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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.

CAROLINE ANNE LANGHAM

(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
COTE HOW GUEST HOUSE + TEAROOM
RYDAL
NEAR AMBLESIDE
CUMBRIA
Post town AMBLESIDE Postcode LA22 9LW

Telephone number at premises (if any) 015394 32765
Non-domestic rateable value of premises £ 4750

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as
Please tick as appropriate

- a) an individual or individuals \* [checked] 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 checked="" type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname <b>LANGHAM</b>			First names <b>CAROLINE ANNE</b>		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Current postal address if different from premises address		[REDACTED 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		N/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
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

N/A

### Part 3 Operating Schedule

When do you want the premises licence to start?

AS SOON AS POSSIBLE

DD	MM	YYYY
1	5	022013

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

DD	MM	YYYY
1	1	1

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

A SMALL GUESTHOUSE + TEAROOM - 3 LETTING ROOMS, 2 PRIVATE BEDROOMS. WALKERS TEAROOM. SMALL PARTIES, CHRISTENINGS + WEDDINGS PLANNED FOR SPRING 2013. BUILDING SET AMONG 4 ACRES OF PRIVATE GARDENS IN THE CENTRE OF RYDAL ESTATE SITUATED APPROX 50 YDS FROM PELTER BRIDGE CAR PARK. 5 DWELLINGS FURTHER ALONG THE LANE APPROX 100-200 YDS AWAY.

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**

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	8.00	23.00	Please give further details here (please read guidance note 3) Planned murder mystery weekends for future activities in house + grounds.	Both	<input checked="" type="checkbox"/>
Tue	8.00	23.00			
Wed	8.00	23.00	State any seasonal variations for performing plays (please read guidance note 4) FUTURE IDEAS MIGHT INCLUDE USE OF GARDENS FOR SUMMER PLAYS.		
Thur	8.00	23.00			
Fri	8.00	23.00	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)		
Sat	8.00	23.00			
Sun	8.00	23.00			

**B**

<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 checked="" type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish		
Mon	8.00	23.00	<b>Please give further details here</b> (please read guidance note 3) USE OF DVD FILMS FOR GUESTS RESIDENT AND VISITORS FOR FILM NIGHTS.	
Tue	8.00	23.00		
Wed	8.00	23.00	<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)	
Thur	8.00	23.00		
Fri	8.00	23.00	<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	8.00	23.00		
Sun	8.00	23.00		

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			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue			
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			

N/A

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			<del>           2/7         </del>		
Tue					
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)		
Thur					
Fri			<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)		
Sat					
Sun					

E

Live music 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) OCCASSIONAL WEDDINGS / PARTIES USE OF LAWN / TERRACE / MARQUEE MOST WILL BE SMALL + INDOORS	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	8.00	23.00	<b>Please give further details here</b> (please read guidance note 3) WEDDINGS - HARP, STRING QUARTET, WEDDING SINGERS, BANDS. SOME MAY BE AMPLIFIED BUT MOSTLY ACOUSTIC	Both	<input checked="" type="checkbox"/>
Tue	8.00	23.00			
Wed	8.00	23.00	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Thur	8.00	23.00			
Fri	8.00	00.00	<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)		
Sat	8.00	00.00			
Sun	8.00	00.00			

F

<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 checked="" type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3) MAINLY CD'S FOR WEDDINGS, PARTIES, B+B + TEAROOM CUSTOMERS. BREAKFAST ETC		
Mon	7.30	23.00			
Tue	7.30	23.00			
Wed	7.30	23.00	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4) UNTIL 01.00 ON NEW YEARS DAY, CHRISTMAS DAY.		
Thur	7.30	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	7.30	00.00			
Sat	7.30	00.00			
Sun	7.30	00.00			

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance 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	8.00	00.00	Please give further details here (please read guidance note 3) ENTERTAINMENT FOR GUEST TO WEDDINGS AND PARTIES. DANCE CLASSES	Both	<input checked="" type="checkbox"/>
Tue	8.00	00.00			
Wed	8.00	00.00	State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur	8.00	00.00			
Fri	8.00	00.00	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 (please read guidance note 5)		
Sat	8.00	00.00			
Sun	8.00	00.00			

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		
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"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b>Please give further details here</b> (please read guidance note 3)  <div style="text-align: center; font-size: 2em; font-family: cursive;">N/A</div>		
Wed					
Thur			<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)		
Fri					
Sat			<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)		
Sun					

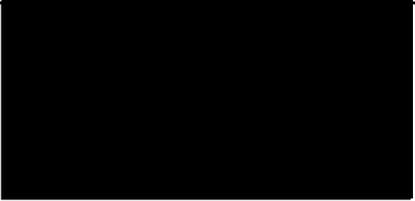
1

<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 (please read guidance note 2)</b>	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)  N/A		
Tue					
Wed			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Thur					
Fri			<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)		
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> - <u>please tick</u> (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	11.00	00.00			
Tue	11.00	00.00			
Wed	11.00	00.00			
Thur	11.00	00.00			
Fri	11.00	00.00			
Sat	11.00	00.00			
Sun	11.00	00.00	<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)  UNTIL 02.00 ON NEW YEARS DAY AND BANK HOLIDAYS		
Thur	11.00	00.00			
Fri	11.00	00.00			
Sat	11.00	00.00			
Sun	11.00	00.00			

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

Name	CAROLINE ANNE LANGHAM
Address	
Postcode	
Personal licence number (if known)	PA1874
Issuing licensing authority (if known)	SLDC

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).

