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**SOUTH LAKE LAND 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](http://www.southlakeland.gov.uk) e-mail: [licensing@southlakeland.gov.uk](mailto: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 HALES (CARTMEL) LIMITED  
*(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			
HALES OF CARTMEL YE PRIORY SHOPPE DEVONSHIRE SQUARE CARTMEL			
Post town	GRANGE-OVER-SANDS	Post code	LA11 6DD

Telephone number at premises (if any)	015395 32557
Non-domestic rateable value of premises	£ 4800.00

**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	HALES (CARTMEL) LIMITED / (Registered office) -		
Address	<table border="0"> <tr> <td>HALES OF CARTMEL YE PRIORY SHOPPE DEVONSHIRE SQUARE CARTMEL GRANGE-VER-SANDS CUMBRIA, LA11 6DD.</td> <td>                 MENTOR HOUSE                  ANSLEY STREET                  BLACKBURN                  LANCASHIRE                  BB1 6AY             </td> </tr> </table>	HALES OF CARTMEL YE PRIORY SHOPPE DEVONSHIRE SQUARE CARTMEL GRANGE-VER-SANDS CUMBRIA, LA11 6DD.	MENTOR HOUSE ANSLEY STREET BLACKBURN LANCASHIRE BB1 6AY
HALES OF CARTMEL YE PRIORY SHOPPE DEVONSHIRE SQUARE CARTMEL GRANGE-VER-SANDS CUMBRIA, LA11 6DD.	MENTOR HOUSE ANSLEY STREET BLACKBURN LANCASHIRE BB1 6AY		
Registered number (where applicable)	07974341		
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY		
Telephone number (if any)	015395 32557		
E-mail address (optional)	info@halesofcartmel.co.uk.		

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day		Month		Year		
01	10	20	12			

If you wish the licence to be valid only for a limited period, when do you want it to end? *Not applicable*

Day		Month		Year		

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

'HALES OF CARMEL' OCCUPY THE BUSINESS PREMISES FORMERLY KNOWN AS 'YE PRINCEY SHOPPE'. IT IS A 'LOCK-UP' RETAIL UNIT OF APPROX 45M<sup>2</sup>. THE SHOP HAS TWO MAIN DOOR ENTRANCES FROM THE ROADSIDE - 'DEVONSHIRE SQUARE'. APPLICATION FOR A PREMISES LICENCE IS SUBMITTED FOR THE FACILITY OF RETAILING BESPOKE CHAMPAGNES AND SPIRITS. IT IS ENVISAGED THE NEED FOR 'DISPENSING ALCOHOL' IN SMALL 'NIPS' TO DISCRIMINATE CUSTOMERS AND TO INCLUDE WITHIN 'HOT CHOCOLATE DRINKS' ON 'OCCASION' NIGHTS SUCH AS CARMEL CHRISTMAS SHOPPING NIGHTS &c

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

N/A
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What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

**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**

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

**B**

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


**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon			State any seasonal variations for indoor sporting events (please read guidance note 4)
Tue			
Wed			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)
Thur			
Fri			
Sat			
Sun			

**D**

<b>Boxing or wrestling entertainments</b> 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**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	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					
Thur					
Fri					
Sat					
			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Wed			<b>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</b> (please read guidance note 5)  		
Thur					
Fri					
Sat					
Sun					

**F**

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



**G**

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

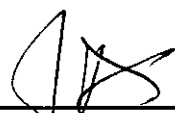
**H**

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

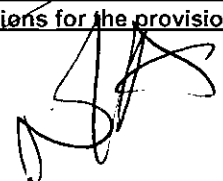
<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the facilities for making music you will be providing</b>	
			<b>Will the facilities for making music be indoors or outdoors or both – please tick</b> (please read guidance note 2)	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				
Thur				
Fri				
Sat				
Sun				
			<b>State any seasonal variations for the provision of facilities for making music</b> (please read guidance note 4)	
			<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)	

