

SL6

LICENSING

14 FEB 2012

Received

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.ukON TO PROCEED. PUBLIC
CONSULTATION ENDS 24.00
TUESDAY 13/03/2012

Tony H.

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 **Castle Street Community Association**

(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

Kendal Town Centre – pedestrianised area
Highgate, from Lowther Street to the Brewery Arts Centre

See attached maps

Post town

Kendal

Post code

Telephone number at premises (if any)

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 *

☐

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	Castle Street Community Association
Address	Castle Street Community Centre Castle Street Kendal LA9 7AD
Registered number (where applicable)	Reg'd charity no. 1097192
Description of applicant (for example, partnership, company, unincorporated association etc.)	Registered Charity
Telephone number (if any)	01539 739154/01539 727424
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year			
0	6	0	4	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			
0	6	0	4	2	0	1	2

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

Scenes from the Kendal Passion Play takes place at 5 locations:

1. On the Library Steps, Stricklandgate
2. In the Market Place
3. At the top of Finkle street – the Birdcage
4. Outside the Town Hall
5. At Kendal URC church
Acting and live music only.
6. Inside Kendal URC Church
Live video stream

We have applied for a road closure through SLDC legal dept. (see attached document)

See schematic diagrams for details of audience grouping for each scene (attached)

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

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 type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g)
(if ticking yes, fill in box H) | <input type="checkbox"/> |

Provision of entertainment facilities:

- | | |
|--|--------------------------|
| i) making music (if ticking yes, fill in box I) | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J) | <input 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"/>
Day	Start	Finish		Outdoors	X
Mon			Please give further details here (please read guidance note 3) All scenes are unamplified. 20 actors. Staging is used at the Market Place and Town Hall. See attached schematic plans; copy of Cumbria Highways document; Management Plan pp 1,3,5-6.	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
Fri 6th April 2012	16.00	18.00	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					
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) Live Video stream to Kendal URC of the scene at the Brewery Arts Centre. Amplification used. Film showing does not take place on SLDC property.	Both	X
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur					
Fri 6th April 2012	17.30	18.00	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					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)	
Day	Start	Finish	<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)	
Mon				
Tue				
Wed				
Thur				<u>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</u> (please read guidance note 5)
Fri				
Sat				
Sun				

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
					Both <input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Wed					
Thur			<u>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</u> (please read guidance note 5)		
Fri					
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"/>
				Outdoors	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) Choral music, accompanied by solo violin, saxophone & trumpet. Percussion linking and starting scenes. All unamplified. Girls' choir, unaccompanied, at the Brewery Gardens, amplified for video streaming to Kendal URC.		
Mon					
Tue					
Wed					
Thur					
			State any seasonal variations for the performance of live music (please read guidance note 4)		
Fri					
Sat					
Sun					
			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)		
Fri 6th April 2012	16.00	18.00			
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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed					
Thur					
			State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Fri					
Sat					
Sun					
			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)		
Fri					
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	Please give further details here (please read guidance note 3)			
Mon						
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)	<table border="1"> <tr> <td>Indoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Outdoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Both</td> <td><input type="checkbox"/></td> </tr> </table>	Indoors	<input type="checkbox"/>	Outdoors
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							
Thur			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)				
Fri							
Sat			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)				
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)		<table border="1"> <tr> <td>Indoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Outdoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Both</td> <td><input type="checkbox"/></td> </tr> </table>	Indoors	<input type="checkbox"/>	Outdoors	<input type="checkbox"/>	Both	<input type="checkbox"/>
			Indoors	<input type="checkbox"/>							
Outdoors	<input type="checkbox"/>										
Both	<input type="checkbox"/>										
Day	Start	Finish	Please give a description of the facilities for dancing you will be providing								
Mon			Please give further details here (please read guidance note 3)								
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)	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				
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 type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)			
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Sun						

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

Name	
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) NONE
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			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

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)

See management plan **especially** pp1-4

b) The prevention of crime and disorder

Liaison with Cumbria Constabulary.

