

SL6

LICENSING  
- 1 MAR 2012  
Received



**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.

**#We** THE SCHOOL GOVERNORS

(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**

<b>Postal address of premises or, if none, ordnance survey map reference or description</b>			
CROFTLANDS INFANT AND NURSERY SCHOOL OAKWOOD DRIVE ULVERSTON CUMBRIA			
<b>Post town</b>	ULVERSTON	<b>Post code</b>	LA12 9JU

<b>Telephone number at premises (if any)</b>	01229 894181
<b>Non-domestic rateable value of premises</b>	£

**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)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over					<input type="checkbox"/> Please tick yes
<b>Current postal address if different from premises address</b>					
<b>Post Town</b>				<b>Postcode</b>	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**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	SCHOOL GOVERNORS
Address	CROFTLANDS INFANT AND NURSERY SCHOOL OAKWOOD DRIVE ULVERSTON CUMBRIA LA12 9SU
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	SCHOOL
Telephone number (if any)	01229 814181
E-mail address (optional)	

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day		Month		Year			
0	1	0	3	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)

The premises is a single storey infant school on the outskirts of Ulverston. We do not at any time intend to sell alcohol.

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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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**

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	9-00	MIDNIGHT	Please give further details here (please read guidance note 3) Children's plays for parents/carers/grandparents etc. Music will be played for singing and dancing purposes. There may be some amplified music on entering etc.	Both	<input checked="" type="checkbox"/>
Tue	9-00	MIDNIGHT			
Wed	9-00	MIDNIGHT		State any seasonal variations for performing plays (please read guidance note 4) None planned	
Thur	9-00	MIDNIGHT			
Fri	9-00	MIDNIGHT		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) None	
Sat	9-00	MIDNIGHT			
Sun	9-00	MIDNIGHT			

**B**

Films As in A 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	0900	2400	Please give further details here (please read guidance note 3) We may screen <del>at</del> films as part of the curriculum or as part of a film club.	Both	<input checked="" type="checkbox"/>
Tue	0900	2400			
Wed	0900	2400	State any seasonal variations for the exhibition of films (please read guidance note 4) None planned		
Thur	0900	2400			
Fri	0900	2400	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) None		
Sat	0900	2400			
Sun	0900	2400			

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6) <i>As in 'A'</i>			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon	0900	2400	Occasionally we host gymnastic competitions including children from other schools in the area. No music is involved at this time. This tends to be only one day each year.  State any seasonal variations for indoor sporting events (please read guidance note 4) n/a  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) n/a
Tue	0900	2400	
Wed	0900	2400	
Thur	0900	2400	
Fri	0900	2400	
Sat	0900	2400	
Sun	0900	2400	

**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**

Live music <i>As in 'A'</i> 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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	09:00	2:00	Please give further details here (please read guidance note 3) <i>Occasionally we have visiting bands (i.e. African drumming) for the children as part of their curriculum. This may be amplified.</i>	Both	<input checked="" type="checkbox"/>
Tue	09:00	2:00			
Wed	09:00	2:00	State any seasonal variations for the performance of live music (please read guidance note 4) <i>n/a</i>		
Thur	09:00	2:00			
Fri	09:00	2:00	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) <i>n/a</i>		
Sat	09:00	2:00			
Sun	09:00	2:00			

**F**

Recorded music <i>As in 'A'</i> Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	09:00	2:00	Please give further details here (please read guidance note 3) <i>Recorded music is used within lessons and assembly times. This is usually un-amplified and is also used during performances.</i>	Both	<input checked="" type="checkbox"/>
Tue	09:00	2:00			
Wed	09:00	2:00	State any seasonal variations for the playing of recorded music (please read guidance note 4) <i>n/a</i>		
Thur	09:00	2:00			
Fri	09:00	2:00	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) <i>n/a</i>		
Sat	09:00	2:00			
Sun	09:00	2:00			



