

SL6

Received  
- 8 FEB 2012  
LICENSING



**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](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 **Lawrence Conway, Chief Executive, South Lakeland District Council**  
*(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  
**The Glebe, Glebe Road**

Post town	<b>Bowness on Windermere</b>	Post code	<b>LA23 1LU</b>
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Telephone number at premises (if any)	<b>N/A</b>
Non-domestic rateable value of premises	<b>£ 1000</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>		
<b>I am 18 years old or over</b>				<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)	
<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>					

**(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.

<b>Name</b>	<b>Mr Lawrence Conway</b>
<b>Address</b>	<b>Chief Executive South Lakeland District Council South Lakeland House Lowther Street Kendal</b>
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	<b>Local Authority</b>
Telephone number (if any)	<b>01539 733333</b>
E-mail address (optional)	

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day	Month	Year
21	06	2012

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

Day	Month	Year
22	06	2012

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

**Regulated entertainment and licensable activities on the Glebe, Bowness on Windermere, as shown on the attached plan, in celebration of the London 2012 Torch Relay and launch of Festival 2012. Part of the build up to the start of the 2012 Olympic Games.**

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

9,999
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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				<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)	
Sat					
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 checked="" type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)  <b>Showing of films/film footage throughout the site on screen.</b>	Both	<input type="checkbox"/>
Tue					
Wed				<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)	
Thur	17.00	23.00			
Fri				<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)	
Sat					
Sun					

**C**

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

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish	Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	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 boxing or wrestling entertainment</b> (please read guidance note 4)	
Thur			<b>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</b> (please read guidance note 5)		
Fri					
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 checked="" type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)  <b>Performance of live and recorded amplified music on stages provided on site in areas provided as shown on the plan and identified in the Event Management Plan.</b>			
Mon						
Tue			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)			
Wed						
Thur	17.00	23.30				
Fri			<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)			
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 checked="" type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)  <b>Performance of recorded music (amplified) on stages provided on site in areas provided as shown on the plan and identified in the Event Management Plan.</b>			
Mon						
Tue			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)			
Wed						
Thur	17.00	23.30				
Fri			<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)			
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 checked="" type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)			
Mon			<b>Performances on sites A and B; throughout the site and on nominated stages as shown on the plans.</b>			
Tue						
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)			
Thur	<b>17.00</b>	<b>23.30</b>				
Fri			<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)			
Sat						
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>			
			<b>Also street theatre and acrobatic performance.</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 checked="" type="checkbox"/>
					Both	<input type="checkbox"/>
Tue			<b>Please give further details here</b> (please read guidance note 3)			
Wed			<b>Performances on sites A and B; throughout the site and on nominated stages as shown on the plans.</b>			
Thur	<b>17.00</b>	<b>23.30</b>				
Fri			<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)			
Sat			<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)			
Sun						

I

<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			<b>State any seasonal variations for the provision of facilities for making music</b> (please read guidance note 4)	
Thur				
Fri				
Sat			<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)	
Sun				

J

<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"/>
			<b>Please give a description of the facilities for dancing you will be providing</b>		
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for providing dancing facilities</b> (please read guidance note 4)		
Thur					
Fri					
Sat			<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)		
Sun					

## 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			<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					
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 checked="" type="checkbox"/>
Mon					Both	<input type="checkbox"/>
			<b>Please give further details here</b> (please read guidance note 3)			
Tue			<b>Late night refreshment in catering area as shown on the site plan and Event Management Plan.</b>			
Wed			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)			
Thur	<b>23.00</b>	<b>24.00</b>				
Fri	<b>00.00</b>	<b>00.30</b>	<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			
Mon			<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Tue					
Wed					
Thur					
Fri			<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)		
Sat					
Sun					

**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)**

**O**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			
Wed			
Thur	<b>16.00</b>	<b>24.00</b>	
Fri	<b>00.00</b>	<b>00.30</b>	
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)

**Please see the attached conditions to this application as Appendix 1.**

**The objectives will be promoted by the Safety Advisory Group and managed through the Event Management Plan.**

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

**As above.**

**c) Public safety**

**As above (in a))**

**d) The prevention of public nuisance**

**As above (in a))**

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

**As above (in a))**


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	8th FEBRUARY 2012
Capacity	Chief Executive, South Lakeland District Council

**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)

**South Lakeland District Council  
South Lakeland House  
Lowther Street**

**Post town** Kendal **Post code** LA9 4DL

**Telephone number (if any)** 01539 733333

**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.



# Appendix I

## CONDITIONS TO BE ATTACHED TO THE OPERATING SCHEDULE (Section P of SL6)

- A Safety Advisory Group (SAG) will be formed, chaired and minuted by the Premises Licence Holder. The SAG will be made up of the key responsible authorities together with other individuals or bodies who are seen as integral to the promotion of the event. The SAG will work to promote and address the licensable objectives outlined in the Licensing Act 2003. They will meet as required to ensure that a safe and effective event management plan and Health and Safety risk assessment are developed. Consideration will be given at all times to the recommendations contained within the Health and Safety Executives Publication (Event Safety Guide) HSG195 and those decisions made by the SAG.

The SAG will not take responsibility for your event this will always remain with the Premises Licence Holder.

- During any concert or similar event the licence holder shall effectively manage proceedings so as to ensure that undue disturbance is not caused to local residents and businesses resulting from excessive noise. In order to facilitate this, the licence holder shall also comply with any requirements or recommendations made in this respect by an officer of the Responsible Authorities.
- During any concert or similar event the licence holder shall take all reasonable measures to protect the health, safety and welfare of all persons present. In this respect regard should be given to the guidance contained in the "Event Safety Guide" HSG195 as published by the Health and Safety Executive, or any subsequent publication.
- During any concert or similar event, all officials and authorised representatives of the above named Responsible Authorities shall be granted unrestricted access to all areas of the site and facilities thereon for the purposes of enforcing any relevant statutory provisions relating to crime and disorder, public safety, public health and environmental protection.
- The finalised Event Management Plan / Health and Safety Risk Assessment will be drawn up by the Premises Licence Holder and approved by responsible authorities at least 8 weeks prior to the event taking place. The plan and risk assessment will address the following key issues where necessary and consider and/or implement any recommendations made by the SAG:-

1. Security and Stewarding
2. Health and Safety
3. Management of crowd control
4. Traffic management and car parking
5. Food vendors and markets
6. Environmental noise and sound management
7. Sanitation
8. Refuse and waste
9. Medical issued
10. Crime reduction
11. Emergency plans and procedures
12. Insurance public liability