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 T190.  
 28103.

[Insert name and address of relevant licensing authority and its reference number (optional).]

**Application for a premises licence to be granted  
 under the Licensing Act 2003**

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

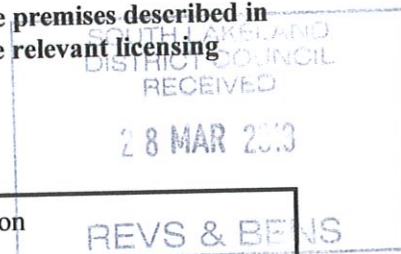
Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

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

I/We Roger Owen Humphreys

(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 <b>Old Hall Brewery</b> <b>Esthwaite Water</b> <b>Hawkshead</b>			
<b>Post town</b>	Ambleside	<b>Postcode</b>	LA22 0QF

Telephone number at premises (if any)	<b>015394 364363</b>
Non-domestic rateable value of premises	<b>£7,200.00</b>

**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 *          |                          |                             |
| i. as a limited company                         | X                        | 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 ☐ 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)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**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 R & H Leisure Ltd Trading As Cumbrian Legendary Ales
Address (Registered Address) Kirkstile Inn Loweswater Cockermouth Cumbria CA13 0RU
Registered number (where applicable) 03447751
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any) 015394 36436 (Brewery) 01900 85219 (Kirkstile)
E-mail address (optional) info@cumbrianlegendaryales.com

### Part 3 Operating Schedule

When do you want the premises licence to start?

As Soon As Possible

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)

Micro Brewery situated in former farm buildings

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)  | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B)  | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C)   | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)  | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E)   | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)   | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)  | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

☐

**Provision of late night refreshment** (if ticking yes, fill in box I)

X

**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					
			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 4)		
Wed					
Thur					
			<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)		
Fri					
Sat					
Sun					

**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	X
Day	Start	Finish	<b><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 4)		
Mon	08.00	21.00			
Tue	08.00	21.00			
Wed	08.00	21.00			
Thur	8.00	21.00	<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)  The Saturday and Sunday provision is included as there may be a few occasions during the year, when the Brewery will conduct 'Brewery Tours', and beer tastings will be undertaken, there may be a few 'off sales' as a result of these events.		
Fri	08.00	21.00			
Sat	08.00	21.00			
Sun	08.00	21.00			

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

Name Roger Owen Humphreys	
Address Kirkstile Inn Loweswater Cockermouth Cumbria	
Postcode	CA13 0RU
Personal licence number (if known) RA0343	
Issuing licensing authority (if known) Allerdale Borough Council	

**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 principal reason for the application for a Licence is to allow the sale of alcohol by way of Mail Order.

There is a declaration on the shop section website which states: “We won’t sell alcohol to anyone who isn’t 18 years old or over. That’s the law of the land. By placing an order, you confirm that you and the receiver of any gift are at least 18 years old.”

The majority of the alcohol sales will be collected by courier and delivered to the purchaser direct.

There may be the occasional off-sale to members of the public if they enquire in person to the brewery, and possible off-sales after an occasional Brewery Tour.

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

There will be very few customers attending the premises to purchase alcohol.

When an occasional Brewery Tour event is undertaken, it does not exceed 2 hours.

The possibility of crime and disorder occurring on or around the premises is negligible.

**c) Public safety**

See objective B

**d) The prevention of public nuisance**

See objective B

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

There is a declaration on the shop section of the website which states: "We won't sell alcohol to anyone who isn't 18 years old or over. That's the law of the land. By placing an order, you confirm that you and the receiver of any gift are at least 18 years old"

**Checklist:**

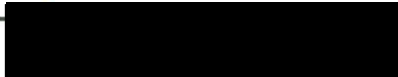
**Please tick to indicate agreement**

- 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	26-3-2013
Capacity	DIRECTOR

**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)

Rachael Muir  
Cumbrian Legendary Ales  
Old Hall Brewery  
Hawkshead, Cumbria

Post town	<b>Ambleside</b>	Postcode	<b>LA22 0QF</b>
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Telephone number (if any)	015394 36436
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If you would prefer us to correspond with you by e-mail, your e-mail address (optional)  
info@cumbrianlegendaryales.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](http://www.southlakeland.gov.uk) e-mail: [licensing@southlakeland.gov.uk](mailto:licensing@southlakeland.gov.uk)

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

I ROGER OWEN HUMPHREYS [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 R+H LEISURE LTD T/A S CUMBRIAN LEGENDARY ALES [name of applicant]  
 relating to a premises licence — [number of existing licence, if any]  
 for CUMBRIAN LEGENDARY ALES, OLD HALL BREWERY, HAWKSHED,  
AMBLESIDE, CUMBRIA [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 R+H LEISURE LTD T/A S CUMBRIAN LEGENDARY ALES [name of applicant]  
 concerning the supply of alcohol at CUMBRIAN LEGENDARY ALES, OLD HALL BREWERY,  
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.