ANY FILMS SHOWN WILL BE RESTRICTED ACCESS AND ONLY SHOWN ACCORDING TO THE RATING \ AGE RESTRICTIONS.

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	11.00	00.00	<p>TEAROOM MAY STAY OPEN UNTIL 19:00 ON SUMMER EVENINGS DURING HOLIDAYS AND WEEKENDS.</p> <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>THE B+B IS 'OPEN' ALL HOURS TO RESIDENTS TEAROOM GENERALLY 11.00 - 17.00 WEDDINGS \ PARTY EVENTS ARE OCCASSIONAL AND WILL END BY 00.00 TARGETTING SMALL WEDDINGS OF UPTO 40 GUEST WHICH WILL BE MANAGED INDOORS &amp; END BY 23.00.</p>
Tue	11.00	00.00	
Wed	11.00	00.00	
Thur	11.00	00.00	
Fri	11.00	00.00	
Sat	11.00	00.00	
Sun	11.00	00.00	

**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)

MAINTAIN THE BUILDING + GROUNDS GENERALLY  
ENSURE ENOUGH STAFF ARE IN ATTENDANCE  
DESIGNATED PREMISES SUPERVISOR IS AVAILABLE DURING ALL TIMES  
ALL FIRE PREVENTION + FIRE FIGHTING EQUIPMENT IN PLACE + MAINTAINED. FIRE EXITS CLEARLY MARKED ETC.

b) The prevention of crime and disorder

IF LARGER EVENTS (+40) THEN EXTRA SECURITY STAFF PRESENT.  
STRICT STAFF TRAINING REGARDING ALCOHOL ABUSE, AGE RESTRICTIONS, SECURITY OF MONEY / GOODS / BELONGINGS.  
PATROLS OF PREMISES + GROUNDS  
USE OF LIGHTING IN AND AROUND THE PROPERTY  
SAFE TRANSPORT OFF SITE / TAXIS

c) Public safety

TO FOLLOW HHS GUIDELINES / ENVIRONMENTAL HEALTH  
PREPARE RISK ASSESSMENTS FOR FIRE + SAFETY  
FOOD HYGIENE TRAINING / QUALIFICATIONS  
CLEANLINESS SCHEDULES.  
ENSURE AMPLE STAFF TO MANAGE NUMBERS – MAINLY LESS THAN 40 PEOPLE AT ANY ONE TIME.

d) The prevention of public nuisance

AWARENESS + STRICT POLICIES ON NOISE PREVENTION  
SAFE + QUIET TRANSPORTATION AWAY FROM PREMISES  
- PLAN TO USE MINI BUSES FOR OCCASSIONAL WEDDINGS / PARTIES  
ANY ENTERTAINMENT OUTDOORS RESTRICTED TO OCCASSIONAL EVENTS. MOST ACTIVITIES WILL BE INDOOR - SMALL (UP TO 40) PEOPLE AT WEDDINGS / PARTIES - MINIMISE LIGHT POLLUTION  
- NO FIREWORKS / CHINESE LANTERNS.

e) The protection of children from harm

STRICT GUIDELINES ON THINK 21 - ALCOHOL SERVING  
USE OF POSTERS + TRAINING. ID REQUIRED.  
RESTRICT ACCESS TO FILMS BY CERTIFICATION.

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.

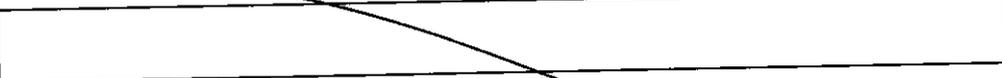
IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

**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	10/01/2013
Capacity	PROPRIETOR - COTE HOW GUEST HOUSE + TEAROOM

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)

COTE HOW  
RYDAL  
CUMBRIA

Post town	AMBLESIDE	Postcode	LA22 9LW
Telephone number (if any)	015394 32765		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
info@cotehow.co.uk			

**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.



**Part A**

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

I CAROLINE LANGHAM [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 ALCOHOL [type of application]

by ME [name of applicant]

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

[redacted] [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 [redacted] [name of applicant]

concerning the supply of alcohol at COTE HOW [name and address of premises to which application relates].

[redacted] [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 PA1874 [insert personal licence number, if any]

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

[redacted]

[redacted]

[redacted] signed  
CAROLINE LANGHAM name (please print)

11.1.13 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

HOUSE AND IMMEDIATE GROUNDS AREA - SCALE 1:100

COTE HOW GUEST HOUSE & TEAROOM

RVDAL

NEAR AMBLESIDE

LA22 9LW

015394 32765

Area not residentially used - A section of the site is to be used for the construction of a new building for the purpose of a tearoom and guest house.

