

[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**

1 DEC 2012

**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 Windermere Marina Village 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 <b>Bar/restaurant</b> <b>Windermere Marina Village</b> <b>The Marina</b>			
<b>Post town</b>	Bowness-on-Windermere	<b>Postcode</b>	<b>LA23 3JQ</b>

Telephone number at premises (if any)	<b>Not available yet</b>
Non-domestic rateable value of premises	<b>£Not known yet</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 \* ☐ please complete section (A)
- b) a person other than an individual \*
- 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)	
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 Windermere Marina Village Ltd
Address The Marina Bowness-on-Windermere Cumbria LA23 3JQ
Registered number (where applicable) 00422332
Description of applicant (for example, partnership, company, unincorporated association etc.) Company
Telephone number (if any) [REDACTED]
E-mail address (optional)

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
0	1	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			

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

Bar and restaurant with terrace and balcony.

To provide facilities for holiday village guests and general public.

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)  | <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 checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)   | <input checked="" 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 checked="" type="checkbox"/> |



**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**

<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					

## B

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

C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Wed			
Thur			
Fri			<b><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></b> (please read guidance note 5)
Sat			
Sun			

# D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment 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 boxing or wrestling entertainment</u></b> (please read guidance note 4)			
Wed						
Thur						
			<b><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></b> (please read guidance note 5)			
Fri						
Sat						
Sun						



# E

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of live music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input checked="" 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) Live music may be amplified		
Mon	10.00	00.00			
Tue	10.00	00.00			
Wed	10.00	00.00	<b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 4)		
Thur	10.00	00.00			
Fri	10.00	01.00	<b><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></b> (please read guidance note 5) On Christmas Eve and New Year's Eve, Finish time is 02.00		
		Follow ing day			
Sat	10.00	01.00			
		Follow ing day			
Sun	10.00	01.00			
		Follow ing day			

# F

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		Indoors <input checked="" type="checkbox"/>	
					Outdoors <input type="checkbox"/>	
Day	Start	Finish	Both <input type="checkbox"/>			
Mon	07.00	00.00	<b><u>Please give further details here</u></b> (please read guidance note 3)			
Tue	07.00	00.00				
Wed	07.00	00.00	<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4)			
Thur	07.00	0.00				
Fri	07.00	01.00	<b><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></b> (please read guidance note 5) On Christmas Eve and New Year's Eve, Finish time is 02.00			
		Follow ing day				
Sat	07.00	01.00				
		Follow ing day				
Sun	07.00	01.00				
		Follow ing day				

# G

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

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing Disco with DJ/dancing/karaoke/similar activities		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Mon	10.00	00.00		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	10.00	00.00	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed	10.00	00.00	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Thur	10.00	00.00	<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)		
Fri	10.00	01.00	<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)		
		Following day			
Sat	10.00	01.00	<b><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></b> (please read guidance note 5)		
		Following day			
Sun	10.00	01.00	On Christmas Eve and New Year's Eve, Finish time is 02.00		
		Following day			

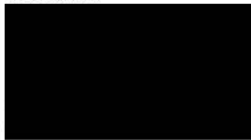

# I

<b>Late night refreshment</b> Standard days and timings (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)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	23.00	01.00			
		Follow ing day			
Tue	23.00	01.00			
		Follow ing day			
Wed	23.00	01.00			
		Follow ing day	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Thur	23.00	01.00			
		Follow ing day			
Fri	23.00	01.00			
		Follow ing day			
Sat	23.00	01.00			
		Follow ing day	<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)  On Christmas Eve and New Year's Eve, Finish time is 02.00		
Sun	23.00	01.00			
		Follow ing day			

# J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</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	10.00	01.00	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)			
		Follow ing day				
Tue	10.00	01.00				
		Follow ing day				
Wed	10.00	01.00				
		Follow ing day				
Thur	10.00	01.00	<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)			
		Follow ing day				
Fri	10.00	01.00				
		Follow ing day	On Christmas Eve and New Year's Eve, Finish time is 02.00			
Sat	10.00	01.00				
		Follow ing day				
Sun	10.00	01.00				
		Follow ing day				

