

01/10/2016

SL06



Date 02.12.16

Initials FME

Receipt No 242105

**SOUTH LAKE LAND 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](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.

**Wwe M. RACKSTRAWS LTD.**

(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

**BOWSTON BRIDGE BREWERY**  
**BOWSTON**

Post town

**KENDAL**

Postcode

**LA9 4UD**

Telephone number at premises (if any)

Non-domestic rateable value of premises

£

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as

Please tick as appropriate

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)	
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	M. RACKSTRAW LTD.
Address	BOWSTON BRIDGE BREWERY BOWSTON KENOAL LA8 9HD
Registered number (where applicable)	10143229
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?

DD MM YYYY  
06 01 2017

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

DD MM YYYY

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

BREWERY / MICRO PUB / FOOD.

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

# 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"/>
					Outdoors <input type="checkbox"/>
					Both <input type="checkbox"/>
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 3)		
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 checked="" 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	11:00	00:00			
Tue	11:00	00:00			
Wed	11:00	00:00	<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Thur	11:00	00:00			
Fri	11:00	00:00	<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	11:00	00:00			
Sun	11:00	00:00			

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	
Mon	11:00	00:00	
Tue	11:00	00:00	<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Wed	11:00	00:00	
Thur	11:00	00:00	<b><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></b> (please read guidance note 5)
Fri	11:00	00:00	
Sat	11:00	00:00	
Sun	11:00	00:00	

# 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)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)	
Tue				
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)	
Thur				
Fri			<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)	
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 type="checkbox"/>
					Both <input checked="" type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3) NO AMPLIFIED MUSIC OUTSIDE		
Mon	11:00	00:00			
Tue	11:00	00:00	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4) CHRISTMAS EVE & NEW YEARS EVE UNTIL 02:00am THE FOLLOWING DAY		
Wed	11:00	00:00			
Thur	11:00	00:00	<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)		
Fri	11:00	00:00			
Sat	11:00	00:00			
Sun	11:00	00:00			

F

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3) NO AMPLIFIED MUSIC OUTDOORS		
Mon	11:00	00:00			
Tue	11:00	00:00			
Wed	11:00	00:00	<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4) CHRISTMAS EVE & NEW YEARS EVE UNTIL 02:00am THE FOLLOWING DAY		
Thur	11:00	00:00			
Fri	11:00	00:00	<b><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></b> (please read guidance note 5)		
Sat	11:00	00:00			
Sun	11:00	00:00			

# G

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
					Both <input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)		
Thur					
Fri					
Sat			<b><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></b> (please read guidance note 5)		
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)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)		
Fri					
Sat			<b><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></b> (please read guidance note 5)		
Sun					

<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 (please read guidance note 2)</b>	Indoors	<input checked="" 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	23:00	00:00			
Tue	23:00	00:00			
Wed	23:00	00:00	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)  CHRISTMAS EVE & NEW YEARS EVE UNTIL 02:00 ON THE FOLLOWING DAY		
Thur	23:00	00:00			
Fri	23:00	00:00			
Sat	23:00	00:00	<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)		
Sun	23:00	00:00			

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption</b> <u>– please tick</u> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)  ON NEW YEARS EVE & CHRISTMAS EVE UNTIL 02:00am ON THE FOLLOWING DAY.		
Mon	11:00	00:00			
Tue	11:00	00:00			
Wed	11:00	00:00			
Thur	11:00	00:00			
Fri	11:00	00:00			
Sat	11:00	00:00			
Sun	11:00	00:00	<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)		

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

Name	SARAH SWARBRICK
Address	
Postcode	
Persc	PA36328
Issuing licensing authority (if known)	SLDC

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).

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	8:00	00:00	ON NEW YEARS EVE PREMISES TO BE OPEN TO THE PUBLIC UNTIL START OF THE PERMITTED HOURS THE FOLLOWING DAY
Tue	8:00	00:00	
Wed	8:00	00:00	ON CHRISTMAS EVE THE PREMISES TO BE OPEN UNTIL 02:am THE FOLLOWING DAY .
Thur	8:00	00:00	
Fri	8:00	00:00	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)
Sat	8:00	00:00	
Sun	8:00	00:00	

**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)**

SEE ATTACHED .

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

**c) Public safety**

**d) The prevention of public nuisance**

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

**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	29 <sup>TH</sup> NOVEMBER 2016
Capacity	DIRECTOR .

**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)

MRS SWARBRICK  
BOWSTON BRIDGE BREWERY  
BOWSTON

Post town	KENDAL .	Postcode	LA8 9HD
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

**Notes for Guidance**

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 authorised agent (see guidance note 11) at capacity.

