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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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**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 Green Quarter 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 |                  |                     |         |
| The Hyning Estate, Grayrigg, Kendal, Cumbria,  |                  |                     |         |
| Post town  | Grayrigg, Kendal | Post code           | LA8 9JP |
| Telephone number at premises (if any)  |                  | +44 (0) 1539 234567 |         |
| Non-domestic rateable value of premises  |                  | £ not yet rated     |         |

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as

Please tick yes

- |  |   |
|--|---|
| 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 ☐ 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  | Green Quarter Ltd   |
| Address   | Green Quarter House , Kentmere, Kendal, Cumbria LA8 9JP                               |
| Registered number (where applicable)  | 5762566   |
| Description of applicant (for example, partnership, company, unincorporated association etc.) | A limited company .<br>Company Directors : Mrs Jan Hinchliffe & Mr Richard Hinchliffe |
| Telephone number (if any)   | 01539 822330 or 01539 234567  |
| E-mail address (optional)   | office@greenquarter.eu  |

### Part 3 Operating Schedule

When do you want the premises licence to start?

Day Month Year

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| 0 | 1 | 1 | 1 | 2 | 0 | 1 | 2 |
|---|---|---|---|---|---|---|---|

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)

The Hyning Estate is a small (self -catering) holiday letting complex located in it's own grounds approximately 2 acres , at least 1/2 mile from any other buildings/ residences. It is not overlooked by any other property . It is approached via a private drive (1/4 mile) , the estate is fenced off from all surrounding farmland, and is also 1/4 mile from the public highway.

We will offer extra services to ensure the viability of our small business. The services are to be provided to residents and guests only . There is a maximum residential capacity of 49 (not including cots).. We want to provide locally sourced food and drinks to the guests , to enhance the guests experience, to promote local produce and to ensure the viability of the business through these services by achieving higher occupancy levels. There is currently no shop or pub in the immediate locality. (Kendal Morrissons being the nearest Supermarket)

We want the licence to cover the whole site area indicated on the large site map .although we intend, in the main to use the 'Byre' and courtyards (which have been designed for these purposes ,when not let out.), for the provision of B&B , preparation of ready meals , supply of beverages, and provision of occasional entertainment in the form of films and music to our guests .

The building has been renovated in accordance with all appropriate safety legislation, and we have installed all fire safety measure proposed by the local fire officer

We wish to provide food and drink for consumption within the boundary of the estate only.

Please see enclosed plans/ maps, with all facilities clearly marked.

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 checked="" 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)<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)

☒

**In all cases complete boxes N, O and P**

# A

| Plays<br>Standard days and timings<br>(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   |       |        | Please give further details here (please read guidance note 3)  | Both     | <input type="checkbox"/> |
| Tue   |       |        |   |          |                          |
| Wed   |       |        | State any seasonal variations for performing plays (please read guidance note 4)  |          |                          |
| Thur  |       |        |   |          |                          |
| Fri   |       |        |   |          |                          |
| Sat   |       |        | 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) |          |                          |
| Sun   |       |        |   |          |                          |

# B

| Films<br>Standard days and timings<br>(please read guidance note 6) |       |        | Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)  | Indoors  | <input checked="" type="checkbox"/> |
|---|-------|--------|--|----------|-------------------------------------|
| Day   | Start | Finish |  | Outdoors | <input type="checkbox"/>            |
| Mon   | 0.00  | 24.00  | All windows are triple glazed and the property has very high levels of insulation= lowest noise levels<br>Please give further details here (please read guidance note 3)                       | Both     | <input type="checkbox"/>            |
| Tue   | 00.00 | 24.00  |  |          |                                     |
| Wed   | 00.00 | 24.00  | State any seasonal variations for the exhibition of films (please read guidance note 4)  |          |                                     |
| Thur  | 00.00 | 24.00  |  |          |                                     |
| Fri   | 00.00 | 24.00  | Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list (please read guidance note 5) |          |                                     |
| Sat   | 00.00 | 24.00  |  |          |                                     |
| Sun   | 00.00 | 24.00  |  |          |                                     |

