SOUTHLAKELAND DISTRICT COUNCIL
Public Health & Licensing Group, South Lakeland House, Lowther Street,
Kendal, Cumbria LA9 4UD
Tel: 0845 050 4434 Fax: (01539) 740300
www.southlakeland.gov.uk e-mail: 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/We __________________________
(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

BELMONT HOUSE
LAKE ROAD
BOWNESS ON WINDERMERE

Post town ____________________ Postcode ____________________

Telephone number at premises (if any) ____________________

Non-domestic rateable value of premises £ 9,200 BAND B

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

a) an individual or individuals *

b) a person other than an individual *

   i. as a limited company

   ii. as a partnership

   iii. as an unincorporated association or

   □ please complete section (A)

   □ please complete section (B)

   □ please complete section (B)

   □ please complete section (B)

October 2012
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)

g) 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)

<table>
<thead>
<tr>
<th>Mr □</th>
<th>Mrs □</th>
<th>Miss □</th>
<th>Ms □</th>
<th>Other Title (for example, Rev)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td>First names</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am 18 years old or over</td>
<td>□  Please tick yes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current postal address if different from premises address

| Post town | Postcode |

Daytime contact telephone number

E-mail address (optional)
## SECOND INDIVIDUAL APPLICANT (if applicable)

<table>
<thead>
<tr>
<th>Mr</th>
<th>Mrs</th>
<th>Miss</th>
<th>Ms</th>
<th>Other Title (for example, Rev)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Surname** | **First names**
---|---

I am 18 years old or over | Please tick yes
---|---

Current postal address if different from premises address
---

<table>
<thead>
<tr>
<th>Post town</th>
<th>Postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE PORTERAGE CO. LTD</td>
<td>UNIT 4B CRAKESIDE BUSINESS PARK</td>
</tr>
<tr>
<td></td>
<td>GRECNOODD</td>
</tr>
<tr>
<td></td>
<td>ULVERSTON</td>
</tr>
<tr>
<td></td>
<td>CUMBRIA LA12 7RT</td>
</tr>
</tbody>
</table>

Registered number (where applicable)
---

073 99128

Description of applicant (for example, partnership, company, unincorporated association etc.)
---

LIMITED COMPANY

Telephone number (if any)
---

01229 861 088

E-mail address (optional)
Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY
09 05 2016

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

DD MM YYYY

The ground floor sales area comprises a large display window and shop area.

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

The premises is a retail unit occupying a prime location fronting Bake Rd, close to the cinema in Gosport. The property has operated as an office for many years under the use Class Order of A2. An automatic transfer is available to use Class Order A1 - Retail in addition to which there are automatic temporary permitted uses to A3 restaurant/cafe. The Portsea Co. already has a licensed retail wine shop at Greenodd, Cumbria and this is a further venture + local employee.

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 any that apply

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 late night refreshment (if ticking yes, fill in box I) □

Supply of alcohol (if ticking yes, fill in box J) □

In all cases complete boxes K, L and M

October 2012
Supply of alcohol
Standard days and timings (please read guidance note 6)

<table>
<thead>
<tr>
<th>Day</th>
<th>Start</th>
<th>Finish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
<td>09.00</td>
<td>21.00</td>
</tr>
<tr>
<td>Tue</td>
<td>09.00</td>
<td>21.00</td>
</tr>
<tr>
<td>Wed</td>
<td>09.00</td>
<td>21.00</td>
</tr>
<tr>
<td>Thur</td>
<td>09.00</td>
<td>21.00</td>
</tr>
<tr>
<td>Fri</td>
<td>09.00</td>
<td>21.00</td>
</tr>
<tr>
<td>Sat</td>
<td>09.00</td>
<td>21.00</td>
</tr>
<tr>
<td>Sun</td>
<td>10.00</td>
<td>16.00</td>
</tr>
</tbody>
</table>

Will the supply of alcohol be for consumption
- please tick (please read guidance note 7)

- [ ] On the premises
- [x] Off the premises
- [ ] Both

State any seasonal variations for the supply of alcohol (please read guidance note 4)
OUT OF SEASON/LOW SEASON WE MAY CLOSE 1/2 DAYS PER WEEK - IF WE DID, THIS WOULD LIKELY BE SUN, MON OR MON, TUES.