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

Name Jason Mark Peter Dearden	
Address 	
Postcode	
Personal licence number (if known): PA0358	
Issuing licensing authority (if known): South Lakeland	

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

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b><u>State any seasonal variations</u></b> (please read guidance note 4)
Day	Start	Finish	<b><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></b> (please read guidance note 5)  On Christmas Eve and New Year's Eve, Finish time is 02.45
Mon	07.00	01.45	
		Follow ing day	
Tue	07.00	01.45	
		Follow ing day	
Wed	07.00	01.45	
		Follow ing day	
Thur	07.00	01.45	
		Follow ing day	
Fri	07.00	01.45	
		Follow ing day	
Sat	07.00	01.45	
		Follow ing day	
Sun	07.00	01.45	
		Follow ing day	

**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)**

Any reported incidents contravening any of the four objectives of the Licensing Act 2003 will be logged and investigated by management of Windermere Marina Village Ltd.

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

A notice or notices shall be displayed in and at the entrance to the premises where they can be clearly seen and read and shall indicate that it is unlawful for persons under 18 to purchase alcohol or for any person to purchase alcohol on behalf of a person under 18 years of age

Any person who looks or appears to be under the age of 18 shall be asked to provide identification that they are over the age of 18. The following are the only forms of identification acceptable; UK photo driving licence; Citizen card; Passport; PASS card (proof of age standards scheme).

No drunk, unruly or disorderly people will be allowed entry to the premises.

**c) Public safety**

**d) The prevention of public nuisance**

All external doors and windows shall be kept closed after 23.00 when regulated entertainment is being provided except in the event of an emergency.

Refuse such as bottles shall be disposed of from the premises at a time when it is not likely to cause a disturbance to residents in the vicinity of the premises.

Sign placed above the door asking customers to leave quietly.

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



All members of staff concerned with the sale of alcohol to be trained with regard to the sale of alcohol and under 18's.

Age verification policy applies to the premises with Proof of age card scheme in operation (see above).

Any gaming machines are in full view of the bar.

**Checklist:**

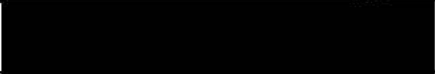
**Please tick to indicate agreement**

- 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	11 <sup>th</sup> December 2012
Capacity	Managing 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)

Windermere Marina Village Ltd  
The Marina

Post town	Bowness-on-Windermere	Postcode	LA23 3JQ
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Telephone number (if any)	
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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.

**SOUTH LAKELAND DISTRICT COUNCIL**

Licensing Section, South Lakeland House, Lowther Street, Kendal, Cumbria, LA9 4UD

Tel: (01539) 733333 Ext 7481/7484 Fax: (01539) 737659

www.southlakeland.gov.uk e-mail: licensing@southlakeland.gov.uk

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

I JASON MARK PETER DEARON [full name of prospective premises supervisor]  
of [REDACTED]

[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 WINDERMERE MARINA VILLAGE LTD [name of applicant]

relating to a premises licence 1 [number of existing licence, if any]

for BAR/RESTAURANT WINDERMERE MARINA VILLAGE

BOWNESS [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 WINDERMERE MARINA VILLAGE LTD [name of applicant]

concerning the supply of alcohol at BAR/RESTAURANT WINDERMERE MARINA VILLAGE

BOWNESS [name and address of premises to which application relates].

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number PA 0358 [insert personal licence number, if any]

Personal licence issuing authority SOUTH LAKELAND DISTRICT COUNCIL

[insert name and address and telephone number of personal licence issuing authority, if any]

[REDACTED] signed

JASON DEARON name (please print)

12/12/12 dated

**PART B****Consent of premises licence holder to transfer**

I/we [REDACTED] [full name of premises licence holder(s)]

the premises licence holder of premises licence number [REDACTED] [insert

premises licence number] relating to [REDACTED]

[REDACTED] [name and address of

premises to which the application relates] hereby give my consent for the transfer of

premises licence number [REDACTED] [insert premises licence number]

to [REDACTED] [full name of transferee].

