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SOUTH LAKE LAND DISTRICT COUNCIL
Public Health & Licensing Group, South Lakeland House, Lowther Street,
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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.

LICENSING
- 5 JUL 2012
Received

I/We SEL SIDE MEMORIAL HALL MANAGEMENT COMMITTEE
(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			
MEMORIAL HALL SEL SIDE			
Post town	KENDAL	Post code	LA8 9LE
Telephone number at premises (if any)		/	
Non-domestic rateable value of premises		£ 1,125	

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

- a) an individual or individuals *
- b) a person other than an individual *
- i. as a limited company

Please tick yes

☐ please complete section (A)

☐ 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	SELSIDE MEMORIAL HALL MANAGEMENT COMMITTEE
Address	MEMORIAL HALL SELSIDE KENDAL LA8 9LE
Registered number (where applicable)	REGISTERED CHARITY No. 231432
Description of applicant (for example, partnership, company, unincorporated association etc.)	MANAGEMENT COMMITTEE
Telephone number (if any)	/
E-mail address (optional)	/

Part 3 Operating Schedule

When do you want the premises licence to start?

Day Month Year
09 08 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 note 1)

Selside Memorial Hall is situated on the A64 miles north of Kendal. The premises consist of a main hall, kitchen, toilet area (including disabled facilities) and enclosed rear area with storage huts and a large car park. It is in an isolated area and serves the local community, providing a meeting place for different organisations and family celebrations; for example the hall is used for W.I. and Y.F.C meetings, craft classes, childrens parties and a monthly social night allowing the scattered community to come together. The hall is available for hire 24 hours a day 7 days a week.

Selside Memorial hall is a registered charity no 231432, run by an elected local committee comprised of Chairman Mark Richardson, Secretary Hazel Thompson, Treasurer Christine Bland and twelve committee members.

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.

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 checked="" 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 checked="" type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input checked="" 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 checked="" type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g)
(if ticking yes, fill in box H) | <input checked="" type="checkbox"/> |

Provision of entertainment facilities:

- | | |
|--|-------------------------------------|
| i) making music (if ticking yes, fill in box I) | <input checked="" type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J) | <input checked="" type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j)
(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 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"/>	Outdoors <input type="checkbox"/>	Both <input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon	09.00	02.00	LOCAL PRODUCTIONS e.g. SCHOOL / Y.F.C.			
Tue	09.00	02.00				
Wed	09.00	02.00	State any seasonal variations for performing plays (please read guidance note 4)			
Thur	09.00	02.00				
Fri	09.00	02.00	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	09.00	02.00				
Sun	09.00	02.00				

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 checked="" type="checkbox"/>	Outdoors <input type="checkbox"/>	Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon	09.00	02.00	FILMS MAY BE SHOWN. THE CORRECT LICENCES WILL BE OBTAINED TO ENSURE COMPLIANCE WITH COPYRIGHT LAWS. SPEAKERS MAY BE USED ONLY TO ENABLE SOUNDTRACKS			
Tue	09.00	02.00				
Wed	09.00	02.00	State any seasonal variations for the exhibition of films (please read guidance note 4)			
Thur	09.00	02.00				
Fri	09.00	02.00	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	09.00	02.00				
Sun	09.00	02.00				

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3) EVENTS WILL INCLUDE TABLE TENNIS, SHORT MAT BOWLING, POOL AND CUMBERLAND AND WESTMORLAND WRESTLING - SEE BELOW
Day	Start	Finish	
Mon	09.00	02.00	State any seasonal variations for indoor sporting events (please read guidance note 4) —
Tue	09.00	02.00	
Wed	09.00	02.00	
Thur	09.00	02.00	
Fri	09.00	02.00	
Sat	09.00	02.00	
Sun	09.00	02.00	
			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 checked="" type="checkbox"/>
Mon	09.00	02.00	Outdoors	<input type="checkbox"/>
Tue	09.00	02.00	Both	<input type="checkbox"/>
Wed	09.00	02.00	Please give further details here (please read guidance note 3) CUMBERLAND AND WESTMORLAND WRESTLING.	
Thur	09.00	02.00		
Fri	09.00	02.00	State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4) —	
Sat	09.00	02.00	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) —	
Sun	09.00	02.00		

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 checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	09.00	02.00	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	09.00	02.00			
Wed	09.00	02.00			
Thur	09.00	02.00	State any seasonal variations for the performance of live music (please read guidance note 4)		
Fri	09.00	02.00			
Sat	09.00	02.00			
Sun	09.00	02.00	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)		

MUSIC NIGHTS MAY REQUIRE AMPLIFICATION, HOWEVER NOISE LEVELS WILL BE LIMITED

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	09.00	02.00	Please give further details here (please read guidance note 3)	Both	<input checked="" type="checkbox"/>
Tue	09.00	02.00			
Wed	09.00	02.00			
Thur	09.00	02.00	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Fri	09.00	02.00			
Sat	09.00	02.00			
Sun	09.00	02.00	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)		

MUSIC WILL MAINLY BE PLAYED INSIDE THE HALL AS INCIDENTAL TO AN EVENT CHILDREN MAY LISTEN TO MUSIC IN THE OUTSIDE AREA (ENCLOSED) AT REAR - I.E. NURSERY RHYMES