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)

- PLEASE NOTE: USUAL SHOP HOURS ARE LIKELY TO BE 10.00-18.00 (MON TO SAT). WE HAVE ASKED FOR HOURS 05.00-21.00 SO THAT WE ARE ABLE TO BE FLEXIBLE FOR WINE/SPIRIT TASTING EVENTS.

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

**Name**: COLIN CROPLEY

**Address**

16 THE CROFT
STAINTON WITH ADGANCEY
BARROW IN Furness

**Postcode**: LA13 1NL

**Personal licence number (if known)**

**Issuing licensing authority (if known)**

October 2012
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

<table>
<thead>
<tr>
<th>Hours premises are open to the public</th>
<th>State any seasonal variations (please read guidance note 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
<td>Start</td>
</tr>
<tr>
<td>Mon</td>
<td></td>
</tr>
</tbody>
</table>
Describe the steps you intend to take to promote the four licensing objectives:

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

WE ALREADY HAVE ONE LICENSED PREMISES (OFFLICENCE) (REGISTERED ADDRESS), THIS HAS OPERATED FOR THREE YEARS WITHOUT ANY ISSUES. OUR COMPANY POLICY IS TO OPERATE IN A DILIGENT AND RESPONSIBLE MANNER IN LINE WITH THE LAW AND TRADING STANDARDS. THIS IS ESSENTIAL FOR OUR BRAND IMAGE OF QUALITY AND WE WILL CONTINUE TO DO SO.

b) The prevention of crime and disorder

- THE PREMISES WILL BE ALARMED AND CONNECTED TO A MONITORING COMPANY.
- IT WILL BE MANAGED AT ALL TIMES IT IS OPEN.
- WE WILL ASK FOR I.D. FOR ANYONE WHO LOOKS UNDER 21 AND WILL NOT SERVE WITHOUT I.D. STRICTLY IN LINE WITH TRADING STANDARDS.

c) Public safety

- ANY PERSON LOOKING UNDER 21 WILL BE ASKED FOR I.D.
- FIRE EXTINGUISHERS + SMOKE ALARMS WILL BE AVAILABLE IN THE PREMISES IN LINE WITH CUMBRIA FIRE + RESCUE.
- THE PREMISES WILL BE KEPT clean AND WE HAVE PUBLIC LIABILITY INSURANCE

d) The prevention of public nuisance

- ANY PERSON WHO LOOKS TO BE / SEEMS TO BE ALREADY UNDER THE INFLUENCE OF ALCOHOL WILL NOT BE SERVED MORE ALCOHOL.
- THE PORTARAGE CO. PROMOTE RESPONSIBLE DRINKING.

e) The protection of children from harm

- ANYONE LOOKING UNDER 21 WILL BE ASKED FOR I.D. IN LINE WITH TRADING STANDARDS.

Checklist:

October 2012
Please tick to indicate agreement

- 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 designated 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 SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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.

<table>
<thead>
<tr>
<th>Signature</th>
<th>[redacted]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>5/14/16</td>
</tr>
<tr>
<td>Capacity</td>
<td>APPLICANT</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
</tr>
<tr>
<td>Capacity</td>
</tr>
</tbody>
</table>

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

Post town | Postcode
---|---

Telephone number (if any)

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

Notes for Guidance

October 2012
Application has been made by The Porterage Co. Ltd (Specialist Wine Merchant and Trade Supplier), Greenodd, Unit 4b Crakeside Business Park, Cumbria LA12 7RT, to the Licensing Authority of South Lakeland District Council. The proposed licensable activity is: The sale by retail of alcohol for consumption off the premises; Belmont House, Lake Road, Bowness on Windermere, LA23 3BJ.
Part A

Consent of individual to being specified as premises supervisor

I, [full name of prospective premises supervisor], of [home address of prospective premises supervisor], hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for [type of application] by [name of applicant] relating to the premises licence [number of existing licence, if any] for [name of applicant] concern[ing the supply of alcohol at [name and address of premises to which the application relates].

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number [insert personal licence number, if any]
Personal licence issuing authority [insert name and address and telephone number of personal licence issuing authority, if any]

[insert personal licence number, if any]
[insert name and address and telephone number of personal licence issuing authority, if any]

[full name of transferee]