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SOUTH LAKELAND DISTRICT COUNCIL
Public Health & Licensing Group, South Lakeland House, Lowther Street,
Kendal, Cumbria LA9 4UD
Tel: (01539) 733333 Ext.7481/7438 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

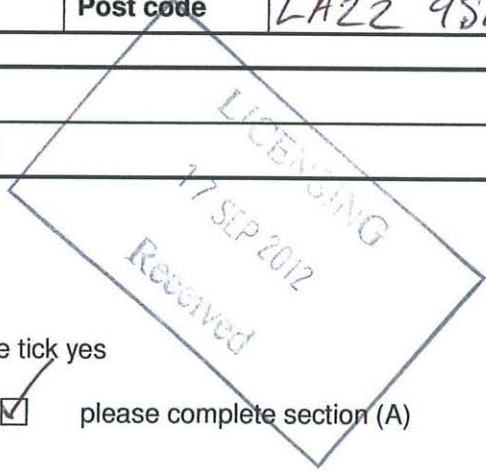
Before completing this form please read the guidance notes at the end of the form.
If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.
You may wish to keep a copy of the completed form for your records.

I/We THOMAS SIDNEY NELSON CROSS
(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 CRAFTS & WOOLLEN CENTRE THE OLD COACH HOUSE STOCK LANE			
Post town	GRASMERÉ	Post code	LA22 9SL
Telephone number at premises (if any)			
Non-domestic rateable value of premises	£ 15.750		



Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick yes

- 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname <i>CROSS</i>			First names <i>THOMAS SIDNEY NELSON</i>		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
Post Town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
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)

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
29	10	2012

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

Day	Month	Year

Please give a general description of the premises (please read guidance note1)

I WISH TO OPEN A FARM-SHOP TYPE OF OUTLET IN THE FORMER RETAIL UNIT OF THE CRAFTS AND WOLLEN CENTRE, SELLING "LOCALLY" PRODUCED BOTTLED BEER / CIDER / GIN ETC. BUT MAINLY A WIDE VARIETY OF FOOD ITEMS. THE UNIT SHARES THE BUILDING WITH TWO OTHER RETAIL UNITS, A CAFE AND A SHOP SELLING GENERAL TOURIST SOUVENIRS. ACCESS IN STRAIGHT TO THE MAIN ROAD WHICH LEADS THROUGH GRASMERE, WITH A WIDE VARIETY OF OTHER SHOPS 'JUST NEXT DOOR'. THE PREMISES COMPRISE ONE RECTANGULAR ROOM (SEE DRAWING), WITH ONE ENTRANCE / EXIT TO THE SHARED ENTRANCE OF ALL THREE RETAIL UNITS.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

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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)

Please tick yes

Provision of regulated entertainment

- 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 entertainment facilities:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

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

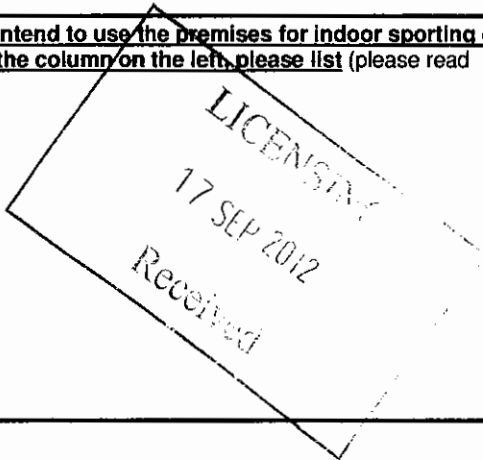
Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>	
Day	Start	Finish		Outdoors	<input type="checkbox"/>	
Mon			Please give further details here (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 Standard days and timings (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 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 the exhibition of films (please read guidance note 4)		
Thur						
Fri						
Sat				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)		
Sun						

C

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



D

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

E

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

F

Recorded music Standard days and timings (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			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur					
Fri			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)		
Sat					
Sun					