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 checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	0900	0200	<u>Please give further details here</u> (please read guidance note 3)	DANCE CLASSES / PERFORMANCES	
Tue	0900	0200			
Wed	0900	0200			
Thur	0900	0200	<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Fri	0900	0200			
Sat	0900	0200			
Sun	0900	0200	<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)		

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	0900	0200	<u>Please give further details here</u> (please read guidance note 3)	PANTOMINES / PLAYS	
Tue	0900	0200			
Wed	0900	0200			
Thur	0900	0200	<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	0900	0200			
Sat	0900	0200			
Sun	0900	0200	<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)		

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 checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon	0900	0200	EVENTS MAY INCLUDE MUSIC TUITION.	
Tue	0900	0200		
Wed	0900	0200	State any seasonal variations for the provision of facilities for making music (please read guidance note 4)	
Thur	0900	0200		
Fri	0900	0200	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	0900	0200		
Sun	0900	0200		

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 checked="" 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	VARIOUS DANCES MAY BE ARRANGED i.e. CEILIDH, DISCO, OLD TIME	
Mon	0900	0200	Please give further details here (please read guidance note 3)	
Tue	0900	0200		
Wed	0900	0200	State any seasonal variations for providing dancing facilities (please read guidance note 4)	
Thur	0900	0200		
Fri	0900	0200	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	0100	0200		
Sun	0900	0200		

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	2300 0900	0200		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	2300 0900	0200	Please give further details here (please read guidance note 3) REFRESHMENTS ie TEA/COFFEE/ALCOHOL/ FOOD BE SERVED INSIDE THE HALL HOWEVER THEY MAY BE CONSUMED IN THE ENCLOSED AREA AT REAR OF PROPERTY.		
Wed	2300 0900	0200	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur	2300 0900	0200			
Fri	2300 0900	0200	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)		
Sat	2300 0900	0200			
Sun	2300 0900	0200			

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 checked="" type="checkbox"/>
					Off the premises <input type="checkbox"/>
					Both <input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	0900	0200	WE HAVE STATED THE HOURS OF MAXIMUM TIME BUT ON THE MAJORITY OF BOOKINGS THE FINISHING TIME WILL BE EARLIER.		
Tue	0900	0200			
Wed	0900	0200			
Thur	0900	0200	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)		
			NO		
Fri	0900	0200			
Sat	0900	0200			
Sun	0900	0200			

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

Name	
Address	
N/A.	
Postcode	
Personal Licence number (if known)	
Issuing licensing authority (if known)	

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)

CASINO NIGHTS

RACE NIGHTS

THESE WILL BE COVERED BY AN ADDITIONAL
TENS.

O

Hours premises are open to the public

Standard days and timings
(please read guidance note 6)

Day	Start	Finish
Mon	0000	2400
Tue	0000	2400
Wed	0000	2400
Thur	0000	2400
Fri	0000	2400
Sat	0000	2400
Sun	0000	2400

State any seasonal variations (please read guidance note 4)

OUR PREMISES ARE OPEN TO THE
PUBLIC EVERY HOUR OF THE DAY 7
DAYS A WEEK - ALTHOUGH THE
ONLY TIME THEY ARE USED AT
NIGHT EARLY MORNING IS WHEN THE
CYCLING CLUB SLEEP OVER ON ROUTE

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)

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)

WE HAVE CREATED A PLEASANT AND PEACEFUL VENUE FOR GROUPS OF PEOPLE TO GATHER AND PARTICIPATE IN VARIOUS ACTIVITIES. RESPONSIBILITIES OF EVENT ORGANISERS ARE OUTLINED IN OUR HIRE AGREEMENT.

b) The prevention of crime and disorder

NO ALCOHOL TO BE SERVED TO A PERSON WHO APPEARS TO BE DRUNK OR IS DRUNK.
IF CONSIDERED NECESSARY DOOR KEEPERS AND BOUNCERS WILL BE HIRED.

c) Public safety

THE CAPACITY OF THE HALL WILL BE ADHERED TO.
A RESPONSIBLE PERSON TO BE APPOINTED WHERE VEHICLES ARE TO BE PARKED.

d) The prevention of public nuisance

THE MANAGEMENT COMMITTEE WILL APPOINT A RESPONSIBLE PERSON AT ALL EVENTS, WHO WILL BE ISSUED WITH OUR TERMS OF CONDITIONS OF RENTAL. ALL PEOPLE WILL BE ATTENDING BY CAR / BUS.

e) The protection of children from harm

AS PER THE TERMS OF HIRE AGREEMENT - CHILDREN WILL BE SUPERVISED AT ALL TIMES. IDENTIFICATION WILL BE TAKEN AT APPROPRIATE EVENTS.

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	[REDACTED]
Date	01.07.12
Capacity	COMMITTEE MEMBER

For joint applications signature of 2nd applicant or 2nd 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	[REDACTED] [REDACTED]
Date	1.7.12
Capacity	TREASURER.

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

MRS. MARGARET DIXON

[REDACTED]
[REDACTED]

Post town	[REDACTED]	Post code	[REDACTED]
Telephone number (if any)	[REDACTED]	[REDACTED]	[REDACTED]
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			



Disabled Person's Toilet

Ramp

Main Hall

Kitchen & Food Prep

BAR

Exit

Exit

Exit

● = Fire Extinguisher

