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LICENSING

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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.

I/We GGE 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

72 MILNTHORPE ROAD (Romneys).

Post town

KENDAL

Postcode

LA9 5HG

Telephone number at premises (if any)

01539 720956

Non-domestic rateable value of premises

£ 15250

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 | <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) ☐ 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	GGE Ltd
Address	
Registered number (where applicable)	3512363
Description of applicant (for example, partnership, company, unincorporated association etc.)	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
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

A Public House with Restaurant, outside childrens play area, and beer garden where alcohol will be served by retail

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 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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	0900	0000	PLAYING OF MUSIC VIDEOS		
Tue	0900	0000			
Wed	0900	0000	State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur	0900	0000	ON ANY BANK HOLIDAY 0900 UNTIL 0030 ON FOLLOWING DAY		
Fri	0900	0030	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	0900	0030			
Sun	0900	0000			

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			<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)			<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"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
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 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 playing of recorded music</u> (please read guidance note 4)		
Thur					
Fri			<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)		
Sat					
Sun					

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			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 dance</u> (please read guidance note 4)	
Thur				
Fri			<u>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</u> (please read guidance note 5)	
Sat				
Sun				

H


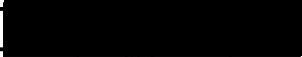
Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please 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					

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	23.00	00.00	Please give further details here (please read guidance note 3) SALE OF FOOD OR HOT DRINKS AFTER 23.00 HRS UNTIL CLOSE		
Tue	23.00	00.00			
Wed	23.00	00.00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4) ON ANY BANK HOLIDAY OR JUNE 00.30 ON FOLLOWING DAY		
Thur	23.00	00.00			
Fri	23.00	00.30	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)		
Sat	23.00	00.30			
Sun	23.00	00.00			

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"/>	
Day	Start	Finish	Both <input checked="" type="checkbox"/>			
Mon	1100	0000	State any seasonal variations for the supply of alcohol (please read guidance note 4)			
Tue	1100	0000				
Wed	1100	0000				
Thur	1100	0000	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) ON ANY BANK HOLIDAY 000900 UNTIL 00030 HRS ON FOLLOWING DAY			
Fri	1100	0030				
Sat	1100	0030				
Sun	1100	0000				

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

Name		ANDREW JOHN PICKETT
Address		
Postcode		
Personal licence number (if known)		PA 1067
Issuing licensing authority (if known)		SOUTHLAKE LAND

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).

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	0900	0000	<p><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)</p> <p>ON ANY BANK HOLIDAY 0900 UNTIL 0030 ON THE FOLLOWING DAY</p>
Tue	0900	0000	
Wed	0900	0000	
Thur	0900	0000	
Fri	0900	0030	
Sat	0900	0030	
Sun	0900	0000	

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)

See attached sheet
over leaf.

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

Checklist:

General All For Licensing Objectives

the premises will operate an effective CCTV system which will be maintained in good working order at all times the premises is open for business. The recording medium and associated images will be retained and securely stored for a minimum of 28 days and will be made available to the police and authorised officers of the licensing authority upon request .

the licence holder and /or the designated premises supervisor or a person nominated by them shall actively participate and be a member of the pub and club watch scheme for the area within which the premise is located

Bar watch posters and lists of currently banned persons will be displayed through the premises

Posters will be securely fixed and visible to members of the public. Photographs will be made available to employees and displayed in line with the bar watch constitution. Incidents of crime and disorder/public nuisance that occur on or near the premises, will be recorded in writing in an incident book retained behind the bar and where appropriate the incident will be reported to the bar watch committee in line with the constitution.

Signs will be located at the exits requesting that customers leaving the premise do so quietly and with consideration to neighbours

A nominated person will evacuate the outside drinking area at 1030pm and will monitor the areas at regular intervals until the end of permitted hours

the emptying of bottles and pub refuse not to be undertaken after the hours of 10pm and before the hours of 8 am

anyone who appears to be under the age of 21 and who is attempting to purchase alcohol must be required to produce proof of age before a sale is made

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	28/3/13
Capacity	MANAGER

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)

ANDREW PICKETT
ROMNEYS (GGE) Ltd
72 MILNTHORPE ROAD

Post town	KENDAL	Postcode	LA9 5HE
Telephone number (if any)	01539 720956		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

