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**SOUTH LAKE LAND DISTRICT COUNCIL**  
Public Health & Licensing Group, South Lakeland House, Lowther Street,  
Kendal, Cumbria LA9 4UD  
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[www.southlakeland.gov.uk](http://www.southlakeland.gov.uk) e-mail: [licensing@southlakeland.gov.uk](mailto: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 TRACEY L. WATSON

(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 |        |           |         |
| 34 STRAMONGATE<br>KENDAL<br>CUMBRIA  |        |           |         |
| Post town  | KENDAL | Post code | LA9 4BN |

|   |            |
|---|------------|
| Telephone number at premises (if any)   | TBC        |
| Non-domestic rateable value of premises | £ 7,400.00 |

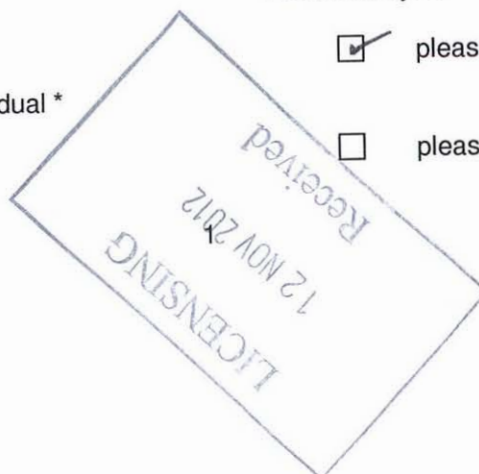
**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as

Please tick yes

- a) an individual or individuals \*
- b) a person other than an individual \*
- i. as a limited company

- ☒ please complete section (A)
- ☐ please complete section (B)



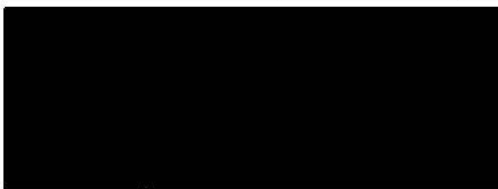

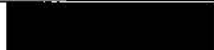


- ii. as a partnership ☐ please complete section (B)
- iii. as an unincorporated association or ☐ please complete section (B)
- iv. other (for example a statutory corporation) ☐ please complete section (B)
- c) a recognised club ☐ please complete section (B)
- d) a charity ☐ please complete section (B)
- 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 checked="" type="checkbox"/> | Other Title (for example, Rev)                      |   |
| Surname <b>WATSON</b>                                     |  |  | First names <b>TRACEY LOUISE</b>       |   |   |
| I am 18 years old or over                                 |  |  |  | <input checked="" 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 |                              | 2/A                           |                             |                                |  |
| 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  |
| Address<br><br>2/A  |
| Registered number (where applicable)  |
| Description of applicant (for example, partnership, company, unincorporated association etc.) |
| Telephone number (if any)   |
| E-mail address (optional)   |

### Part 3 Operating Schedule

When do you want the premises licence to start?

Day Month Year  
01 12 2012

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

Day Month Year

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

34 STRAMONGATE IS A COFFEE SHOP/CAFE BY DAY AND A BISTRO BY NIGHT. (NEW NAME "ELBOWS OFF THE TABLE") IT WILL START TRADING IN DEC 2012 AND WILL HAVE A MAX. OF 16 COVERS INSIDE (& UP TO 10 BUT NOT EXCEEDING 10 COVERS OUTSIDE) DAYTIME ONLY.

THE PREMISES IS DUE TO UNDERGO A COMPLETE REFURBISHMENT SO THERE IS NO FURNITURE IN THE PROPERTY AT THE MOMENT.

THE PLAN INDICATES WHERE THE KITCHEN & <sup>COUNTER</sup> WILL BE

THE FIRE EXTINGUISHER/BLANKET WILL BE LOCATED IN THE KITCHEN & FRONT DOOR.

