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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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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 ANDREW CHARLES SOUTHCOTT
(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

CAFE AMBRO
JUNCTION 36 RURAL AUCTION CENTRE
CROOKLANDS

Post town

MILNTHORPE

Post code

LA7 7FP

Telephone number at premises (if any)

015395 59090 (head office)

Non-domestic rateable value of premises

£ Building under construction (£315.00)

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 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	SOUTHCOTT CATERING LIMITED
Address	UNIT 2 AIRFIELD APPROACH BUSINESS PARK FLOCKBURN GRANGE OVER SANDS CUMBRIA LA11 7NG
Registered number (where applicable)	4550 455
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	015395 59090
E-mail address (optional)	info@OUTSIDECATERING.CO.UK

Part 3 Operating Schedule

When do you want the premises licence to start?

Day Month Year

0	1	0	9	2	0	1	2
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If you wish the licence to be valid only for a limited period, when do you want it to end?

Day Month Year

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

CAFE & FUNCTION SUITE

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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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			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					
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			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					
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	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 4)
Wed			
Thur			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)
Fri			
Sat			
Sun			

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)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)		
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Thur					
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 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	18:00	00:30	LIVE BANDS FOR WEDDING & PARTY ENTERTAINMENT			
Tue	18:00	00:30				
Wed	18:00	00:30	State any seasonal variations for the performance of live music (please read guidance note 4)			
Thur	18:00	00:30				
Fri	18:00	00:30	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	18:00	00:30				
Sun	18:00	00:30				

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 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	18:00	00:30	DISCO & RECORDED MUSIC AVAILABLE FOR WEDDINGS & PARTIES			
Tue	18:00	00:30				
Wed	18:00	00:30	State any seasonal variations for the playing of recorded music (please read guidance note 4)			
Thur	18:00	00:30				
Fri	18:00	00:30	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	18:00	00:30				
Sun	18:00	00:30				

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"/>
				Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	
Tue			State any seasonal variations for the performance of dance (please read guidance note 4)	
Wed			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)	
Thur				
Fri				
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 checked="" type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Mon	18:00	00:30	Please give further details here (please read guidance note 3) KARAOKE	
Tue	18:00	00:30	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)	
Wed	18:00	00:30	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)	
Thur	18:00	00:30		
Fri	18:00	00:30		
Sat	18:00	00:30		
Sun	18:00	00:30		

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 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	DANCIN TO LIVE BAND OR DISCO ON PRIVATE PARTIES/EVENTS.		
Mon	18:00	00:30	Please give further details here (please read guidance note 3)		
Tue	18:00	00:30			
Wed	18:00	00:30			
Thur	18:00	00:30	State any seasonal variations for providing dancing facilities (please read guidance note 4)		
Fri	18:00	00:30	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	18:00	00:30			
Sun	18:00	00:30			

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)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur					
Fri			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					
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 checked="" type="checkbox"/>
				Off the premises <input type="checkbox"/>
				Both <input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)	
Mon	09:00	00:30		
Tue	09:00	00:30		
Wed	09:00	00:30		
Thur	09:00	00:30		
Fri	09:00	00:30		
Sat	09:00	00:30		
Sun	09:00	00:30	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	ANDREW CHARLES SOUTHCOTT
Address	1 MANORSIDE FRODOBURGH GRANGE-WER-SHIPS
Postcode	LA11 7HY
Personal Licence number (if known)	PA 0733
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	
Mon	07:00	01:00	<p>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>
Tue	07:00	01:00	
Wed	07:00	01:00	
Thur	07:00	01:00	
Fri	07:00	01:00	
Sat	07:00	01:00	
Sun	07:00	01:00	

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)

ALL STAFF WILL BE TRAINED IN BASIC LICENSING LAWS
ALL STAFF WILL BE TRAINED TO CHALLENGE PEOPLE WHO
APPEAR TO BE UNDER 21

b) The prevention of crime and disorder

OUTSIDE SECURITY LIGHTING
DRUG POLICY NOTICES
PROVIDE ADEQUATE LIGHTING
,

c) Public safety

PROVISION OF EMERGENCY LIGHTING
ADEQUATE ESCAPE ROUTES
ACCOMMODATION LIMITS

d) The prevention of public nuisance

NOTICES ASKING PATRONS TO LEAVE QUIETLY
NO NUISANCE WILL BE CAUSED BY NOISE OR VIBRATION
COMING FROM THE BUILDING DURING THE PROVISION OF
REGULATED ENTERTAINMENT. NOISE PATROLS EVERY HOUR.
ALL DOORS & WINDOWS WILL REMAIN SHUT DURING THE PROVISION OF
REGULATED ENTERTAINMENT.

e) The protection of children from harm

CHALLENGE 21 POLICY
PROOF OF AGE CARDS

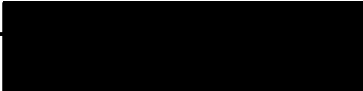
Please tick yes

- 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	25/7/2012
Capacity	Managing Director

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	
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 e-mail: licensing@southlakeland.gov.uk**Part A****Consent of individual to being specified as premises supervisor**

I ANDREW SOUTHGOTT [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 CAFE AMBRO [type of application]
 by SOUTHGOTT CATERING LTD [name of applicant]
 relating to a premises licence [number of existing licence, if any]
 for CAFE AMBRO T36 RURAL ACTION CENTRE
MILNTHORPE [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 SOUTHGOTT CATERING LTD [name of applicant]
 concerning the supply of alcohol at CAFE AMBRO T36
 [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 PA0733 [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] signed
A SOUTHGOTT name (please print)
31/7/12 dated

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