[REDACTED] signed

[REDACTED] name (please print)

[REDACTED] dated

44.000+



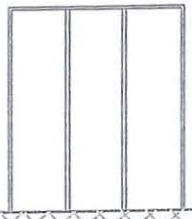
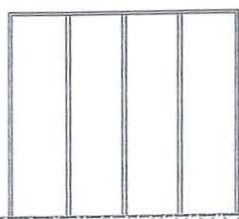
CONCRETE FLAGS

GRAVEL/MULCH

GRAVEL/MULCH

CONCRETE FLAGS

+42.100  
GF FFL



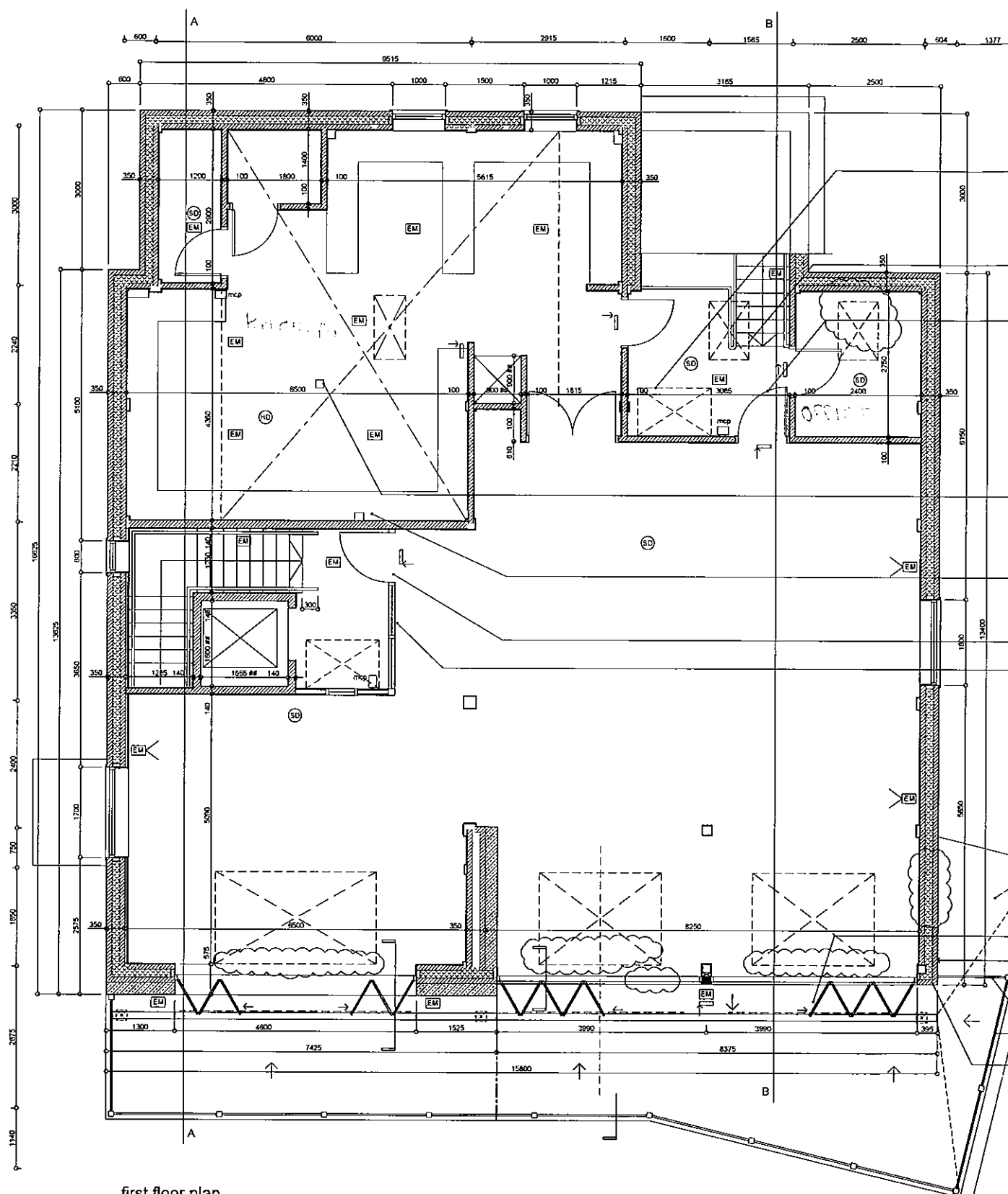
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flags