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)

Please tick yes

**Provision of regulated entertainment**

- |  |  |
|--|--|
| 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"/>                       |
| <del>e) live music (if ticking yes, fill in box E)</del>   | <del><input checked="" type="checkbox"/></del> |
| <del>f) recorded music (if ticking yes, fill in box F)</del>   | <del><input checked="" type="checkbox"/></del> |
| 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)<br>(if ticking yes, fill in box H) | <input type="checkbox"/>                       |

**Provision of entertainment facilities:**

- |  |                          |
|--|--------------------------|
| i) making music (if ticking yes, fill in box I)  | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J)   | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j)<br>(if ticking yes, fill in box K) | <input type="checkbox"/> |

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

**Supply of alcohol** (if ticking yes, fill in box M)

- |  |
|--|
| <del><input checked="" type="checkbox"/></del> |
| <input checked="" type="checkbox"/>            |

In all cases complete boxes N, O and P

**A**

|  |       |        |  |          |                          |
|--|-------|--------|--|----------|--------------------------|
| <b>Plays</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 2)   | Indoors  | <input type="checkbox"/> |
|  |       |        |  | Outdoors | <input type="checkbox"/> |
| Day  | Start | Finish | Both <input type="checkbox"/>  |          |                          |
| Mon  |       |        | <b>Please give further details here</b> (please read guidance note 3)  |          |                          |
|  |       |        |  |          |                          |
| Tue  |       |        |  |          |                          |
|  |       |        |  |          |                          |
| Wed  |       |        | <b>State any seasonal variations for performing plays</b> (please read guidance note 4)  |          |                          |
|  |       |        |  |          |                          |
| Thur   |       |        |  |          |                          |
|  |       |        |  |          |                          |
| Fri  |       |        | <b>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</b> (please read guidance note 5) |          |                          |
|  |       |        |  |          |                          |
| Sat  |       |        |  |          |                          |
|  |       |        |  |          |                          |
| Sun  |       |        |  |          |                          |
|  |       |        |  |          |                          |

**B**

|  |       |        |   |          |                          |
|--|-------|--------|---|----------|--------------------------|
| <b>Films</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)  | Indoors  | <input type="checkbox"/> |
|  |       |        |   | Outdoors | <input type="checkbox"/> |
| Day  | Start | Finish | Both <input type="checkbox"/>   |          |                          |
| Mon  |       |        | <b>Please give further details here</b> (please read guidance note 3)   |          |                          |
|  |       |        |   |          |                          |
| Tue  |       |        |   |          |                          |
|  |       |        |   |          |                          |
| Wed  |       |        | <b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)  |          |                          |
|  |       |        |   |          |                          |
| Thur   |       |        |   |          |                          |
|  |       |        |   |          |                          |
| Fri  |       |        | <b>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</b> (please read guidance note 5) |          |                          |
|  |       |        |   |          |                          |
| Sat  |       |        |   |          |                          |
|  |       |        |   |          |                          |
| Sun  |       |        |   |          |                          |
|  |       |        |   |          |                          |

# C

| Indoor sporting events<br>Standard days and timings<br>(please read guidance note 6) |       |        | Please give further details (please read guidance note 3)   |
|--|-------|--------|---|
| Day  | Start | Finish |   |
| Mon  |       |        |   |
|  |       |        |   |
| Tue  |       |        | State any seasonal variations for indoor sporting events (please read guidance note 4)  |
|  |       |        |   |
| Wed  |       |        |   |
|  |       |        |   |
| Thur   |       |        | 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  |       |        |   |
|  |       |        |   |
| Sat  |       |        |   |
|  |       |        |   |
| Sun  |       |        |   |
|  |       |        |   |

# D

| Boxing or wrestling entertainments<br>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"/>                                       |
|---|-------|--------|--|--------------------------|--|
| Day   | Start | Finish |  | Outdoors                 | <input type="checkbox"/>                                       |
| Mon   |       |        | Both   | <input type="checkbox"/> | 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

|   |       |        |   |                                     |
|---|-------|--------|---|-------------------------------------|
| <b>Live music</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)  |                                     |
|   |       |        | Indoors   | <input checked="" type="checkbox"/> |
|   |       |        | Outdoors  | <input type="checkbox"/>            |
|   |       |        | Both  | <input type="checkbox"/>            |
| Day   | Start | Finish | <b>Please give further details here</b> (please read guidance note 3)<br><br>WE MAY, ON OCCASION HAVE A 'LIVE' SINGER.  |                                     |
| Mon   | 12.00 | 23.00  |   |                                     |
| Tue   | 12.00 | 23.00  | <b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)  |                                     |
| Wed   | 12.00 | 23.00  |   |                                     |
| Thur  | 12.00 | 23.00  | <b>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</b> (please read guidance note 5) |                                     |
| Fri   | 12.00 | 23.00  |   |                                     |
| Sat   | 12.00 | 23.00  |   |                                     |
| Sun   | 12.00 | 23.00  |   |                                     |

