



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.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.

~~We~~ THE MANSERGIT SCHOOL FOUNDATION MANAGERS
 (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 ~~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			
MANSERGIT PARISH HALL RIGMADEN SCHOOL OLD TOWN MANSERGIT CA LANCS			
Post town	CARNFORTH	Postcode	LA6 2EW
Telephone number at premises (if any)		—	
Non-domestic rateable value of premises		£ —	

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 * please complete section (B)
- 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)	<input type="checkbox"/>
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	MANSERGIT SCHOOL FOUNDATION MANAGERS
Address	MANSERGIT PARISH HALL RIGMADEN SCHOOL OLD TOWN MANSERGIT CARNFORTH, LANCs LA6 2EW.
Registered number (where applicable)	1131834
Description of applicant (for example, partnership, company, unincorporated association etc.)	MANSERGIT PARISH HALL MANAGEMENT. WE COME UNDER THE KIRKBY LONSDALE PCC AS REGARDS THE CHARITY COMMISSION.
Telephone number (if any)	/
E-mail address (optional)	/

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY

1	9	0	2	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)
 RURAL PARISH HALL (AN OLD VICTORIAN COUNTRY SCHOOL) CONSISTING OF TWO ROOMS: A MAIN HALL AND A KITCHEN, WITH TWO OUTSIDE TOILETS. ANNEXED IS THE OLD SCHOOL TEACHER'S HOUSE LET SEPARATELY AND NOT INCLUDED IN THIS APPLICATION. THERE ARE NO OTHER NEARBY NEIGHBOURS
 THE HALL SEATS APPROX 40-50 PEOPLE.

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)			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 checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) ANY POSSIBLE PLAY WOULD BE AN EXTREMELY SMALL EVENT OWING TO THE SIZE OF THE HALL		
Mon	00.00	24.00			
Tue	00.00	24.00	State any seasonal variations for performing plays (please read guidance note 4)		
Wed	00.00	24.00			
Thur	00.00	24.00	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	00.00	24.00			
Sat	00.00	24.00			
Sun	00.00	24.00			

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	00.00	24.00	Please give further details here (please read guidance note 3) NO AMPLIFICATION LOUDER THAN NECESSARY FOR AN AUDIENCE TO HEAR ANY FILM	Both	<input type="checkbox"/>
Tue	00.00	24.00			
Wed	00.00	24.00	State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur	00.00	24.00			
Fri	00.00	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	00.00	24.00			
Sun	00.00	24.00			

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3) DUE TO THE SIZE OF THE HALL THE VIEWING NUMBERS FOR ANY SUCH EVENT WOULD BE SMALL OR NON EXISTENT.
Day	Start	Finish	
Mon	00.00	24.00	State any seasonal variations for indoor sporting events (please read guidance note 4)
Tue	00.00	24.00	
Wed	00.00	24.00	
Thur	00.00	24.00	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 (please read guidance note 5)
Fri	00.00	24.00	
Sat	00.00	24.00	
Sun	00.00	24.00	

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"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Wed					
Thur			<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)		
Fri					
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 checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	00.00	24.00	NO AMPLIFICATION BEYOND NORMAL FOR A SMALL AUDIENCE		
Tue	00.00	24.00			
Wed	00.00	24.00	State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur	00.00	24.00	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	00.00	24.00			
Sat	00.00	24.00			
Sun	00.00	24.00			

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"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) NORMAL AMPLIFICATION FOR A SMALL AUDIENCE - USUALLY AS BACKGROUND		
Mon	00 00	24 00			
Tue	00 00	24 00	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Wed	00 00	24 00			
Thur	00 00	24 00	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)		
Fri	00 00	24 00			
Sat	00 00	24 00			
Sun	00 00	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 checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	00 00	24 00	<i>NO ABNORMAL AMPLIFICATION</i>		
Tue	00 00	24 00			
Wed	00 00	24 00	State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur	00 00	24 00	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)		
Fri	00 00	24 00			
Sat	00 00	24 00			
Sun	00 00	24 00			

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 PARISH EVENTS SUCH AS SUPPERS, BBQ'S, TALKS, DOMINO DRIVES. ALSO POST FUNERAL TEAS, PRIVATE PARTIES AND OTHER SIMILAR LOCAL EVENTS, OR RELIGIOUS EVENTS AS OUTLINED IN OUR CONSTITUTION AND THE 1895 BEQUESTMENT DOCUMENT.		
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	0000	2400		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	0000	2400	Please give further details here (please read guidance note 3) LIMITED QUIET RECORDED MUSIC / LIVE MUSIC MAY BE PLAYED AS BACKGROUND		
Wed	0000	2400			
Thur	0000	2400	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Fri	0000	2400			
Sat	0000	2400	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	0000	2400			

1

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) WE WILL NOT BE SERVING ALCOHOL. ANY LATE NIGHT REFRESHMENTS WOULD BE IN CONJUNCTION WITH BBQ'S, PARISH SUPPERS AND SIMILAR.		
Mon	00.00	24.00			
Tue	00.00	24.00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Wed	00.00	24.00			
Thur	00.00	24.00	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	00.00	24.00			
Sat	00.00	24.00			
	00.00	24.00			
Sun	00.00	24.00			

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 type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
			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	
Address	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known)	

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)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	00 00	24 00	<p>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)</p>
Tue	00 00	24 00	
Wed	00 00	24 00	
Thur	00 00	24 00	
Fri	00 00	24 00	
Sat	00 00	24 00	
Sun	00 00	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)

