

LICENSING

- 1 MAY 2012

Received

01-05-12 OK TO PROCEED
PUBLIC CONSULTATION
BUT 25 MAY 12
Tom H.

SL6



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.

We BRATHAY CHURCH HALL TRUST
(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			
BRATHAY CHURCH HALL BOG LANE BRATHAY			
Post town	AMBLESIDE	Post code	LA22 0HS
Telephone number at premises (if any)		015394 33335	
Non-domestic rateable value of premises		£	

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 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	BRATHAY CHURCH HALL TRUST
Address	BOG LANE BRATHAY AMBLESIDE LAZZ OHS
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	COMMUNITY HALL
Telephone number (if any)	015394 33335
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

Day Month Year

3	1	0	5	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 note1)

A Church Hall in a rural setting, approximately
1 mile from Ambleside

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 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 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 checked="" 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 checked="" type="checkbox"/>	Outdoors <input checked="" type="checkbox"/>	Both <input type="checkbox"/>
Day	Start	Finish				
Mon	08.00	24.00	Please give further details here (please read guidance note 3)			
Tue	08.00	24.00				
Wed	08.00	24.00				
Thur	08.00	24.00	State any seasonal variations for performing plays (please read guidance note 4)			
Fri	08.00	24.00				
Sat	08.00	24.00				
Sun	08.00	24.00	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) Bank Holiday weekends (Fri / Sat / Sun) Christmas Eve / Day New Years Eve / Day Extended finish time to 00.30 am			

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				
Mon	08.00	24.00	Please give further details here (please read guidance note 3)			
Tue	08.00	24.00				
Wed	08.00	24.00				
Thur	08.00	24.00	State any seasonal variations for the exhibition of films (please read guidance note 4)			
Fri	08.00	24.00				
Sat	08.00	24.00				
Sun	08.00	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) Bank holiday weekends (Fri / Sat / Sun) extended finish time to 00.30 am			

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 checked="" type="checkbox"/>
Mon	08.00	24.00	Please give further details here (please read guidance note 3)	Both	<input checked="" type="checkbox"/>
Tue	08.00	24.00			
Wed	08.00	24.00	State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur	08.00	24.00			
Fri	08.00	24.00	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) No live music outside after 11.30 p.m. Christmas Day/Eve, Bank Holiday weekends extend indoors (Fri/Sat/Sun) New Years Eve until 12.30am		
Sat	08.00	24.00			
Sun	08.00	24.00			

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"/>
Day	Start	Finish		Outdoors	<input checked="" type="checkbox"/>
Mon	08.00	24.00	Please give further details here (please read guidance note 3) No recorded music outside after 11.30 p.m.	Both	<input checked="" type="checkbox"/>
Tue	08.00	24.00			
Wed	08.00	24.00	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	08.00	24.00			
Fri	08.00	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) Bank Holiday weekends (Fri/Sat/Sun) Christmas Eve/Day } Extend finish time New Years Eve } until 12.30am for indoor recorded music		
Sat	08.00	24.00			
Sun	08.00	24.00			

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"/>
					Outdoors	<input checked="" type="checkbox"/>
					Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon	08.00	24.00				
Tue	08.00	24.00	State any seasonal variations for the performance of dance (please read guidance note 4)			
Wed	08.00	24.00				
Thur	08.00	24.00	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)			
Fri	08.00	24.00				
Sat	08.00	24.00				
Sun	08.00	24.00				

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)	
Mon			Indoors <input type="checkbox"/>	
			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				

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)	<table border="1"> <tr> <td>Indoors</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Outdoors</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Both</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Indoors	<input checked="" type="checkbox"/>	Outdoors	<input checked="" type="checkbox"/>	Both	<input checked="" type="checkbox"/>
Indoors	<input checked="" type="checkbox"/>									
Outdoors	<input checked="" type="checkbox"/>									
Both	<input checked="" type="checkbox"/>									
Day	Start	Finish	Please give further details here (please read guidance note 3)							
Mon	08.00	24.00								
Tue	08.00	24.00								
Wed	08.00	24.00	State any seasonal variations for the provision of facilities for making music (please read guidance note 4)							
Thur	08.00	24.00								
Fri	08.00	24.00	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	08.00	24.00	Bank Holiday weekends (Fri/Sat/Sun), Christmas Eve/Day extend finish time to New Years Eve/Day 00.30am							
Sun	08.00	24.00								

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)							
			<table border="1"> <tr> <td>Indoors</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Outdoors</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Both</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Indoors	<input checked="" type="checkbox"/>	Outdoors	<input checked="" type="checkbox"/>	Both	<input checked="" type="checkbox"/>	
Indoors	<input checked="" type="checkbox"/>									
Outdoors	<input checked="" type="checkbox"/>									
Both	<input checked="" 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	08.00	24.00								
Tue	08.00	24.00								
Wed	08.00	24.00	State any seasonal variations for providing dancing facilities (please read guidance note 4)							
Thur	08.00	24.00								
Fri	08.00	24.00	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	08.00	24.00	Bank Holiday weekends (Fri/Sat/Sun) Christmas Eve/Day extend finish time New Years Eve/Day to 00.30am.							
Sun	08.00	24.00								

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				

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	08.00	24.00	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)
Tue	08.00	24.00	
Wed	08.00	24.00	
Thur	08.00	24.00	
Fri	08.00	24.00	
Sat	08.00	24.00	
Sun	08.00	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)

Church Hall with low risk activities in rural area.

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

Restrict outside activities to 11.30pm.
When music is being played on the premises do a
regular assessment of noise at nearest noise sensitive
property, if there is an issue take remedial action
immediately

e) The protection of children from harm



- 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	23.4.12
Capacity	Parish Incumbent (Trustee)

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]
Date	23/4/12
Capacity	Churchwarden (Trustee)

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

[Redacted Address]		Post code	[Redacted]
		[Redacted]	
		our e-mail address (optional)	