

**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 House of Townend Limited
(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			
Lakeland Vintners The Wine Warehouse Ings Staveley			
Post town	Kendal	Post code	LA8 9PY

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 10,000
Licence fee payable	£ 190

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 checked="" type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> | please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |

- | | | |
|---|--------------------------|-----------------------------|
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | please complete section (B) |
| e) the proprietor of an educational establishment | <input type="checkbox"/> | please complete section (B) |
| f) a health service body | <input type="checkbox"/> | 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 | <input type="checkbox"/> | please complete section (B) |
| h) the chief officer of police of a police force in England and Wales | <input type="checkbox"/> | 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 | <input type="checkbox"/> |
| ○ a function discharged by virtue of Her Majesty's prerogative | <input type="checkbox"/> |

(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 House of Townend Limited
Address House of Townend Wyke Way Melton West Business Park Melton East Yorkshire HU14 3HJ
Registered number (where applicable) 00723084
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited company
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year	
2	7	0	7	2	0

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 currently operate as a wine warehouse which has not previously had the benefit of a Premises Licence as all sales were formerly directed to the trade.

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)

Provision of regulated entertainment

Please tick yes

- | | |
|---|--------------------------|
| 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)
- 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			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u>		
Mon					
Tue					
Wed					
Thur			<u>State any seasonal variations for performing plays</u>		
Fri					
Sat					
Sun					
			<u>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</u>		

B

Films Standard days and timings			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u>	Both	<input type="checkbox"/>
Mon					
Tue					
Wed			<u>State any seasonal variations for the exhibition of films</u>		
Thur					
Fri			<u>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</u>		
Sat					
Sun					

C

Indoor sporting events Standard days and timings			<u>Please give further details</u>
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u>
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>
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u>		
Mon					
Tue			<u>State any seasonal variations for boxing or wrestling entertainment</u>		
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>		
Fri					
Sat					
Sun					

E

Live music Standard days and timings			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u>		
Mon					
Tue					
Wed			<u>State any seasonal variations for the performance of live music</u>		
Thur					
Fri			<u>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</u>		
Sat					
Sun					

F

Recorded music Standard days and timings			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u>	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u>	
Mon				
Tue				
Wed			<u>State any seasonal variations for the playing of recorded music</u>	
Thur				
Fri				
Sat			<u>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</u>	
Sun				

G

Performances of dance Standard days and timings			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u>		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
Day	Start	Finish			Both <input type="checkbox"/>
Mon			<u>Please give further details here</u>		
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u>		
Thur					
Fri			<u>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</u>		
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings			<u>Please give a description of the type of entertainment you will be providing</u>	
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u>	Indoors <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue			<u>Please give further details here</u>	
Wed				
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u>	
Fri				
Sat			<u>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</u>	
Sun				

I

Provision of facilities for making music Standard days and timings			<u>Please give a description of the facilities for making music you will be providing</u>	
			<u>Will the facilities for making music be indoors or outdoors or both – please tick</u>	
Day	Start	Finish	Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u>	
Tue				
Wed			<u>State any seasonal variations for the provision of facilities for making music</u>	
Thur				
Fri			<u>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</u>	
Sat				
Sun				

J

Provision of facilities for dancing Standard days and timings			<u>Will the facilities for dancing be indoors or outdoors or both – please tick</u>	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
			<u>Please give a description of the facilities for dancing you will be providing</u>	
Day	Start	Finish		
Mon			<u>Please give further details here</u>	
Tue				
Wed			<u>State any seasonal variations for providing dancing facilities</u>	
Thur				
Fri			<u>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</u>	
Sat				
Sun				

K

Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings			<u>Please give a description of the type of entertainment facility you will be providing</u>	
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both – please tick</u>	Indoors <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue			<u>Please give further details here</u>	
Wed				
Thur			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u>	
Fri				
Sat			<u>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</u>	
Sun				

L

Late night refreshment Standard days and timings			Will the provision of late night refreshment take place indoors or outdoors or both please tick	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u>		
Mon					
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u>		
Thur					
Fri					
Sat			<u>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</u>		
Sun					

M

Supply of alcohol Standard days and timings			Will the supply of alcohol be for consumption (Please tick box)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol		
Mon	08:00	23:00			
Tue	08:00	23:00			
Wed	08:00	23:00			
Thur	08:00	23:00			
Fri	08:00	23:00			
Sat	08:00	23:00			
Sun	N/A	N/A	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		

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

Name Susan Cully
Address
Postcode
Personal Licence number (if known) Not yet granted
Issuing licensing authority (if known) South Lakeland District Council

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
N/A

O

Hours premises are open to the public Standard days and timings			<u>State any seasonal variations</u>
Day	Start	Finish	
Mon	08:00	17:30	<u>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</u>
Tue	08:00	17:30	
Wed	08:00	17:30	
Thur	08:00	17:30	
Fri	08:00	17:30	
Sat	08:00	17:30	
Sun	N/A	N/A	

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

a) General – all four licensing objectives (b,c,d,e)

b) The prevention of crime and disorder

No provision will be made for a sales counter at the premises and all sales shall be delivered to the customer's address.

Where a security system is installed it shall be maintained in good working order in accordance with the manufacturer's instructions and shall be operational at all times when a licensable activity takes place at the premises.

Delivery vehicles operating from the premises shall not carry spare stock.

c) Public safety

The fire safety measures with which the premises are provided will be maintained in good working order and their adequacy will be determined on a regular basis.

d) The prevention of public nuisance

e) The protection of children from harm

There shall be in place on the premises a written policy that employees challenge all persons purchasing alcohol who appear to be under the age of 21 years of age the policy shall require any person to produce a recognized proof of age card or a photo driving licence, passport or accredited student card. This policy is only applicable when deliveries are made to a private address.

- 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

Signature of applicant or applicant's solicitor or other duly authorised agent. If signing on behalf of the applicant please state in what capacity.

Signature	
Date	27 th June 2012
Capacity	Solicitor

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. 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

QualitySolicitors Lockings
St Mary's Court
Lowgate

Post town Kingston Upon Hull

Post code HU1 1YG

Telephone number (if any) 01482 300231

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