**G** As in 'A'

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"/>
Mon	0900	2400	Please give further details here (please read guidance note 3) Displays for parents. Possibly maypole dancing	Both	<input checked="" type="checkbox"/>
Tue	0900	2400			
Wed	0900	2400	State any seasonal variations for the performance of dance (please read guidance note 4) n/a		
Thur	0900	2400			
Fri	0900	2400	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) n/a		
Sat	0900	2400			
Sun	0900	2400			

**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	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	
Day	Start	Finish		Indoors	<input type="checkbox"/>
Mon	0900	2400	As in 'A' children singing	Outdoors	<input type="checkbox"/>
Tue	0900	2400		Both	<input checked="" type="checkbox"/>
Wed	0900	2400	Please give further details here (please read guidance note 3) Occasional karaoke nights or similar		
Thur	0900	2400			
Fri	0900	2400	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4) n/a		
Sat	0900	2400			
Sun	0900	2400			

Provision of facilities for making music Standard days and timings (please read guidance note 6) As in 'A'			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 checked="" type="checkbox"/></td> </tr> </table>	Indoors	<input type="checkbox"/>	Outdoors	<input type="checkbox"/>	Both	<input checked="" type="checkbox"/>
Indoors	<input type="checkbox"/>										
Outdoors	<input type="checkbox"/>										
Both	<input checked="" type="checkbox"/>										
Day	Start	Finish	Please give further details here (please read guidance note 3)								
Mon	0900	2100	As part of a music lesson, music making using percussion and limited tuned instruments.								
Tue	0900	2100									
Wed	0900	2100	State any seasonal variations for the provision of facilities for making music (please read guidance note 4)								
Thur	0900	2100	Music will be un-amplified								
Fri	0900	2100	Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list (please read guidance note 5)								
Sat	0900	2100	N/A								
Sun	0900	2100									

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6) As in 'A'			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 checked="" type="checkbox"/></td> </tr> </table>		Indoors	<input type="checkbox"/>	Outdoors	<input type="checkbox"/>	Both	<input checked="" type="checkbox"/>
Indoors	<input type="checkbox"/>									
Outdoors	<input type="checkbox"/>									
Both	<input checked="" type="checkbox"/>									
Day	Start	Finish	Please give a description of the facilities for dancing you will be providing							
Mon	0900	2100	Dance. Mostly un-amplified music but occasionally amplified e.g. maypole dancing							
Tue	0900	2100								
Wed	0900	2100	Please give further details here (please read guidance note 3)							
Thur	0900	2100	The school hall. Outside playground and field							
Fri	0900	2100	Maypole							
Sat	0900	2100	State any seasonal variations for providing dancing facilities (please read guidance note 4)							
Sun	0900	2100	N/A							
			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)							
			N/A							

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within i or j</b> <i>As in 'A'</i> 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	0900	2100		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	0900	2000	<b>Please give further details here</b> (please read guidance note 3)		
Wed	0900	2100			
Thur	0900	2100	<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)		
Fri	0900	2100			
Sat	0900	2100	<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	0900	2100			

**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			<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)			
Sat						
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)</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
			<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</b> (please read guidance note 5)		

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

<b>Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Personal Licence number (if known)</b>	
<b>Issuing licensing authority (if known)</b>	

**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	N/A
Mon	9-00	MIDNIGHT	
Tue	9-00	MIDNIGHT	
Wed	9-00	MIDNIGHT	
Thur	9-00	MIDNIGHT	
Fri	9-00	MIDNIGHT	
Sat	9-00	MIDNIGHT	
Sun	9-00	MIDNIGHT	
			<p><b>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</b> (please read guidance note 5)</p> <p>N/A</p>

**P** Describe the steps you intend to take to promote the four licensing objectives:

**a) General – all four licensing objectives (b,c,d,e)** (please read guidance note 9)

We will ensure all policies are up to date regarding health and safety, safeguarding and all performances will be fully staffed and supervised.