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

**K**

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

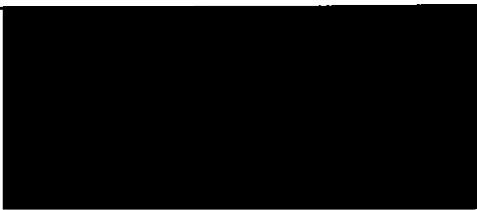

**L**

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

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)</b>	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol (please read guidance note 4)</b> BANK HOLIDAYS, CARTELLE EVENTS (SUMMER EVENTS) AND CARTELLE CHRISTMAS STEPPING NIGHTS.		
Mon	10.00	<del>22.00</del>			
Push	22.00	<del>22.00</del>			
Tue	10.00	<del>22.00</del>			
Push	22.00	<del>22.00</del>			
Wed	10.00	<del>22.00</del>			
Push	22.00	<del>22.00</del>			
Thur	10.00	<del>22.00</del>			
Push	22.00	<del>22.00</del>			
Fri	10.00	<del>22.00</del>			
Push	22.00	<del>22.00</del>			
Sat	10.00	<del>22.00</del>	<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 (please read guidance note 5)</b>		
Push	22.00	<del>22.00</del>			
Sun	10.00	<del>22.00</del>			
Push	22.00	<del>22.00</del>			

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

Name	MRS. KAREN W. HALE
Address	
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)

NONE

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	10.00	<del>18.00</del>	<p>BANK HOLIDAYS, CARTELLE EVENTS (SUMMER EVENTS) AND CARTELLE CHRISTMAS SHOPPING NIGHTS</p>	
		22.00		
Tue	10.00	<del>18.00</del>		
		22.00		
Wed	10.00	<del>18.00</del>		
		22.00		
Thur	10.00	<del>18.00</del>		<p><u>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</u> (please read guidance note 5)</p>
		22.00		
Fri	10.00	<del>18.00</del>		
		22.00		
Sat	10.00	<del>18.00</del>		
		22.00		
Sun	10.00	<del>18.00</del>		
		22.00		

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)

FULL WARNING SIGNAGE INCLUDING AGE VERIFICATION  
FULL CCTV COVERAGE OF AREAS OF ALCOHOL SALES AND CONSUMPTION  
ALCOHOL DISPENSED FOR CONSUMPTION ON PREMISES TO BE IN NON-BREAKABLE CUPS/CONTAINERS  
ALL ITEMS OF ALCOHOL DISPLAYED SAFELY, OUT OF REACH OF CHILDREN. STOCK UNDER LOCK  
ALCOHOL DISPENSED ON PREMISES MUST NOT BE TAKEN OFF PREMISES

b) The prevention of crime and disorder

ANYONE WHO MUST LOOK UNDER THE AGE OF 25 TO BE ASKED FOR PROOF OF AGE  
NOT TO SERVE ANY PERSON SEEMINGLY UNDER THE INFLUENCE OF ALCOHOL  
CCTV CAMERAS COVERING INTERNAL AREAS OF SALE AND EXTERNAL FOREGROUND

c) Public safety

FULL SIGNAGE IN SHOP TO WARN OF AGE IDENTIFICATION AND DRINK/DRIVE RESPONSIBILITY  
ALCOHOL DISPENSED FOR CONSUMPTION ON PREMISES TO BE IN NON-BREAKABLE CUPS/CONTAINERS  
ALCOHOL SOLD FOR CONSUMPTION EITHER ON OR OFF THE PREMISES TO BE BY A RESPONSIBLE PERSON, OVER THE AGE OF 18, AND UNDER THE GUIDANCE/SUPERVISION OF 'PREMISES SUPERVISOR'

d) The prevention of public nuisance

ALL ITEMS OF ALCOHOL DISPLAYED SAFELY AT REAR OF SHOP  
CCTV CAMERA COVERAGE TO DETER/DETECT ANY THEFT/NUISANCE  
ALCOHOL DISPENSED FOR CONSUMPTION ON PREMISES MUST NOT BE TAKEN OFF PREMISES

e) The protection of children from harm

ALL ITEMS OF ALCOHOL TO BE ~~KEEP~~ DISPLAYED AT HIGH LEVEL AND OUT OF REACH OF CHILDREN. ALL STOCK TO BE CONTAINED IN LOCKABLE CABINETS

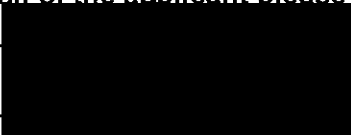
Please tick yes

- 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.


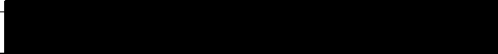



Signature	 (MR. WILLIAM J. HALE)
Date	
Capacity	DIRECTOR - HALES (CARIBBEAN) LTD.