# F

|   |       |                |   |                                     |
|---|-------|----------------|---|-------------------------------------|
| <b>Recorded music</b><br>Standard days and timings<br>(please read guidance note 6) |       |                | <b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)  |                                     |
|   |       |                | Indoors   | <input checked="" type="checkbox"/> |
|   |       |                | Outdoors  | <input type="checkbox"/>            |
|   |       |                | Both  | <input type="checkbox"/>            |
| Day   | Start | Finish         | <b>Please give further details here</b> (please read guidance note 3)<br><br>RECORDED MUSIC WILL BE PLAYED AS BACKGROUND / AMBIENT MUSIC WHILST PEOPLE ARE DINING.  |                                     |
| Mon   | 08.00 | 23.00          |   |                                     |
| Tue   | 08.00 | 23.00          | <b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)  |                                     |
| Wed   | 08.00 | 23.00          |   |                                     |
| Thur  | 08.00 | 23.00          | <b>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</b> (please read guidance note 5) |                                     |
| Fri   | 08.00 | MIDNIGHT 00.00 |   |                                     |
| Sat   | 08.00 | 00.00          |   |                                     |
| Sun   | 10.00 | 23.00          |   |                                     |

# G

| <b>Performances of dance</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 2)  | Indoors <input type="checkbox"/>  |
|--|-------|--------|--|-----------------------------------|
| Day  | Start | Finish |  | Outdoors <input type="checkbox"/> |
|  |       |        |  | Both <input type="checkbox"/>     |
| Mon  |       |        | <b>Please give further details here</b> (please read guidance note 3)  |                                   |
|  |       |        |  |                                   |
| Tue  |       |        |  |                                   |
|  |       |        |  |                                   |
| Wed  |       |        | <b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)  |                                   |
|  |       |        |  |                                   |
| Thur   |       |        |  |                                   |
|  |       |        |  |                                   |
| Fri  |       |        | <b>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</b> (please read guidance note 5) |                                   |
|  |       |        |  |                                   |
| Sat  |       |        |  |                                   |
|  |       |        |  |                                   |
| Sun  |       |        |  |                                   |
|  |       |        |  |                                   |

# H

| <b>Anything of a similar description to that falling within (e), (f) or (g)</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Please give a description of the type of entertainment you will be providing</b>   |                                   |
|---|-------|--------|---|-----------------------------------|
| Day   | Start | Finish | <b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)   | Indoors <input type="checkbox"/>  |
|   |       |        |   | Outdoors <input type="checkbox"/> |
|   |       |        |   | Both <input type="checkbox"/>     |
| Mon   |       |        | <b>Please give further details here</b> (please read guidance note 3)   |                                   |
|   |       |        |   |                                   |
| Tue   |       |        |   |                                   |
|   |       |        |   |                                   |
| Wed   |       |        | <b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4)  |                                   |
|   |       |        |   |                                   |
| Thur  |       |        |   |                                   |
|   |       |        |   |                                   |
| Fri   |       |        | <b>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</b> (please read guidance note 5) |                                   |
|   |       |        |   |                                   |
| Sat   |       |        |   |                                   |
|   |       |        |   |                                   |
| Sun   |       |        |   |                                   |
|   |       |        |   |                                   |

I

|   |                          |        |  |   |         |                          |          |                          |      |                          |
|---|--------------------------|--------|--|---|---------|--------------------------|----------|--------------------------|------|--------------------------|
| <b>Provision of facilities for making music</b><br>Standard days and timings<br>(please read guidance note 6) |                          |        | <b>Please give a description of the facilities for making music you will be providing</b>  |   |         |                          |          |                          |      |                          |
|   |                          |        | <b>Will the facilities for making music be indoors or outdoors or both – please tick</b> (please read guidance note 2)   | <table border="1"> <tr> <td>Indoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Outdoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Both</td> <td><input type="checkbox"/></td> </tr> </table> | Indoors | <input type="checkbox"/> | Outdoors | <input type="checkbox"/> | Both | <input type="checkbox"/> |
| Indoors   | <input type="checkbox"/> |        |  |   |         |                          |          |                          |      |                          |
| Outdoors  | <input type="checkbox"/> |        |  |   |         |                          |          |                          |      |                          |
| Both  | <input type="checkbox"/> |        |  |   |         |                          |          |                          |      |                          |
| Day   | Start                    | Finish |  |   |         |                          |          |                          |      |                          |
| Mon   |                          |        | <b>Please give further details here</b> (please read guidance note 3)  |   |         |                          |          |                          |      |                          |
| Tue   |                          |        |  |   |         |                          |          |                          |      |                          |
| Wed   |                          |        | <b>State any seasonal variations for the provision of facilities for making music</b> (please read guidance note 4)  |   |         |                          |          |                          |      |                          |
| Thur  |                          |        |  |   |         |                          |          |                          |      |                          |
| Fri   |                          |        | <b>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</b> (please read guidance note 5) |   |         |                          |          |                          |      |                          |
| Sat   |                          |        |  |   |         |                          |          |                          |      |                          |
| Sun   |                          |        |  |   |         |                          |          |                          |      |                          |