See Management Plan **especially** pp 4-7, AND Steward positioning shown on schematic plans

c) Public safety

See Management Plan **especially** p4, AND schematic plans

d) The prevention of public nuisance

See Management Plan **especially** pp3-4

e) The protection of children from harm


See Management Plan **especially** p4

- 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	13 th FEBRUARY 2012
Capacity	CHAIR OF TRUSTEES

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)

Christopher Taylor

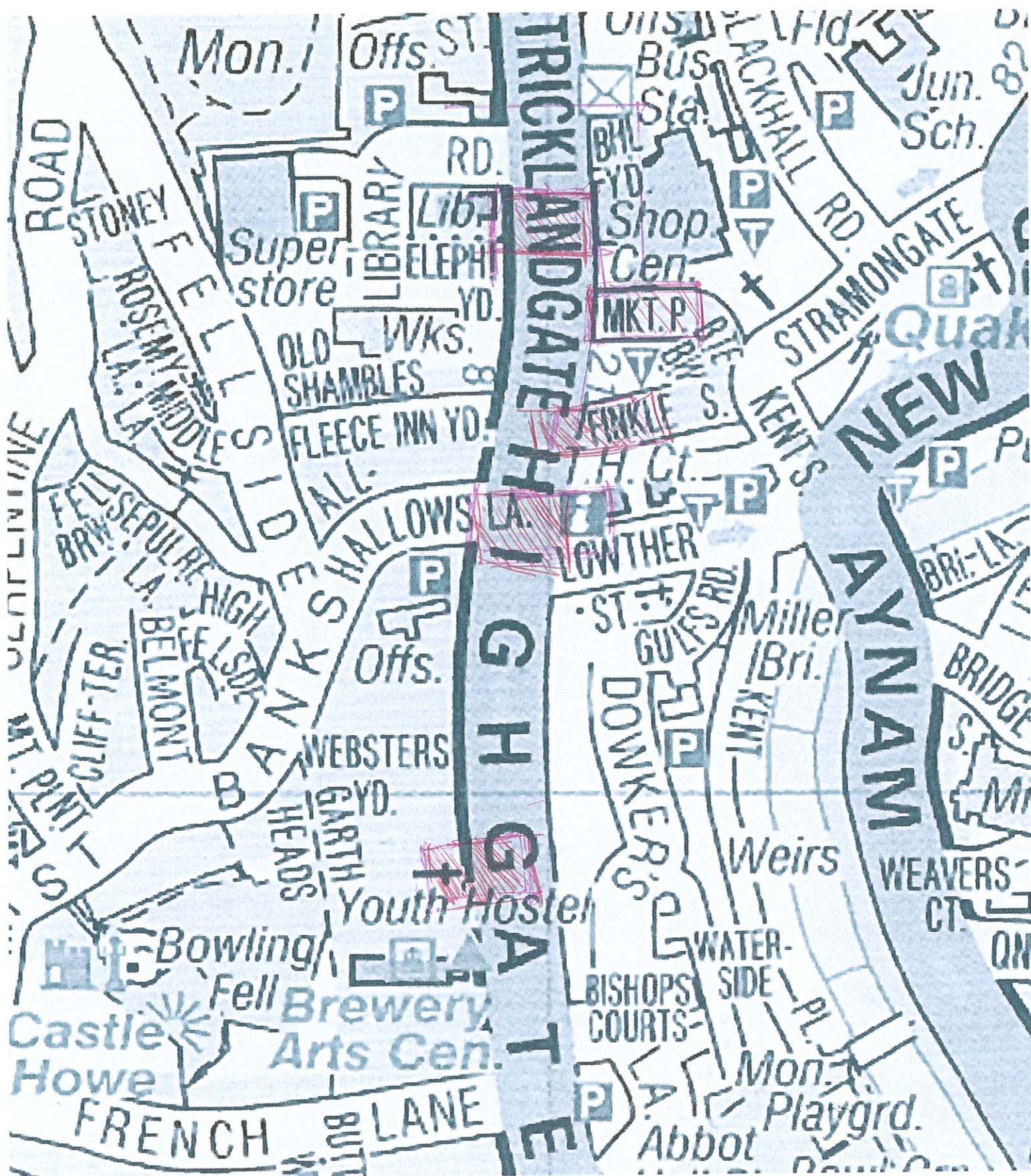
78 Windermere Road

Post town	Kendal	Post code	LA9 5EZ
Telephone number (if any)	01539 727424		

If you would prefer us to correspond with you by e-mail your e-mail address (optional)
@christaylor156@btinternet.com