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)

MR. WILLIAM J. HALE (BILL HALE)

			
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)			
			

## Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.





display of alcohol for sale



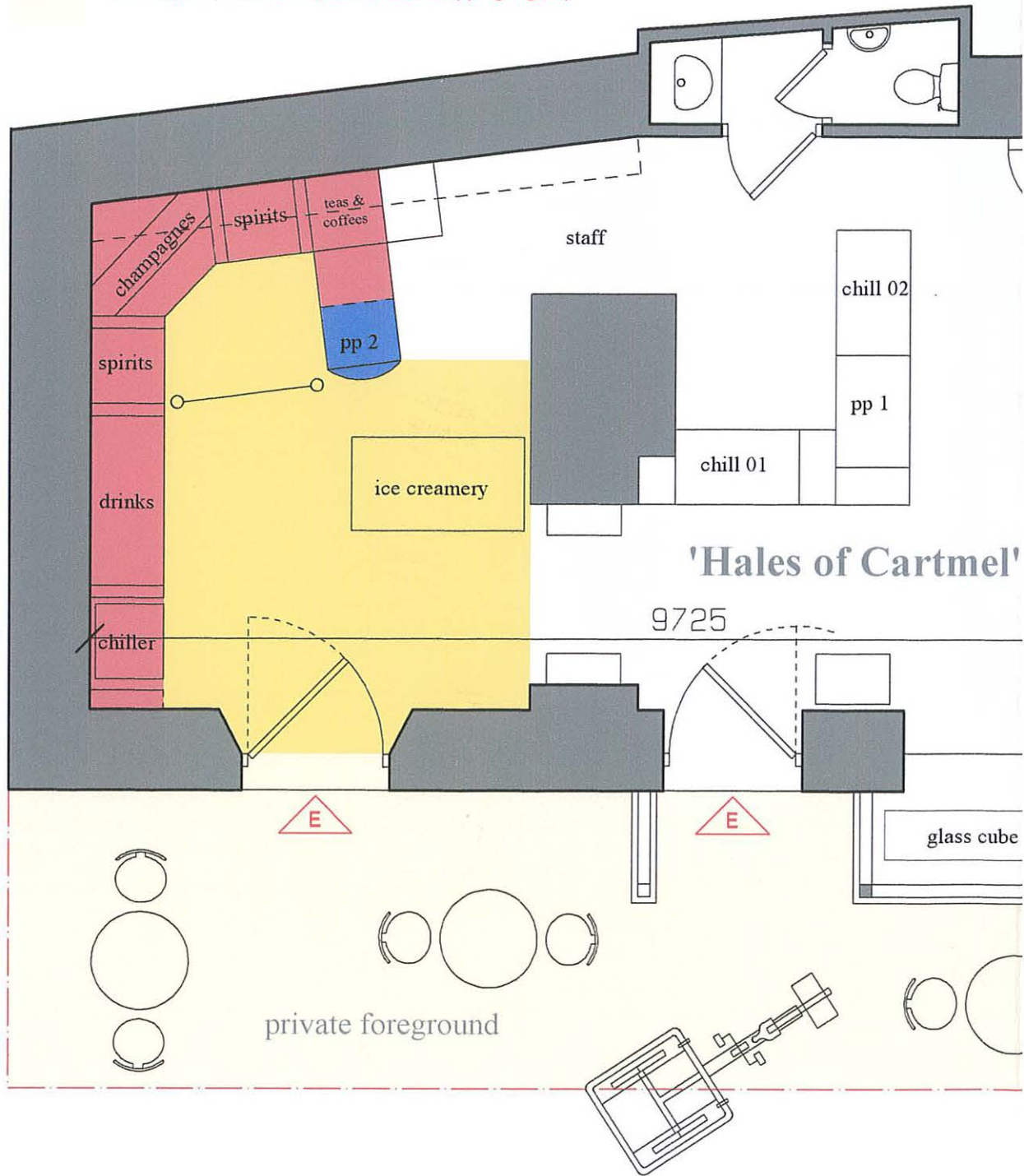
paypoint



consumption of alcohol (predominately sampling)



consumption of alcohol (events and shopping nights)



'Hales of Cartmel'

9725

DEVONSHIRE SQUARE