# C

| Indoor sporting events<br>Standard days and timings<br>(please read guidance note 6) |       |        | <u>Please give further details</u> (please read guidance note 3)   |
|--|-------|--------|--|
| Day  | Start | Finish |  |
| Mon  |       |        |  |
|  |       |        |  |
|  |       |        |  |
| Tue  |       |        | <u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)  |
|  |       |        |  |
|  |       |        |  |
| Wed  |       |        |  |
|  |       |        |  |
|  |       |        |  |
| Thur   |       |        | <u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 5) |
|  |       |        |  |
|  |       |        |  |
| Fri  |       |        |  |
|  |       |        |  |
|  |       |        |  |
| Sat  |       |        |  |
|  |       |        |  |
|  |       |        |  |
| Sun  |       |        |  |
|  |       |        |  |
|  |       |        |  |

# D

| Boxing or wrestling entertainments<br>Standard days and timings (please read guidance note 6) |       |        | <u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)  |                          |
|---|-------|--------|---|--------------------------|
| Day   | Start | Finish | Indoors   | <input type="checkbox"/> |
| Mon   |       |        | Outdoors  | <input type="checkbox"/> |
|   |       |        | Both  | <input type="checkbox"/> |
| Tue   |       |        | <u>Please give further details here</u> (please read guidance note 3)   |                          |
|   |       |        |   |                          |
|   |       |        |   |                          |
| Wed   |       |        | <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)  |                          |
|   |       |        |   |                          |
|   |       |        |   |                          |
| Thur  |       |        | <u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5) |                          |
|   |       |        |   |                          |
|   |       |        |   |                          |
| Fri   |       |        |   |                          |
|   |       |        |   |                          |
|   |       |        |   |                          |
| Sat   |       |        |   |                          |
|   |       |        |   |                          |
|   |       |        |   |                          |
| Sun   |       |        |   |                          |
|   |       |        |   |                          |
|   |       |        |   |                          |

# E

| Live music<br>Standard days and timings<br>(please read guidance note 6) |       |        | Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)  | Indoors  | <input checked="" type="checkbox"/> |
|--|-------|--------|--|--|-------------------------------------|
| Day  | Start | Finish |  | Outdoors   | <input checked="" type="checkbox"/> |
| Mon  | 11.00 | 23.00  | Please give further details here (please read guidance note 3)<br>All windows are triple glazed and the property has very high levels of Insulation= lowest noise levels   | For residents and guests only - music may be played in the Byre, courtyard, <del>courtyard</del> of the estate (see plans) low levels of amplification - happy to set noise levels. * <i>See on DAZN</i> |                                     |
| Tue  | 11.00 | 23.00  |  |  |                                     |
| Wed  | 11.00 | 23.00  | State any seasonal variations for the performance of live music (please read guidance note 4)  |  |                                     |
| Thur   | 11.00 | 23.00  |  |  |                                     |
| Fri  | 11.00 | 23.00  | 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 (please read guidance note 5)<br><br>New Years Eve & Public Holidays allow live music<br>12.00 p.m - 1.00 a.m |  |                                     |
| Sat  | 11.00 | 23.00  |  |  |                                     |
| Sun  | 11.00 | 23.00  |  |  |                                     |
|  |       |        |  |  |                                     |

# F

| Recorded music<br>Standard days and timings<br>(please read guidance note 6) |       |        | Will the playing of recorded music 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  | 0.00  | 24.00  | Please give further details here (please read guidance note 3)<br>For residents and guests only - Music played outdoors will be stopped at 23.00 except as detailed below - low levels of amplification - happy to set noise levels. All windows are triple glazed and the property has very high levels of Insulation= lowest noise levels |          |                          |
| Tue  | 0.00  | 24.00  |   |          |                          |
| Wed  | 0.00  | 24.00  | State any seasonal variations for the playing of recorded music (please read guidance note 4)   |          |                          |
| Thur   | 0.00  | 24.00  |   |          |                          |
| Fri  | 0.00  | 24.00  | 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 (please read guidance note 5)<br><br>New Years Eve, Public holidays - all outdoor music will be stopped by 1.00 a.m.   |          |                          |
| Sat  | 0.00  | 24.00  |   |          |                          |
| Sun  | 0.00  | 24.00  |   |          |                          |
|  |       |        |   |          |                          |



