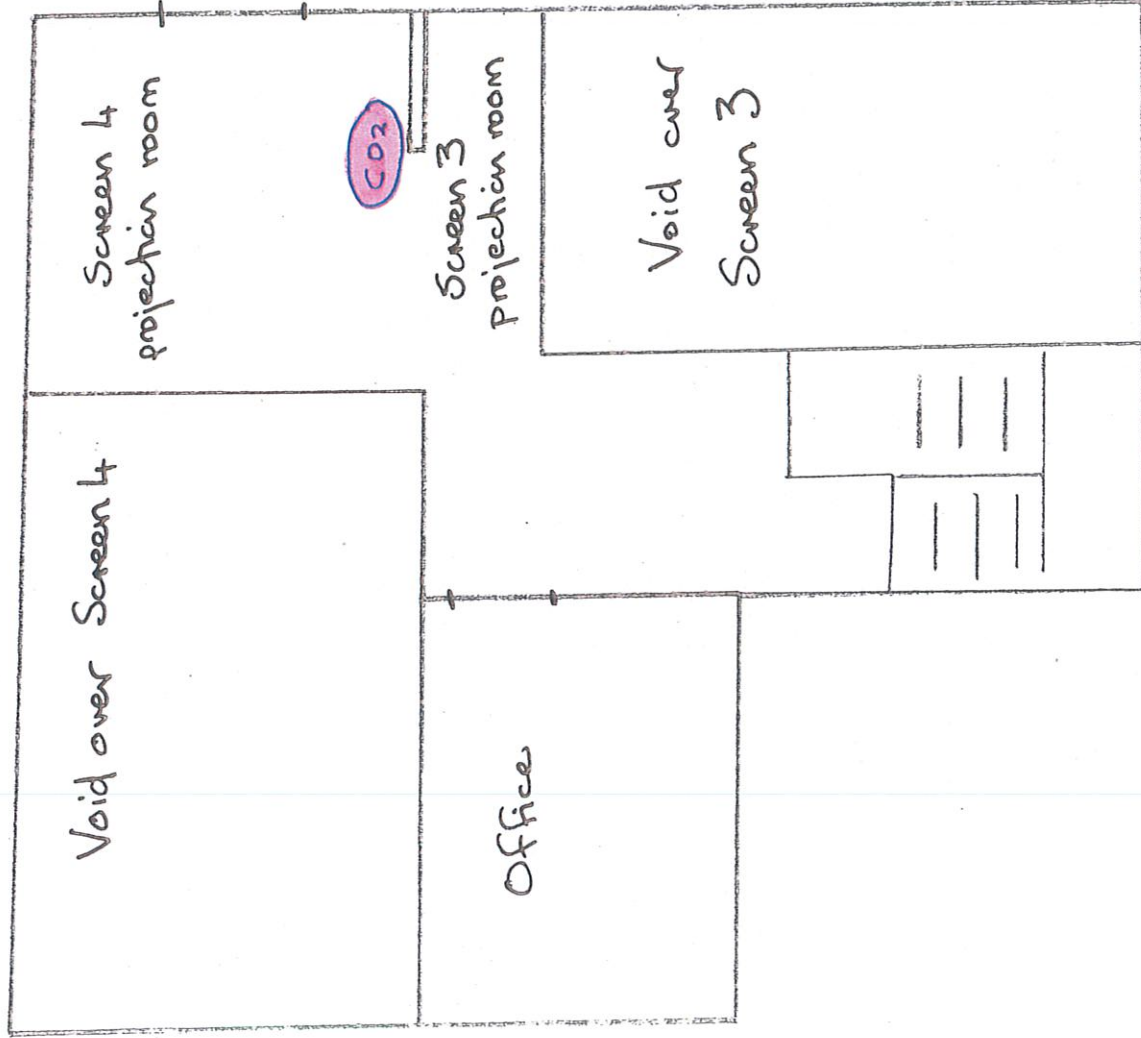
Zet's by the Park
Fire Plan
Level 2.



Zelts by the Park
Fire Plan

Level 2.

EXTINGUISHERS



Carbon dioxide
extinguishers

CO2