J

|  |                          |        |   |  |   |         |                          |          |                          |      |                          |
|--|--------------------------|--------|---|--|---|---------|--------------------------|----------|--------------------------|------|--------------------------|
| <b>Provision of facilities for dancing</b><br>Standard days and timings<br>(please read guidance note 6) |                          |        | <b>Will the facilities for dancing be indoors or outdoors or both – please tick</b> (see guidance note 2)   |  | <table border="1"> <tr> <td>Indoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Outdoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Both</td> <td><input type="checkbox"/></td> </tr> </table> | Indoors | <input type="checkbox"/> | Outdoors | <input type="checkbox"/> | Both | <input type="checkbox"/> |
| Indoors  | <input type="checkbox"/> |        |   |  |   |         |                          |          |                          |      |                          |
| Outdoors   | <input type="checkbox"/> |        |   |  |   |         |                          |          |                          |      |                          |
| Both   | <input type="checkbox"/> |        |   |  |   |         |                          |          |                          |      |                          |
|  |                          |        | <b>Please give a description of the facilities for dancing you will be providing</b>  |  |   |         |                          |          |                          |      |                          |
| Day  | Start                    | Finish |   |  |   |         |                          |          |                          |      |                          |
| Mon  |                          |        | <b>Please give further details here</b> (please read guidance note 3)   |  |   |         |                          |          |                          |      |                          |
| Tue  |                          |        |   |  |   |         |                          |          |                          |      |                          |
| Wed  |                          |        | <b>State any seasonal variations for providing dancing facilities</b> (please read guidance note 4)   |  |   |         |                          |          |                          |      |                          |
| Thur   |                          |        |   |  |   |         |                          |          |                          |      |                          |
| Fri  |                          |        | <b>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 5) |  |   |         |                          |          |                          |      |                          |
| Sat  |                          |        |   |  |   |         |                          |          |                          |      |                          |
| Sun  |                          |        |   |  |   |         |                          |          |                          |      |                          |

# K

|   |       |        |  |                                   |
|---|-------|--------|--|-----------------------------------|
| <b>Provision of facilities for entertainment of a similar description to that falling within i or j</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Please give a description of the type of entertainment facility you will be providing</b>   |                                   |
| Day   | Start | Finish | <b>Will the entertainment facility be indoors or outdoors or both – please tick</b> (please read guidance note 2)  | Indoors <input type="checkbox"/>  |
| Mon   |       |        |  | Outdoors <input type="checkbox"/> |
|   |       |        |  | Both <input type="checkbox"/>     |
| Tue   |       |        | <b>Please give further details here</b> (please read guidance note 3)  |                                   |
| Wed   |       |        |  |                                   |
|   |       |        |  |                                   |
| Thur  |       |        | <b>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</b> (please read guidance note 4)  |                                   |
| Fri   |       |        |  |                                   |
|   |       |        |  |                                   |
| Sat   |       |        | <b>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</b> (please read guidance note 5) |                                   |
| Sun   |       |        |  |                                   |
|   |       |        |  |                                   |