# G

| Performances of dance<br>Standard days and timings<br>(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"/> |
|   |       |        |  | Both     | <input type="checkbox"/> |
| Mon   |       |        | <u>Please give further details here</u> (please read guidance note 3)  |          |                          |
|   |       |        |  |          |                          |
| Tue   |       |        |  |          |                          |
|   |       |        |  |          |                          |
| Wed   |       |        | <u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)  |          |                          |
|   |       |        |  |          |                          |
| Thur  |       |        | N/A  |          |                          |
|   |       |        |  |          |                          |
| Fri   |       |        | <u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 5) |          |                          |
|   |       |        |  |          |                          |
| Sat   |       |        |  |          |                          |
| Sun   |       |        |  |          |                          |

# H

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

| <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 | <b>Please give further details here</b> (please read guidance note 3)  |   |         |                          |          |                          |      |                          |
| Mon   |                          |        |  |   |         |                          |          |                          |      |                          |
| Tue   |                          |        |  |   |         |                          |          |                          |      |                          |
| Wed   |                          |        | <b>State any seasonal variations for the provision of facilities for making music</b> (please read guidance note 4)  |   |         |                          |          |                          |      |                          |
| Thur  |                          |        | N/A  |   |         |                          |          |                          |      |                          |
| Fri   |                          |        |  |   |         |                          |          |                          |      |                          |
| Sat   |                          |        | <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) |   |         |                          |          |                          |      |                          |
| Sun   |                          |        |  |   |         |                          |          |                          |      |                          |

| <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"/> | <b>Please give a description of the facilities for dancing you will be providing</b> |  |
| 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  |                          |        | N/A   |         |                          |          |                          |      |                          |  |  |
| Tue  |                          |        |   |         |                          |          |                          |      |                          |  |  |
| Wed  |                          |        | <b>State any seasonal variations for providing dancing facilities</b> (please read guidance note 4)   |         |                          |          |                          |      |                          |  |  |
| Thur   |                          |        |   |         |                          |          |                          |      |                          |  |  |
| Fri  |                          |        |   |         |                          |          |                          |      |                          |  |  |
| Sat  |                          |        | <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) |         |                          |          |                          |      |                          |  |  |
| 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><u>Please give a description of the type of entertainment facility you will be providing</u></b>   |                                   |
| Day   | Start | Finish | <b><u>Will the entertainment facility be 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)<br><br>N/A   |                                   |
| Wed   |       |        |   |                                   |
| Thur  |       |        |   |                                   |
| Fri   |       |        | <b><u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u></b> (please read guidance note 4)  |                                   |
| Sat   |       |        | <b><u>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</u></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><u>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)   |                                   |
| Day   | Start | Finish | Indoors <input type="checkbox"/>  | Outdoors <input type="checkbox"/> |
| Mon   |       |        | Both <input type="checkbox"/>   |                                   |
| Tue   |       |        | <b><u>Please give further details here</u></b> (please read guidance note 3)<br><br>N/A   |                                   |
| Wed   |       |        |   |                                   |
| Thur  |       |        |   |                                   |
| Fri   |       |        | <b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)   |                                   |
| Sat   |       |        | <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) |                                   |
| Sun   |       |        |   |                                   |

**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)<br><i>Bounded</i><br>For consumption within the curtilage of the property - see plans  |  | On the premises  | <input checked="" type="checkbox"/> |
|  |       |        |   |  | Off the premises | <input type="checkbox"/>            |
|  |       |        |   |  | Both             | <input type="checkbox"/>            |
| Day  | Start | Finish | <b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)  |  |                  |                                     |
| Mon  | 9.00  | 24.00  |   |  |                  |                                     |
| Tue  | 9.00  | 24.00  |   |  |                  |                                     |
| Wed  | 9.00  | 24.00  |   |  |                  |                                     |
| Thur   | 9.00  | 24.00  |   |  |                  |                                     |
| Fri  | 9.00  | 24.00  |   |  |                  |                                     |
| Sat  | 9.00  | 24.00  |   |  |                  |                                     |
| Sun  | 9.00  | 24.00  |   |  |                  |                                     |
|  |       |        | <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)<br>New Years Eve & Public Holidays - 9.00 a.m. - 2.00 a.m. - Residents & Guests only. |  |                  |                                     |