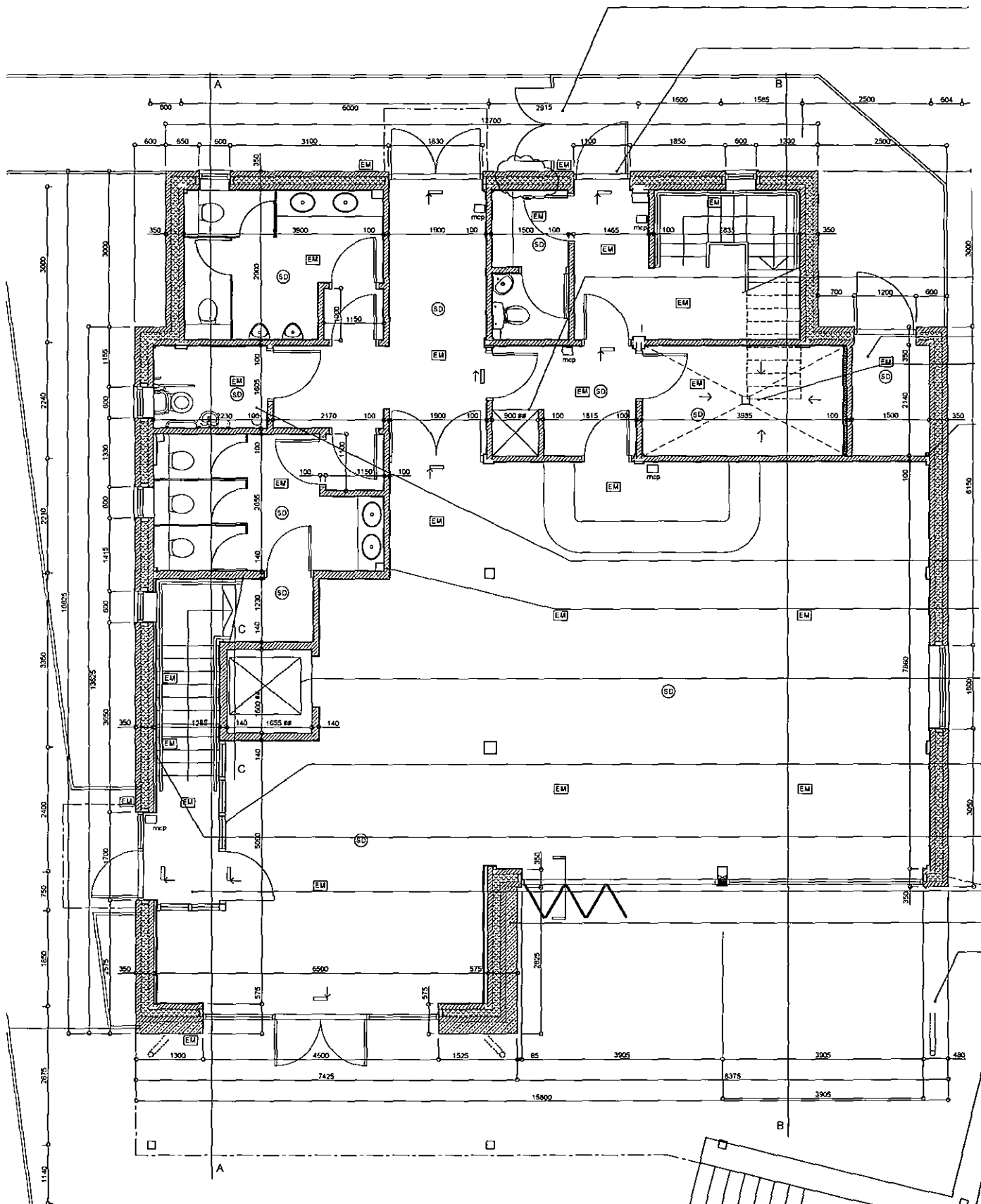
STEPS AS  
REQUIRED

decking

IN TIMBER  
decking

950+





ground floor plan