THE MANSERGH SCHOOL FOUNDATION MANAGERS, UNDER THEIR CONSTITUTION CAN REFUSE TO ALLOW THE HALL TO BE USED BY ANY PROPOSED HIRER WITHOUT ASSIGNING ANY REASON

b) The prevention of crime and disorder

UNDER OUR HEALTH & SAFETY REGULATIONS NOTHING SHALL BE DONE THAT WILL ENDANGER THE SAFETY OF PEOPLE IN THE HALL OR RENDER INVALID THE POLICIES OF INSURANCE RELATING TO THE HALL OR ITS CONTENTS

THE STANDARD CONDITIONS OF HIRE ALSO STATE THAT THE HIRER IS RESPONSIBLE FOR THE SUPERVISION AND SECURITY OF THE PREMISES, PROTECTION OF THE FABRIC AND CONTENTS FROM DAMAGE AND THE BEHAVIOUR OF ANY PERSONS USING THE PREMISES INCLUDING THE PROPER SUPERVISION OF CAR PARKING SO AS ~~NOT~~ TO AVOID OBSTRUCTING CITY HIGHWAY.

c) Public safety

WE HAVE A HEALTH AND SAFETY POLICY

d) The prevention of public nuisance

THE MANSERGH SCHOOL FOUNDATION MANAGERS CONSTITUTION AND STANDARD CONDITIONS OF HIRE STATE THAT LITTER SHALL NOT BE LEFT IN OR ABOUT THE HALL PREMISES AND THAT ALL SHALL BE LEFT IN A CLEAN AND TIDY STATE.

e) The protection of children from harm

WE HAVE A CHILD PROTECTION POLICY

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	17 th January 2013
Capacity	MANAGER - MANSCREGH SCHOOL FOUNDATION MANAGERS

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)

MRS. C. SOUTHARD

[REDACTED]

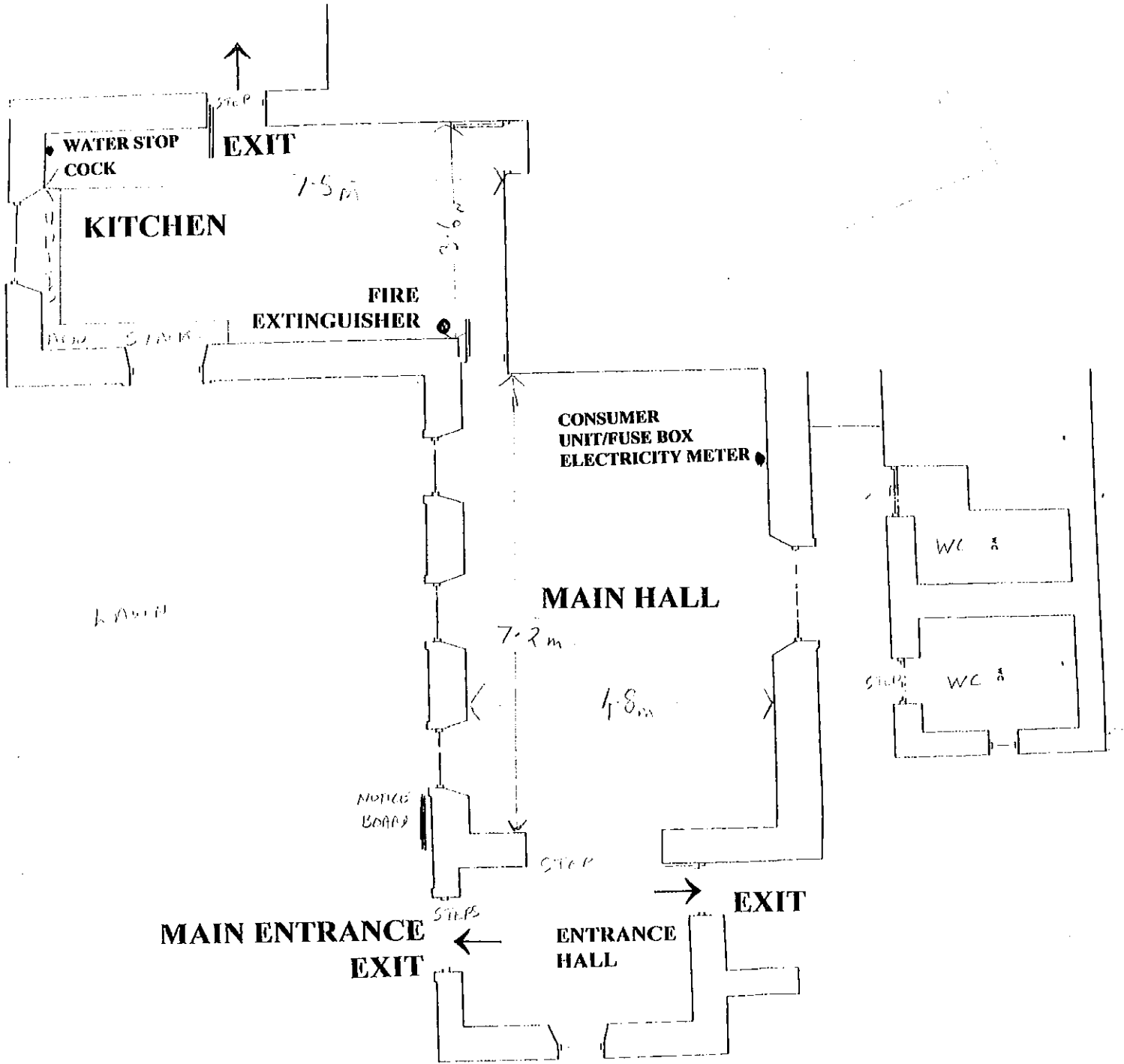
Post town	[REDACTED]	Postcode	[REDACTED]
Telephone number (if any)	[REDACTED]		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

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.

FIRE EXITS

RIGMADEN SCHOOL



ROAD

CAR PARK

EXTENDS OVER
CAR PARK
→

ASSEMBLY POINT

X