

Receipt No

Initials

Date



SL06

SOUTH LAKELAND 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

PL(A)
035131

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 COLIN CROPLEY

(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 BOUNESS ON WINDERMERE	
11 APR 2016	
Post town	Postcode
	LA23 3BJ
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 * | <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) |

October 2012

11/04/16 OK TO PROCEED TH.

- 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)	
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	THE PORTERAGE CO. LTD
Address	UNIT 4B CRAKESIDE BUSINESS PARK GREENODD ULVERSTON CUMBRIA LA12 7RT
Registered number (where applicable)	07399128
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	01229 861088
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 Lake Rd. close to the cinema in Bowness. 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 Portage 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

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	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 (please read guidance note 4)		
Mon	09.00 am	21.00	OUT OF SEASON / LOW SEASON WE MAY CHOSE 1/2 DAYS PER WEEK - IF WE DID, THIS WOULD LIKELY BE SUN, MON OR MON, TUES.		
Tue	09.00	21.00			
Wed	09.00	21.00			
Thur	09.00	21.00	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)		
Fri	09.00	21.00	PLEASE NOTE : USUAL SHOP HOURS ARE LIKELY TO BE 10.00-18.00 (Mon to Sat). WE HAVE ASKED FOR HOURS 09.00-21.00 SO THAT WE ARE ABLE TO BE FLEXIBLE FOR WINE/SPIRIT TASTING EVENTS.		
Sat	09.00	21.00			
Sun	10.00	16.00			

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 ADGARLEY BARROW IN FURNESS		
Postcode	LA13 0NL		
Personal licence number (if known)			
Issuing licensing authority (if known)			

K

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

L

Hours premises are open to the public
Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon		
Tue		
Wed		
Thur		
Fri		
Sat		
Sun		

State any seasonal variations (please read guidance note 4)

Please see previous page Note J.
for mention of seasonal options
and variations to hours.

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 (please read guidance note 5)

M 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 (OFF LICENCE) (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 MANNED 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 TIDY 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 PORTFRASECO, PROMOTE RESPONSIBLE DRINKING.

e) The protection of children from harm

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

Checklist:

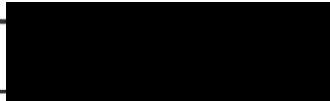
Please tick to indicate agreement

- 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.**

Signature	
Date	5/4/16
Capacity	APPLICANT

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)

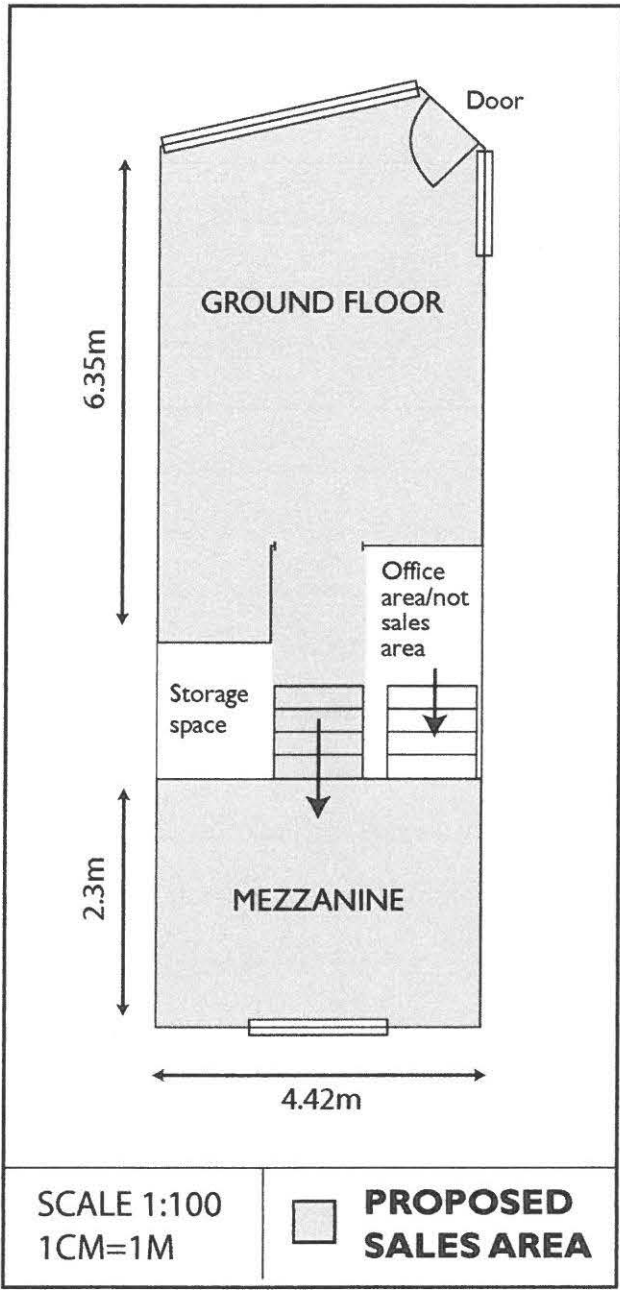
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