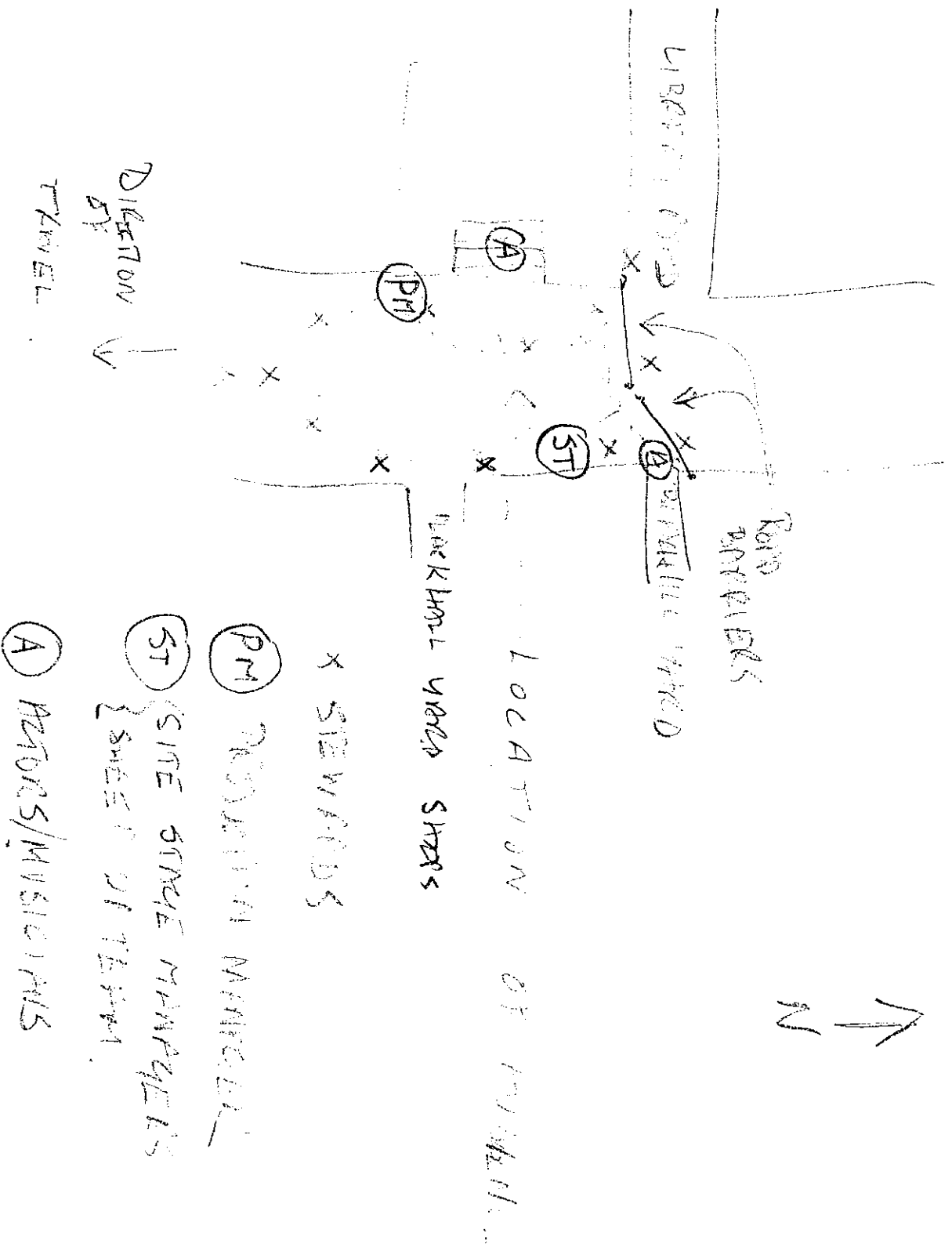
Notes for Guidance

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.