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"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish				
Mon			Please give further details here (please read guidance note 3)			
Tue						
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)			
Thur						
Fri			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						
Sun						

H

Anything of a similar description to that falling within (e), (f) or (g) 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	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)		Indoors	<input type="checkbox"/>
Mon					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)			
Wed						
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)			
Fri						
Sat			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 (please read guidance note 5)			
Sun						

I

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing		
			Will the facilities for making music be indoors or outdoors or both – please tick (please read guidance note 2)		Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2)		Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
			Please give a description of the facilities for dancing you will be providing		
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for providing dancing facilities (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

K

Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing		
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)		
Wed					
Thur			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j (please read guidance note 4)		
Fri					
Sat			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 (please read guidance note 5)		
Sun					

L

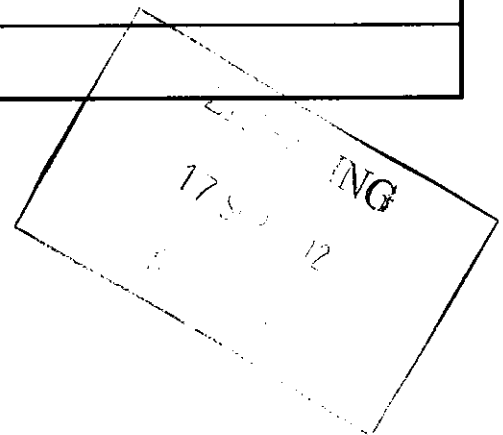
Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)		
Day	Start	Finish		Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>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

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	9am	9pm			
Tue	9am	9pm			
Wed	9am	9pm			
Thur	9am	9pm			
Fri	9am	9pm			
Sat	9am	9pm			
Sun	9am	9pm			
			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 (please read guidance note 5)		

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

Name	THOMAS SIDNEY NELSON CROSS	
Address	[REDACTED]	
Postcode	[REDACTED]	
Personal Licence number (if known)	PA 1642	
Issuing licensing authority (if known)	SLDC	



N

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 5)
Mon	9am	9pm	
Tue	9am	9pm	
Wed	9am	9pm	
Thur	9am	9pm	
Fri	9am	9pm	
Sat	9am	9pm	
Sun	9am	9pm	

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)

I WILL NOT BE DISPLAYING OR HANDLING ALCOHOL IN AN INAPPROPRIATE WAY. STORAGE WILL BE AS BOTTLES ON SHELVES TO THE REAR OF MY SHOP (SAFE & SECURE) FOR SALE AS PART OF FARM-SHOP GOODS.

b) The prevention of crime and disorder

THERE IS AN ALARM SYSTEM IN PLACE AT THE PREMISES + SHUTTERS AT THE FRONT ENTRANCE AND AT THE ENTRANCE TO THE SHOP FLOOR.

c) Public safety

I WILL FOLLOW GOOD HEALTH & SAFETY PRACTICES, INITIATED BY A FULL SHOP-REFIT (NEW FLOOR /SHELVING /LIGHTING ETC) WHEN I COMMENCE TRADING - HOPEFULLY END OF OCTOBER 2012. I AM FIRST AID QUALIFIED AND WILL HAVE A FIRST AID BOX.

d) The prevention of public nuisance

I WILL MONITOR ANY DISTURBANCE (NOISE, PARKING ISSUES ETC) BUT AS THERE HAS ALWAYS BEEN A SHOP IN PLACE HERE POSSIBLY UNLIKELY. DELIVERIES WILL BE RESTRICTED TO AFTER 7 AM AND NO LATER THAN 7 PM.

e) The protection of children from harm

SHELVING WHICH CAN ONLY BE REACHED SAFELY. SHOP FLOOR TO HAVE GOOD ACCESS SPACE ALL-ROUND, WITH A GOOD OVERVIEW OF WHAT IS HAPPENING ON THE SHOP-FLOOR.