**b) The prevention of crime and disorder**

The events will be fully staffed at all times  
Invited guests only - e.g. parents / carers and family members

**c) Public safety**

Limited numbers for performances  
Full fire safety provision

**d) The prevention of public nuisance**

The events will be fully staffed at all times  
Parking will be monitored  
All performances take place during school hours.

**e) The protection of children from harm**

We have a full safeguarding policy monitored by our governing body.


Please tick yes

- I have made or enclosed payment of the fee  *W/C*
- 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.**

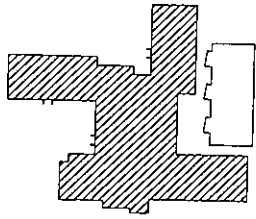
Signature	
Date	28/02/2012
Capacity	Head Teacher

**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.**

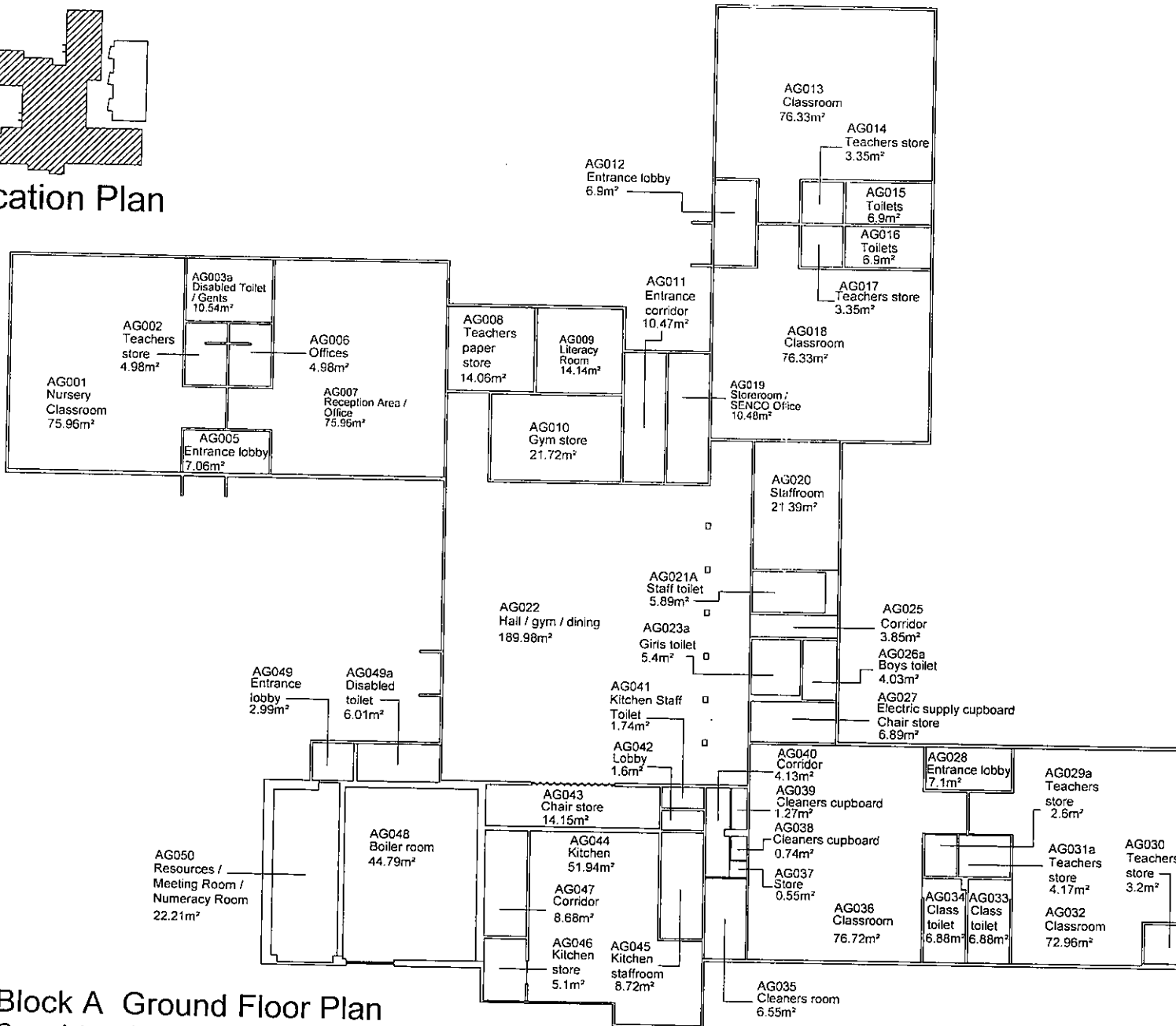
Signature	
Date	
Capacity	

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

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)			



## Location Plan



## Block A Ground Floor Plan

Gross internal area = 1064.05m<sup>2</sup>

Gross external area = 1094.13m<sup>2</sup>

D	29/07/07	AG003a created. AG007, 009, 019, 037, 041, 050 name changes.	PA
C	31/01/06	AG006, 007, 009, 019, 050 name changes	PA
B	04/10/05	AG021, 023a, 029a, 031a, 033 & 034 remodelled	AR