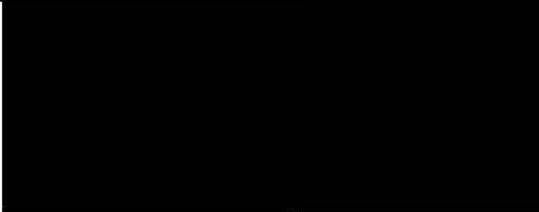

# L

|   |       |        |  |  |
|---|-------|--------|--|--|
| <b>Late night refreshment</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)   |  |
| Day   | Start | Finish | Indoors <input type="checkbox"/><br>Outdoors <input type="checkbox"/><br>Both <input type="checkbox"/>   |  |
| Mon   | 23 00 | 05 00  |  |  |
| Tue   | 23 00 | 05 00  |  |  |
| Wed   | 23 00 | 05 00  | <b>Please give further details here</b> (please read guidance note 3)<br>THE BISTRO WILL INITIALLY OPEN ON A FRI/SAT EVENING SERVING HOT FOOD & ALCOHOL AND ALTHOUGH IT IS UNLIKELY WE WILL STILL BE OPEN AFTER MIDNIGHT, WE WOULD AT LEAST WANT TO BE COVERED ON OUR LICENCE FOR THE POSSIBILITY OF A LATE NIGHT OPENING. |  |
| Thur  | 23 00 | 05 00  |  |  |
| Fri   | 23 00 | 05 00  |  |  |
| Sat   | 23 00 | 05 00  | <b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)   |  |
| Sun   | 23 00 | 05 00  |  |  |
|   |       |        |  |  |
|   |       |        | <b>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</b> (please read guidance note 5)   |  |

**M**

|  |                 |                 |   |   |
|--|-----------------|-----------------|---|---|
| <b>Supply of alcohol</b><br>Standard days and timings<br>(please read guidance note 6) |                 |                 | <b>Will the supply of alcohol be for consumption (Please tick box)</b> (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  | 0800            | 2300            | <b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)  |   |
|  |                 |                 |   |   |
| Tue  | 0800            | 2300            |   |   |
|  |                 |                 |   |   |
| Wed  | 0800            | 2300            |   |   |
|  |                 |                 |   |   |
| Thur   | 0800            | 2300            | <b>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</b> (please read guidance note 5) |   |
|  |                 |                 |   |   |
| Fri  | 0800            | <del>2000</del> |   |   |
|  |                 | 2300            |   |   |
| Sat  | 0800            | <del>2000</del> |   |   |
|  |                 | 2300            |   |   |
| Sun  | <del>1000</del> | 2300            |   |   |
|  | 0800            |                 |   |   |

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

|  |   |  |  |
|--|---|--|--|
| Name                                   | TRACEY LOUISE WATSON  |  |  |
| Address                                |  |  |  |
| Postcode                               |  |  |  |
| Personal Licence number (if known)     | (BENT<br><del>BE</del> APPLIED FOR)   |  |  |
| Issuing licensing authority (if known) | SOUTH LAKELAND DISTRICT COUNCIL   |  |  |

N

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)

O

| Hours premises are open to the public<br>Standard days and timings<br>(please read guidance note 6) |       |        | State any seasonal variations (please read guidance note 4)  |
|---|-------|--------|--|
| Day   | Start | Finish |  |
| Mon   | 08.00 | 17.00  | <p>THE INTENTION IS TO OPERATE AS A CAFÉ DURING WEEKDAYS AND A BISTRO IN THE EVENINGS.</p> <p>ALTHOUGH WE ONLY PLAN TO OPEN THE BISTRO AT THE WEEKEND, WE WANT THE FLEXIBILITY IN THE FUTURE TO BE ABLE TO OPEN ON ANY DAY OF THE WEEK, EITHER FOR PRIVATE FUNCTIONS OR TO THE PUBLIC AND THEREFORE WE HAVE STATED THE MAXIMUM REQUIRED TIMES.</p> |
|   | 17.00 | 23.00  |  |
| Tue   | 08.00 | 17.00  |  |
|   | 17.00 | 23.00  |  |
| Wed   | 08.00 | 17.00  |  |
|   | 17.00 | 23.00  |  |
| Thur  | 08.00 | 17.00  |  |
|   | 17.00 | 23.00  |  |
| Fri   | 08.00 | 17.00  |  |
|   | 17.00 | 23.00  |  |
| Sat   | 08.00 | 17.00  |  |
|   | 17.00 | 23.00  |  |
| Sun   | 08.00 | 16.00  |  |
|   | 16.00 | 23.00  |  |

**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** Describe the steps you intend to take to promote the four licensing objectives:

