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**SOUTH LAKELAND 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](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 ADRIAN MICHAEL NORRIS

(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			
KIRKLAND NEWS (KENDAL) LTD 2 KIRKLAND			
Post town		KENDAL	Postcode
			LA9 5AB

Telephone number at premises (if any)	01539 722413
Non-domestic rateable value of premises	£ 4050

**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	KIRKLAND NEWS (KENDAL) LTD
Address	2 KIRKLAND KENDAL CUMBRIA LA9 5 AB
Registered number (where applicable)	7461615
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	01539 722413
E-mail address (optional)	

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
20	01	2013

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)

THE PREMISES IS A NEWSAGENT WITH ADDITIONAL CONVENIENCE PRODUCE FOR SALE AND IS LOCATED ON KIRKLAND. THE APPLICATION IS FOR THE SALE OF ALCOHOL TO BE CONSUMED OFF THE PREMISES ONLY. WE DO NOT INTEND TO PROVIDE A PLACE FOR THE CONSUMPTION OF OFF-SUPPLIES OF ALCOHOL. THE ALCOHOL SALES WILL FORM AN ADDITIONAL PART TO THE EXISTING SERVICES OF NEWS/MAGAZINES, TOBACCO, IMPULSE/CONFECTIONERY & CONVENIENCE ITEMS

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
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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 -- N/A

<b>Plays</b> Standard days and timings (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"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)			
Mon						
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 - N/A

<b>Films</b> Standard days and timings (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"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Thur					
Fri					
Sat			<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)		
Sun					

C - N/A

<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 - N/A

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling 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"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					



E - N/A

<b>Live music</b> Standard days and timings (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 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 performance of live music</b> (please read guidance note 4)		
Thur					
Fri			<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)		
Sat					
Sun					

F - N/A

<b>Recorded music</b> Standard days and timings (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 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 playing of recorded music</b> (please read guidance note 4)		
Thur					
Fri			<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)		
Sat					
Sun					

G - N/A

<b>Performances of dance</b> Standard days and timings (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"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)	
Mon				
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 - N/A

<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		
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 type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed					
Thur			<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					
Sat			<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)		
Sun					

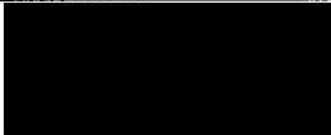

I - N/A

<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"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Wed			<b><u>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</u></b> (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption</b> – <b>please tick</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>		
Mon	06:00	21:00	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4) N/A		
Tue	06:00	21:00			
Wed	06:00	21:00			
Thur	06:00	21:00	<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) N/A		
Fri	06:00	21:00			
Sat	06:00	21:00			
Sun	07:00	14:00			

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

Name	ADRIAN MICHAEL NORRIS		
Address			
Postcode			
Personal licence number (if known)	PA1861 ✓		
Issuing licensing authority (if known)	SOUTH LAKELAND DISTRICT COUNCIL ✓		

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).

NOTHING IN RELATION TO THE LICENCE BEING APPLIED FOR.

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)  N/A
Day	Start	Finish	<b>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</b> (please read guidance note 5)  N/A
Mon	06:00	21:00	
Tue	06:00	21:00	
Wed	06:00	21:00	
Thur	06:00	21:00	
Fri	06:00	21:00	
Sat	06:00	21:00	
Sun	07:00	14:00	

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

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

- WE HAVE EXTENSIVE EXPERIENCE OF SELLING AGE RESTRICTED PRODUCTS RESPONSIBLY. THESE INCLUDE CIGARETTES / TOBACCO, FIREWORKS AND NATIONAL LOTTERY. NO INFRINGEMENTS REPORTED IN ANY OF THESE AREAS.
- STAFF FULLY TRAINED AND AWARE OF AGE RESTRICTED RESPONSIBILITIES. ✓
- ALCOHOL PRODUCTS TO BE APPROPRIATELY SITED IN THE SHOP TO MINIMISE ? POTENTIAL PROBLEMS
- CHALLENGE 21 POLICY TO BE IMPLEMENTED

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

- 4 CAMERA CCTV SYSTEM INSTALLED WITH MONITORS BEHIND THE COUNTER AND IN THE BACK OFFICE.
- INTRUDER ALARM, DOOR BUZZER AND PANIC BUTTON FITTED
- MORTICE LOCKS FITTED TO BOTH EXITS
- ALCOHOL PRODUCTS TO BE SITED CLOSE TO THE COUNTER, WITH SPIRITS ON DISPLAY BEHIND THE COUNTER.

**c) Public safety**

- FIRE EXTINGUISHERS IN PLACE ON THE SHOP FLOOR AND IN THE BACK OFFICE.
- FIRST AID KIT BEHIND THE COUNTER
- SPIRITS TO BE STOCKED IN LOCKING CABINETS BOTH ON THE SHOP FLOOR AND IN THE BACK OFFICE.

**d) The prevention of public nuisance**

- OPENING HOURS NOT EXCESSIVE FOR THE OFF-SALES OF ALCOHOL SECTOR.
- STAFF FULLY TRAINED IN ROLES AND OBLIGATIONS OF BEING A RESPONSIBLE RETAILER.

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

- CHALLENGE 21 POLICY TO BE IMPLEMENTED ✓
- REFUSAL REGISTER IN PLACE FOR AGE RESTRICTED GOODS ✓
- CITIZENCARD LEAFLETS ON DISPLAY FOR CUSTOMERS TO TAKE.