A	18/08/03	AG049a new disabled Toilet Formed. other areas renamed	PA

# CAPITA SYMONDS

The Capita Building,  
Kingmoor Business Park,  
Carlisle, Cumbria CA6 4SJ  
Tel 01228 673000 Fax 01228 673111  
Website: [www.capitasymonds.co.uk](http://www.capitasymonds.co.uk)  
Email: [enquires.kingmoor@capita.co.uk](mailto:enquires.kingmoor@capita.co.uk)

client  
Property & Transport  
Services Unit

job  
CAD Drawings ©

drawing  
Croftlands Infants School

scale  
1:200/1:1250 @ A3

drawn  
PA

checked

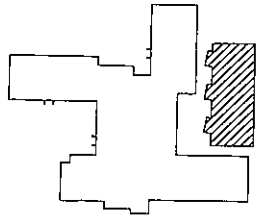
date  
24/07/01

job no.  
33048/E0069/AG

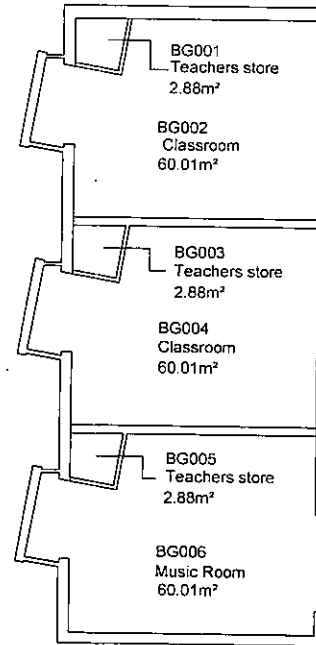
rev.  
D

7-8-01





Location Plan



**Block B Ground Floor Plan**

Gross internal area = 194.95m<sup>2</sup>  
 Gross external area = 217.89m<sup>2</sup>

B	29/07/07	BG002, 006 name change	PA
A	31/01/06	BG002 name change	PA

# CAPITA SYMONDS

The Capita Building,  
 Kingmoor Business Park,  
 Carlisle, Cumbria CA6 4SJ  
 Tel 01228 673000 Fax 01228 673111  
 Website: www.capitasymonds.co.uk  
 Email: enquires.kingmoor@capita.co.uk

client  
 Property & Transport  
 Services Unit

job  
 CAD Drawings ©

drawing  
 Croftlands Infants School

scale	drawn	checked
1:200/1:1250 @ A3	PA	

date	job no.	rev.
24/07/01	33048/E0069/BG	B

18.07