Notes for Guidance

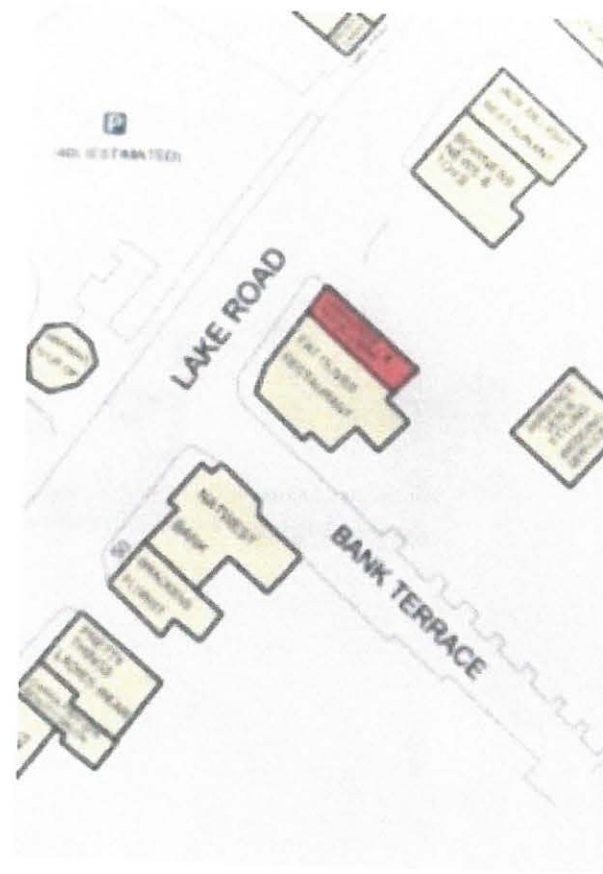
SCALE DRAWING FOR LICENSE APPLICATION

Premises Address:

Belmont House, Lake Road, Bowness on Windermere, Cumbria LA23 3BJ



Application has been made by The Portorage 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.



SOUTH LAKELAND DISTRICT COUNCIL

Licensing Section, South Lakeland House, Lowther Street, Kendal, Cumbria, LA9 4UD

Tel: 01539 733333 Fax: 01539 740300

www.southlakeland.gov.uk email: licensing@southlakeland.gov.uk

Part A

Consent of individual to being specified as premises supervisor

I COLIN CROPLEY [full name of prospective premises supervisor]
 of 16 THE CROFT, STANTON WITH ADGARLEY, BARROW
LA13 0NL [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 OFF LICENCE [type of
 application] by COLIN CROPLEY [name of applicant]
 relating to the premises licence PL(A)028701 [number of existing licence, if any]
 for THE PORTERAGE CO. LTD. UNIT 4B CRAKESIDE BUSINESS PARK,
GREENODD, LA12 7RT [name and address of premises to which the application relates]
 and any premises licence to be granted or varied in respect of this application
 made by COLIN CROPLEY [name of applicant]
 concerning the supply of alcohol at BELMONT HOUSE, LAKE RD,
BOWNESS, LA22 3BJ [name and address of premises to which 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 PA 0481 [insert personal licence number, if any]

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

Colin Cropley signed
COLIN CROPLEY name (please print)
5/4/16 dated

Part B

Consent of premises licence holder to transfer

I/we [full name of premises licence holder(s)]
 the premises licence holder of premises licence number [insert
 premises licence number] relating to
 [name and address of premises
 to which the application relates] hereby give my consent for the transfer of
 premises licence number [insert premises licence number]
 to [full name of transferee].

..... signed
 name (please print)
 dated