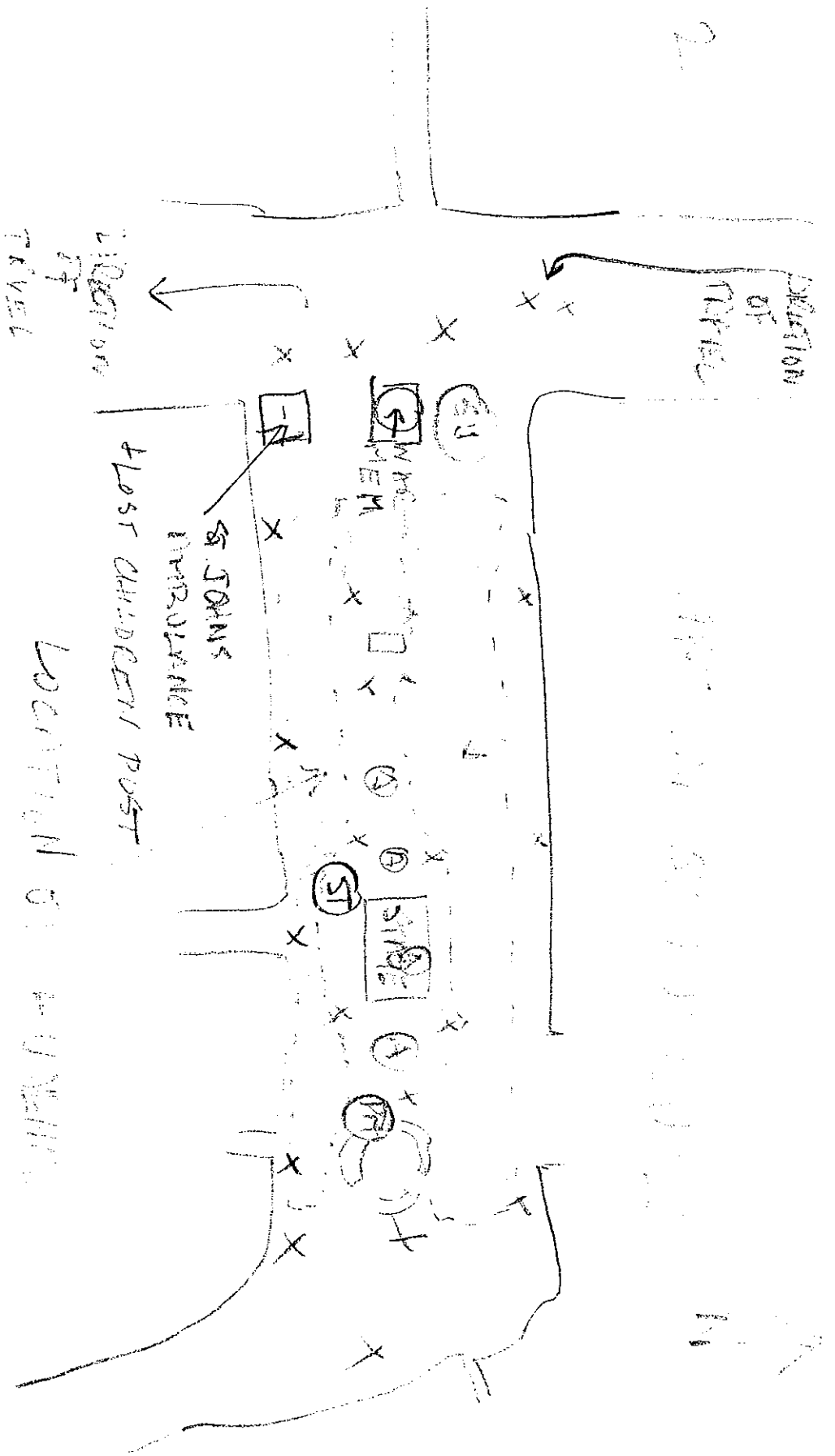


Performance locations in red.

