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08/03/2012 OK TO PROCEED
PUBLIC CONSULTATION ENDS
05-APRIL-2012

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SOUTH LAKELAND DISTRICT COUNCIL
Public Health & Licensing Group, South Lakeland House, Lowther Street,
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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.

I/we JOHN PETER HAWORTH

(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

SAIL N DINE, MADDIETOO (VESSEL) ON WINDERMERE
WINDERMERE LAKE

Post town

BOWNESS-ON-WINDERMERE

Post code

N/A

Telephone number at premises (if any)

[REDACTED]

Non-domestic rateable value of premises

£ 0

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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname HAWORTH			First names JOHN PETER		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post Town					
Daytime contact telephone n					
E-mail address (optional)		Jc			

Part 3 Operating Schedule

When do you want the premises licence to start?

A.S.A.P.

Day Month Year

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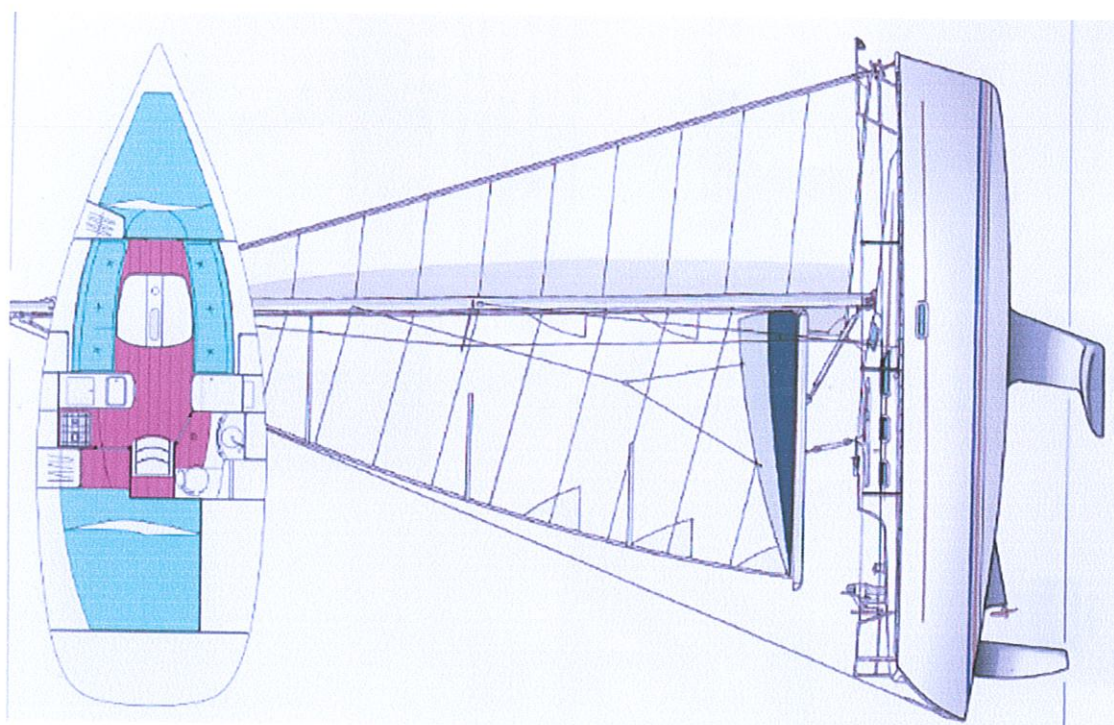
If you wish the licence to be valid only for a limited period, when do you want it to end?

Day Month Year

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N/A

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



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) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input 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 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

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises <input checked="" type="checkbox"/>		
				Off the premises <input type="checkbox"/>		
				Both <input type="checkbox"/>		
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)			
Mon	10.30 17.00	13.30 22.00				
Tue	10.30 17.00	13.30 22.00				
Wed	10.30 17.00	13.30 22.00				
Thur	10.30 17.00	13.30 22.00				
Fri	10.30 17.00	13.30 22.00				
Sat	10.30 17.00	13.30 22.00				
Sun	10.30 20.00	13.30 22.00				
					Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 5)	

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

Name JOHN PETER HAWORTH	
Address <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px;"></div>	
Postcode	<div style="background-color: black; width: 100px; height: 15px;"></div>
Personal Licence number (if known)	
Issuing licensing authority (if known)	

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)

A maximum of 8 people will be on the yacht at any one time. A small amount of red or white wine is given with the meal and a glass of port to accompany the cheese board.

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

One glass of wine per adult is offered at lunch time and children are not permitted on the evening sail.


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	7 th March 2012
Capacity	PROPRIETOR

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent.
(please read guidance note 12). If signing on behalf of the applicant please state in what capacity.

Signature	
Date	
Capacity	

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

Post town		Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			

Plan of Vessel
"MADDIE TOO"

Please give a general description of the premises (please read guidance note 1)