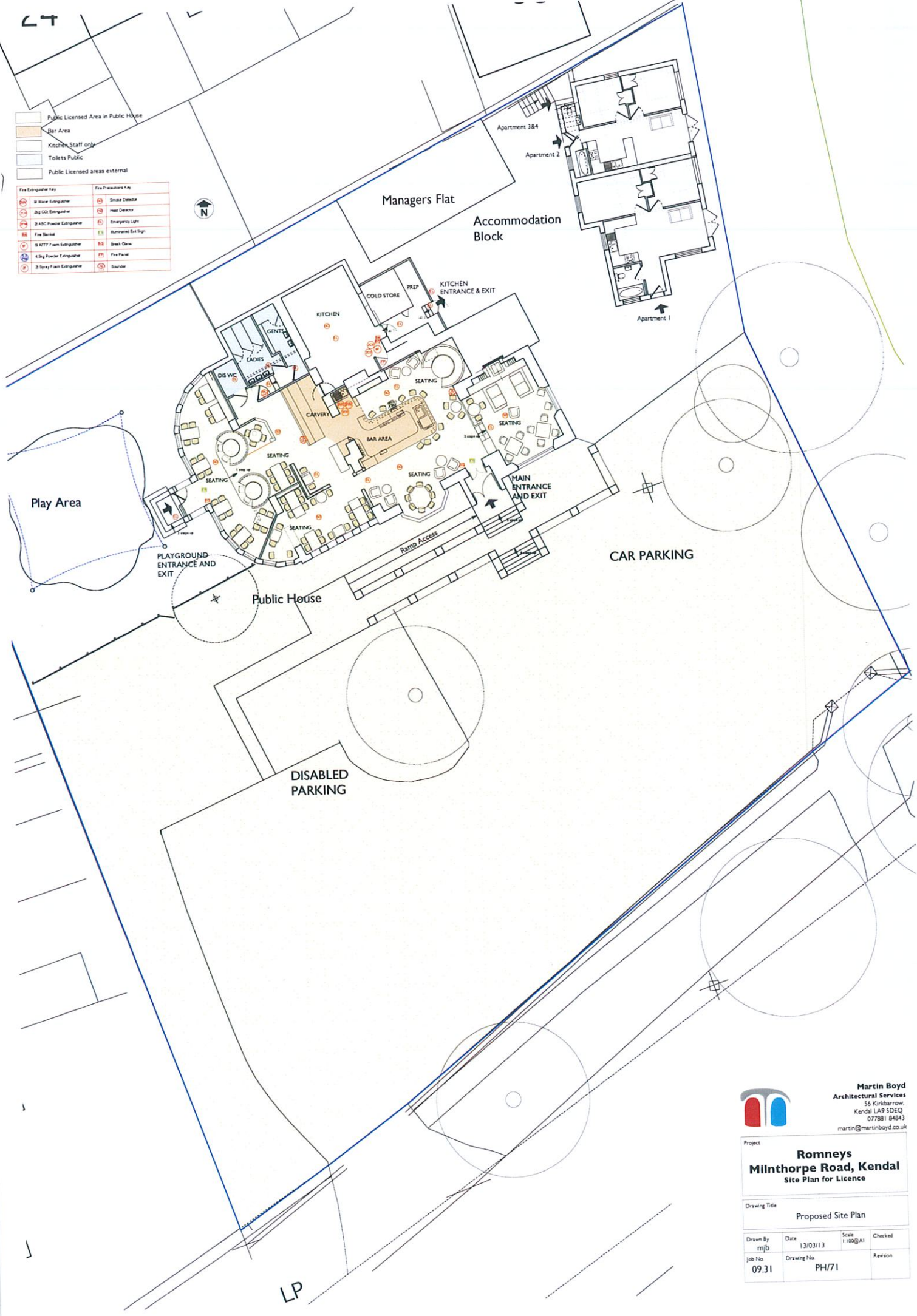
Notes for Guidance

LT



- Public Licensed Area in Public House
- Bar Area
- Kitchen Staff only
- Toilets Public
- Public Licensed areas external

Fire Extinguisher Key	Fire Precautions Key
Water Extinguisher	Smoke Detector
Dry CO Extinguisher	Heat Detector
ABC Powder Extinguisher	Emergency Light
Fire Barrel	Illuminated Exit Sign
AFFF Foam Extinguisher	Break Glass
4kg Powder Extinguisher	Fire Panel
3 Spray Foam Extinguisher	Sounder



Martin Boyd
Architectural Services
56 Kirkbarrow,
Kendal LA9 5DEQ
077881 84843
martin@martinboyd.co.uk

Project			
Romneys Milnthorpe Road, Kendal Site Plan for Licence			
Drawing Title			
Proposed Site Plan			
Drawn By	Date	Scale	Checked
mjb	13/03/13	1:100(A1)	
Job No	Drawing No	Revision	
09.31	PH/71		



Part A

Consent of individual to being specified as premises supervisor

ANDREW JOHN PICKETT [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 GGE Ltd [name of applicant] relating to a premises licence [number of existing licence, if any] for ROMNEY 72 MELNTHORPE ROAD KENDAL LA9 5HG [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 GGE Ltd [name of applicant] concerning the supply of alcohol at ROMNEY 72 MELNTHORPE ROAD KENDAL [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 PA1067 [insert personal licence number, if any]
Personal licence issuing authority SOUTH LAKELAND [insert name and address and telephone number of personal licence issuing authority, if any]
[redacted]

[redacted] signed
Andy Pickett name (please print)
28/3/13 dated

PART B

Consent of premises licence holder to transfer

we GGE Ltd [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].

[redacted] signed
[redacted] name (please print)
[redacted] dated