SCENE 1



SCENE 2



LOCATION OF BODY

PM PRODUCTION MATHS

EU SWEEP UP TEAM

ST SITE STAKE HAN MERS

WATER MAINS

SCENE 3

DIRECTION
OF TRAVEL

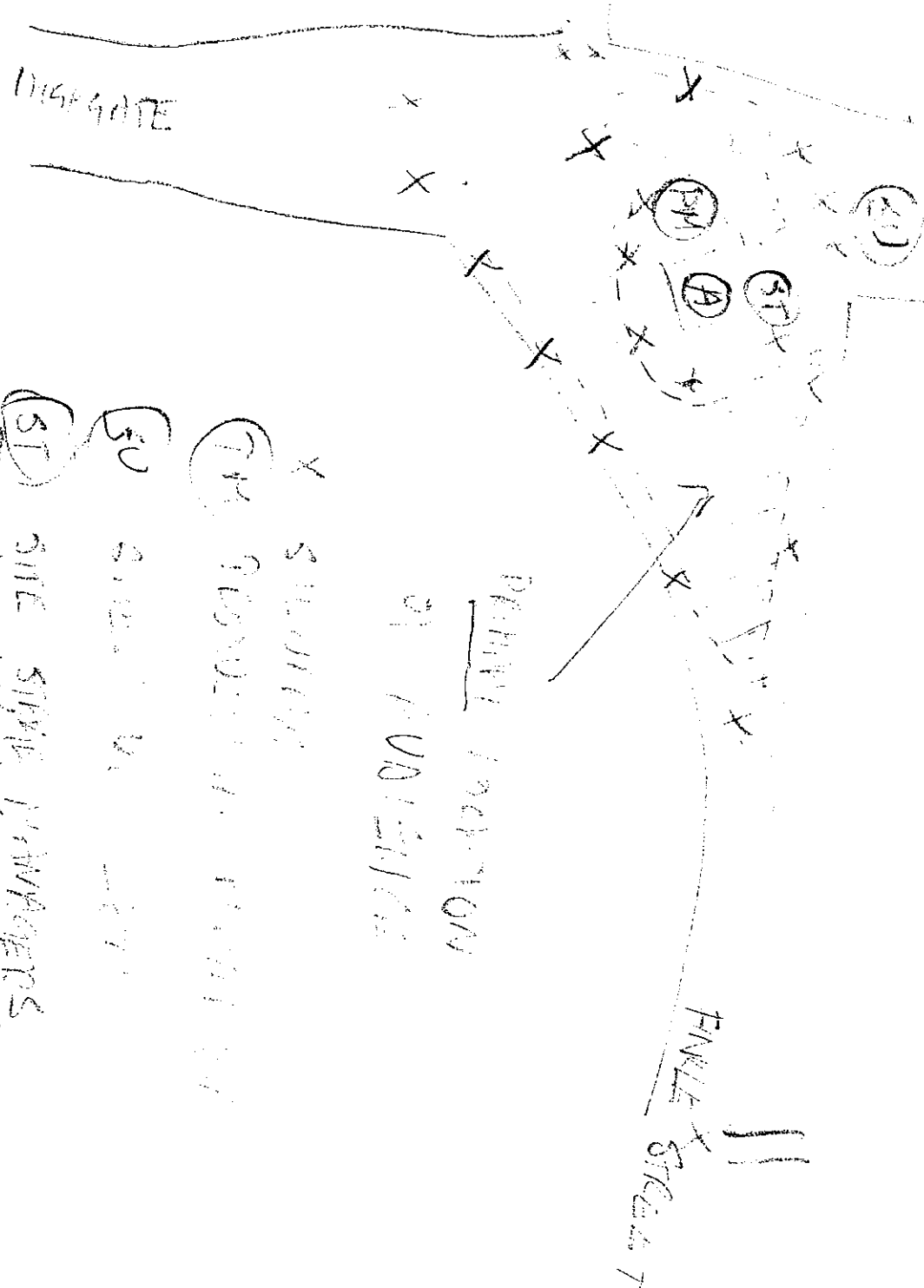
↑

W

SWIMMING

204 10/11/01
FISHBONE