**Checklist:**



**Please tick to indicate agreement**

- I have made or enclosed payment of the fee. ☒
- I have enclosed the plan of the premises. ☒
- I have sent copies of this application and the plan to responsible authorities and others where applicable. ☒
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. ☒
- I understand that I must now advertise my application. ☒
- I understand that if I do not comply with the above requirements my application will be rejected. ☒

**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.**

**Part 4 – Signatures** (please read guidance note 10)

**Signature of applicant or applicant's solicitor or other duly authorised agent** (see guidance note 11). **If signing on behalf of the applicant, please state in what capacity.**

Signature	[REDACTED]
Date	17/12/12
Capacity	COMPANY 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)

KIRKLAND NEWS (KENDAL) LTD  
2 KIRKLAND

Post town	KENDAL	Postcode	LA9 5AB
Telephone number (if any)	01539 722413		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

**Notes for Guidance**

**SOUTH LAKELAND DISTRICT COUNCIL**

Licensing Section, South Lakeland House, Lowther Street, Kendal, Cumbria, LA9 4UD  
 Tel: (01639) 733333 Ext 7481/7484 Fax: (01639) 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, ADRIAN MICHAEL NORRIS [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 PREMISE LICENCE [type of application]  
 by ADRIAN MICHAEL NORRIS [name of applicant]  
 relating to a premises licence N/A [number of existing licence, if any]  
 for KIRKLAND NEWS LTD, 2 KIRKLAND KENDAL, CUMBRIA  
LA9 5AB [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 ADRIAN MICHAEL NORRIS [name of applicant]  
 concerning the supply of alcohol at KIRKLAND NEWS LTD, 2 KIRKLAND,  
KENDAL, LA9 5AB [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 PA1861 [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]

[REDACTED] signed  
A. M. NORRIS name (please print)  
17/12/12 dated

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

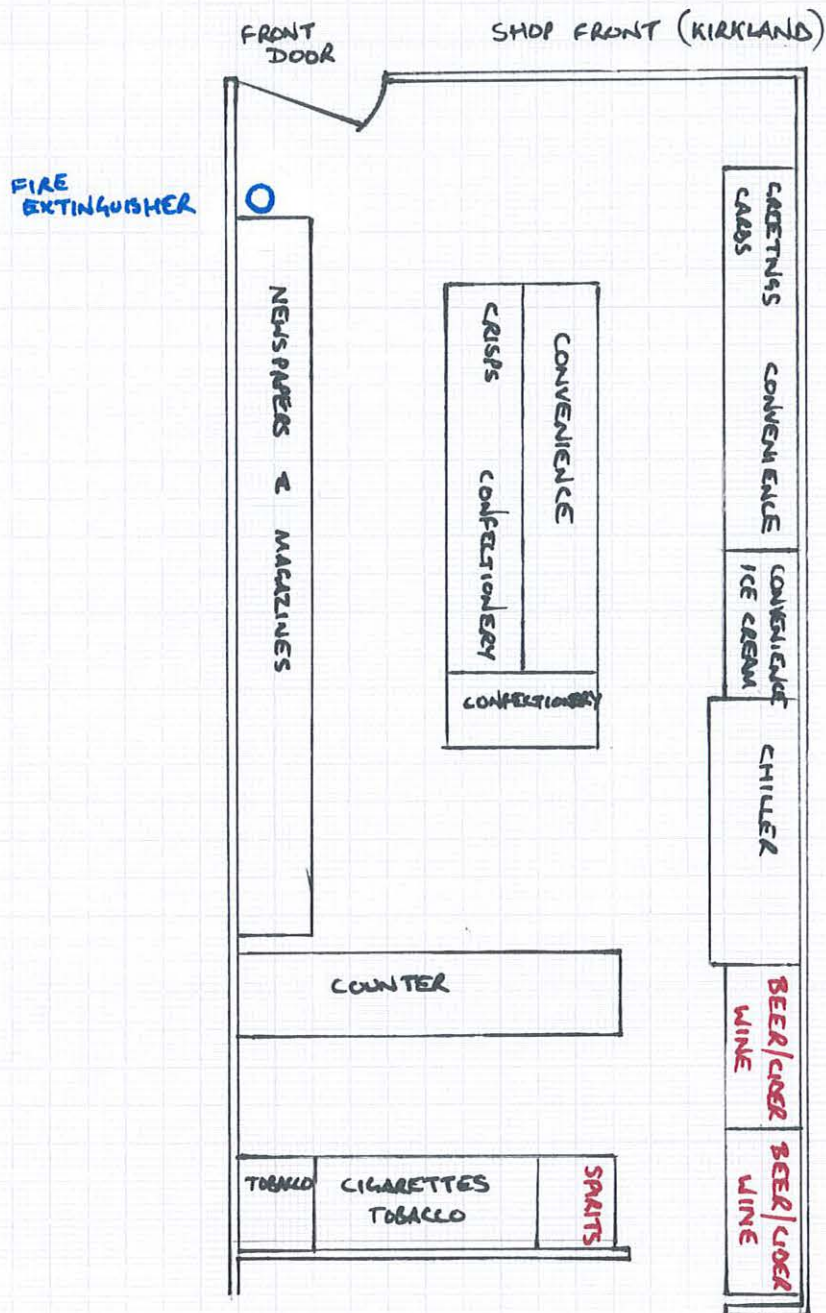
I/we [REDACTED] [full name of premises licence holder(s)]  
 the premises licence holder of premises licence number [REDACTED] [insert  
 premises licence number] relating to [REDACTED]  
[REDACTED] [name and address of  
 premises to which the application relates] hereby give my consent for the transfer of  
 premises licence number [REDACTED] [insert premises licence number]  
 to [REDACTED] [full name of transferee].

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

# KIRKLAND NEWS PLAN

## RETAIL AREA

1 METRE



# KIRKLAND NEWS PLAN

## BACK OFFICE / STOCK AREA

1 METRE