**a) General – all four licensing objectives (b,c,d,e)** (please read guidance note 9)

THIS IS A SMALL INTIMATE CAFE/BISTRO WITH APPROX 16-20 COVERS  
THERE WILL BE A SMALL SELECTION OF ALCOHOLIC DRINKS SERVED  
DURING THE EVENING & AT LUNCHTIMES. WE WILL OPERATE THE CHALLENGE  
SCHEME, LIGHT UP THE OUTSIDE & PLAY BACKGROUND/AMBIENT MUSIC.  
DISPERSAL OF CUSTOMERS WILL BE VARIED. ALL 4 OBJECTIVES WILL BE  
PROMOTED

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

- 1) ALCOHOL WILL BE SERVED, IN MOST CASES, WHEN ORDERING  
FOOD.
- 2) THE EXTERNAL AREA WILL BE ILLUMINATED
- 3) WE WILL ENFORCE 'CHALLENGE 21' SCHEME TO ENSURE  
ALCOHOL IS ONLY SERVED & CONSUMED BY ADULTS

**c) Public safety**

THERE WILL BE OUTSIDE LIGHTING, ON THE PREMISES.

**d) The prevention of public nuisance**

- 1) THERE WILL ONLY BE A MAX. OF 16 PEOPLE IN THE  
BISTRO AT ANY TIME (CUSTOMERS)
- 2) MUSIC WILL ONLY BE PLAYED AT A BACKGROUND/AMBIENT  
LEVEL
- 3) PEOPLE WILL LEAVE THE PREMISES AT VARYING TIMES

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

WE WILL ENFORCE THE 'CHALLENGE 21' SCHEME  
OR ENSURE


Please tick yes

- 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 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 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 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      | 8th November 2012   |
| Capacity  | Business Proprietor   |

**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  |  |

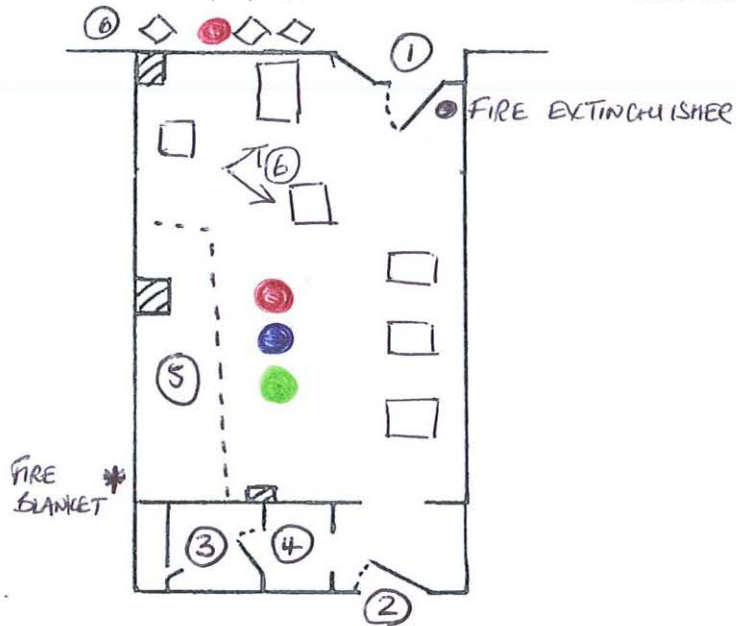
**Contact name (where not previously given) and postal address for correspondence associated with this application** (please read guidance note 13)

|  |  |           |  |
|--|--|-----------|--|
|  |  |           |  |
| Post town  |  | Post code |  |
| Telephone number (if any)  |  |           |  |
| If you would prefer us to correspond with you by e-mail your e-mail address (optional) |  |           |  |