1 mile from
11/11/01



Section 1



X STEWARDS

(PH) PRODUCTION

PHYSICAL

(SU) SWEEP UP TEAM

(E) PROTECTS / HUSKIES

(ST) SITE STORAGE
MANAGES

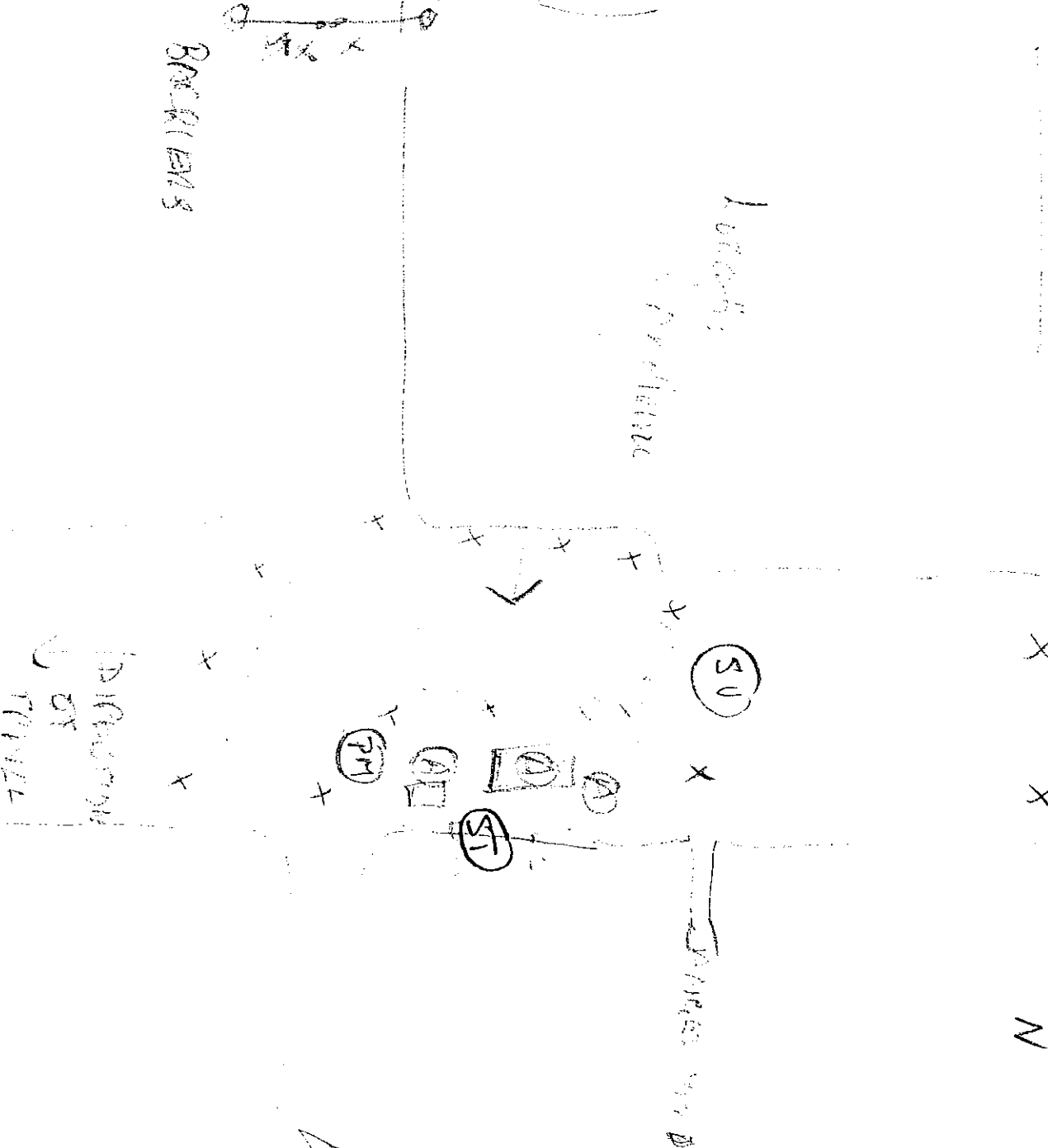
Location

Profile

BRICKLAYS

PHYSICAL
OR