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

|   |  |
|---|--|
| <b>Name</b>                                   | Mrs J F Hinchliffe                               |
| <b>Address</b>                                | Green Quarter House , Kentmere, Kendal , Cumbria |
| <b>Postcode</b>                               | LA8 9JP  |
| <b>Personal Licence number (if known)</b>     | PA1783   |
| <b>Issuing licensing authority (if known)</b> | 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)**

None

All rules/ laws / classifications with regard to films/ entertainment will be followed

## 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   | 0.00  | 24.00  | The premises are to be accessible to residents & invited guests only   |
|   |       |        |  |
| Tue   | 0.00  | 24.00  |  |
|   |       |        |  |
| Wed   | 0.00  | 24.00  | <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)<br><br>Residents & invited guests only |
|   |       |        |  |
| Thur  | 0.00  | 24.00  |  |
|   |       |        |  |
| Fri   | 0.00  | 24.00  |  |
|   |       |        |  |
| Sat   | 0.00  | 24.00  |  |
|   |       |        |  |
| Sun   | 0.00  | 24.00  |  |
|   |       |        |  |

**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 business, with guest numbers not expected to exceed 70 at any time  
A special events licence will be sought for any larger event. We wish to run a business which encourages a sensible and measured approach to the consumption of alcohol, family friendly with enjoyment of food, entertainment and beverages, showing respect for our wider community, through management of noise levels, and observance of all appropriate legislation & cooperation with local services.

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

Any resident / guest engaged in / suspected of being engaged in crime/ disorder will be immediately reported to the appropriate authorities.

Residents / Guests will be requested to provide appropriate proof of age, (PASS, Passport, Photo Driving licence) where they appear to be under the legal age for the purchase or consumption of alcohol as specified by law.

**c) Public safety**

All staff will be fully trained in evacuation / safety procedures, the property had been checked to comply with safety legislation. (Emergency lighting / Fire Detection etc)

The booking information provided to residents will clearly explain safety procedures.

First Aid provisions are held on site. Emergency services can access the property in the event of an emergency etc. There are no obstructions at exits/ entrances in the public places

**d) The prevention of public nuisance**

We will regularly monitor noise levels and will take remedial action immediately should it be required. The property is triple glazed throughout noise levels will be very low. The property is detached and not overlooked or close to any other residence. All beverages and food will be sold for consumption on the premises, within the curtilage of the property - see plans. - No off sales.

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

Residents / Guests will be requested to provide appropriate proof of age, (PASS, Passport, Photo Driving licence) where they appear to be under the legal age for the purchase or consumption of alcohol as specified by law, and will be refused service / sales where they are underage or suitable proof of age is not provided.

All rules/ laws/ classifications with regard to film / entertainment will be followed.


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      | 10/2/2012   |
| 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)

|  |  |           |  |
|--|--|-----------|--|
|  |  |           |  |
| 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) |  |           |  |

## 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, Mrs Janet Fiona Hinchliffe [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 Green Quarter Ltd [name of applicant]  
 relating to a premises licence [number of existing licence, if any]  
 for The Hynning Estate, Grayrigg, Kendal, Cumbria LA8 9JP  
 [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 Green Quarter Ltd [name of applicant]  
 concerning the supply of alcohol at The Hynning Estate, Grayrigg, Kendal, Cumbria, LA8 9JP  
 [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 PA1783 [insert personal licence number, if any]  
 Personal licence issuing authority South Lakeland District Council, Lowther Street, LA9 4UQ -  
 01539 733333  
 [insert name and address and telephone number of personal licence issuing authority, if  
 any]

[redacted] signed  
 Mrs Janet F Hinchliffe name (please print)  
 11/9/2012 dated  
 11/9/2012

## 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



C. R. A. R. S.  
KENDAL.



TESSA

209.4m

209.7m

GP


210.3m

211.7m

Private Drive

Issues

Boundary of  
LICENSED AREA.

 — The 'byre'  
& 'the longyards' }

— Corridor of the  
Hyring Estate.

Hyring

ISSUE

THE BYRE & 'COURTYARD'

HYNING ESTATE

SCALE 1-100

2-08-12