Kendal – 34 Stramongate, LA9 4BN

For identification purposes

Scale 1:100



- ① ENTRANCE TO PREMISES WITH 2 STEPS
- ② EXIT OF PREMISES
- ③ WC
- ④ CLOAKROOM
- ⑤ KITCHEN
- ⑥ TABLES & CHAIRS

● ALCOHOL WILL BE CONSUMED WITHIN THE CAFE/BISTRO AT THE TABLES LOCATED APPROX. ON THE PLAN

● LATE NIGHT REFRESHMENTS SERVED AS ABOVE

● REGULATED ENTERTAINMENT AS ABOVE

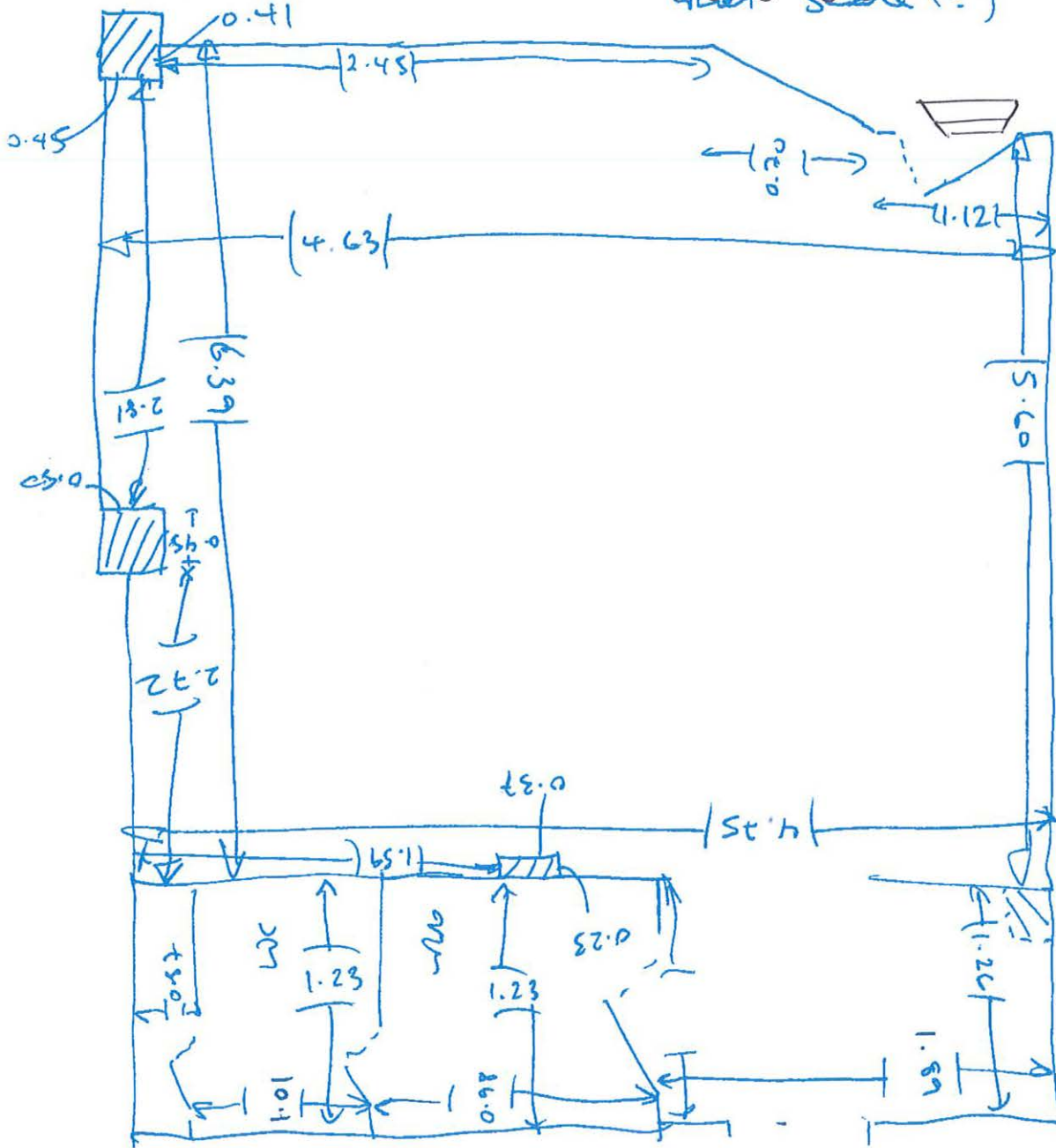
Kendal - 384 Shuangzhi

25.10.2012



① Rainy Wence  
Outside

Water Scale (D)



Ebbow - off the tube.

**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, TRACEY LOUISE WATSON [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 TRACEY WATSON [name of applicant]  
 relating to a premises licence [number of existing licence, if any]  
 for ELBOWS OFF THE TABLE, 34 STRAMONGATE, KENDAL  
CUMBRIA LA9 4BN [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 TRACEY WATSON [name of applicant]  
 concerning the supply of alcohol at ELBOWS OFF THE TABLE, 34 STRAMONGATE  
KENDAL LA9 4BN [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 [insert personal licence number, if any]  
 Personal licence issuing authority [insert name and address and telephone number of personal licence issuing authority, if any]  
 [redacted]

[redacted] signed  
TRACEY WATSON name (please print)  
8/11/2012 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].

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