TRAVEL

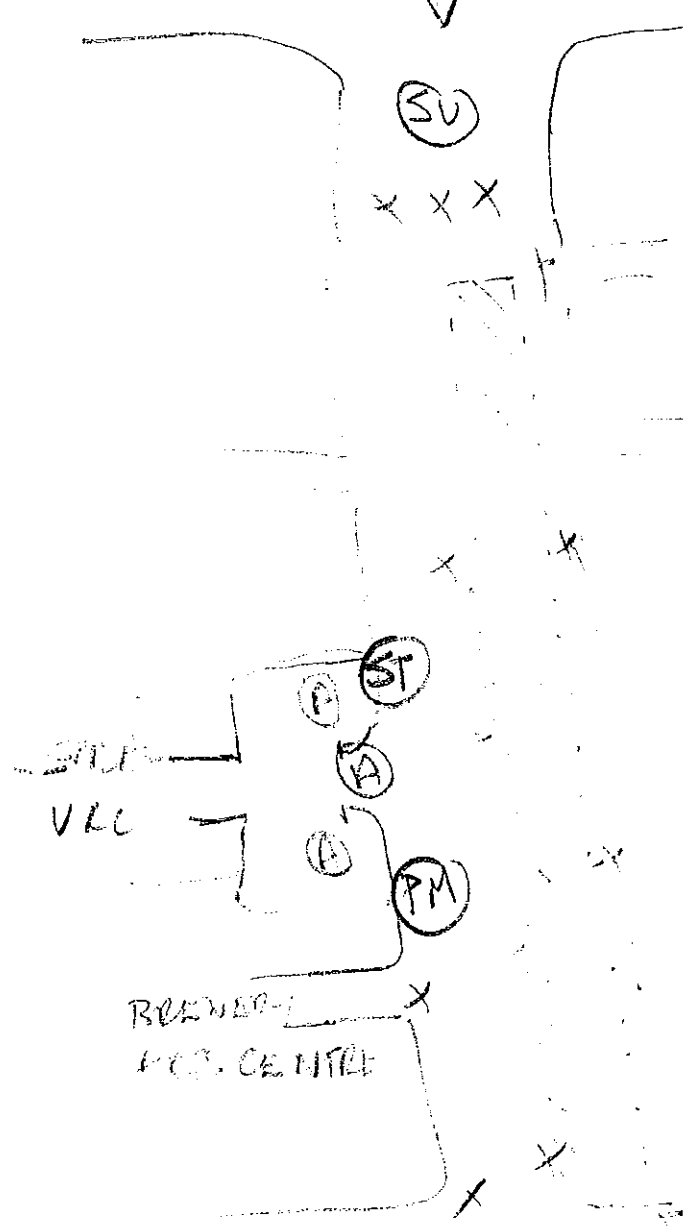
Location of site



SCENE 5

DIRECTION
OF
TRAVEL

LOWER STREET



X STEWARDS

PM PRODUCTION
MANAGER

ST SWEEP UP TEAM

ST SITE STAGE
HANDLERS

A ACTORS
MUSICIANS

BREWERY
POS. CENTRE