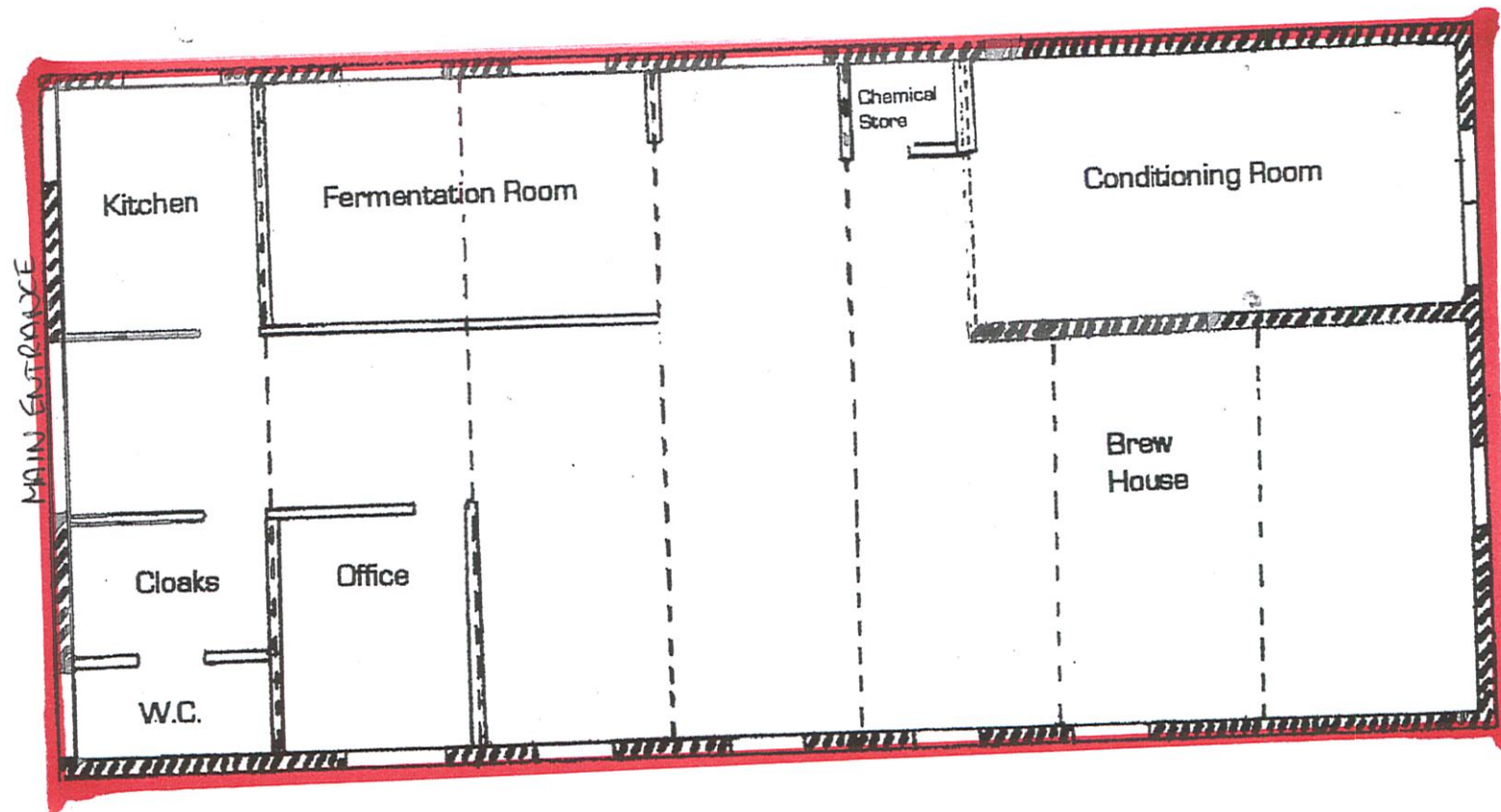
Personal licence number RA 0343 [insert personal licence number, if any]  
 Personal licence issuing authority ALLERDALE BOROUGH COUNCIL  
 [insert name and address and telephone number of personal licence issuing authority, if  
 any]

[redacted] signed  
R O Humphreys 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



Brewery- Internal Plan- Scale 1:100 metric

Barn Adjacent to Esthwaite Old Hall