Signature	
Date	2016
Capacity	

For joint application 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	

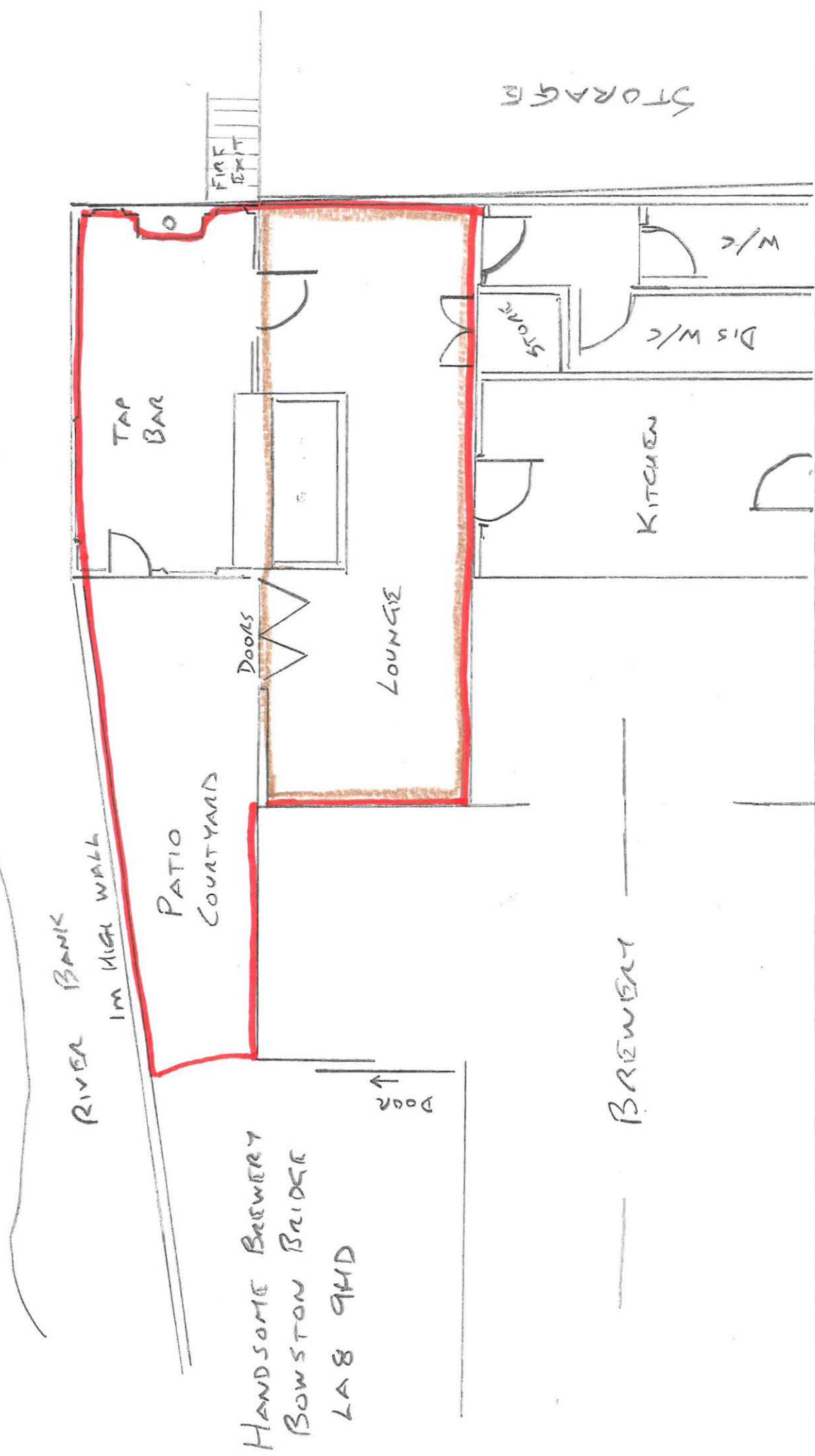
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

MRS SWARBRICK  
BOWSTON BRIDGE BREWERY  
BOWSTON

Post town	KENDAL	Postcode	LA8 9HD
Telephone number (if any)			
If you would prefer us to correspond by email		Email address (optional)	

**Notes for Guidance**

⇒ RIVER KENT



□ □ 13m STONE (NO PUBLIC ACCESS AREA)

1:100  
PROPOSED FLOOR PLANS  
DECEMBER 2016

# Handsome Brewery at Bowston Bridge

## General

The Brewery is going to be aimed at locals who appreciate real ales. It is anticipated that the clientele will be of an older age. The Brewery is also on the Dales Way and as such will aim to encourage walkers to "call in for a pint" when passing.

- ✓ When the designated premises supervisor is not on site, the manageress from a local pub which has recently closed will be in charge.
- ✓ All staff will be trained in the sale of alcohol, provision of entertainment and late night refreshment.
- ✓ Licensing law, including Challenge 25 to be provided to all staff.

## Prevention of Crime & Disorder

- ✓ No admission after 23.00 hours
- ✓ Dispersal – there will be an hour from last sale of alcohol for patrons to leave the premises.
- ✓ Excessive consumption of alcohol will be discouraged, free tap water will be available
- ✓ Proof of age required for anyone looking less than 25 years of age
- ✓ The brewery to work with local Pubwatch

## Promotion of Public Safety

- ✓ A log book shall be kept on the premises with particulars of inspections made, those required to be made by statute, and information compiled to comply with any public safety conditions attached to the premises license. The log book shall be available for inspection when requested by a person authorised by the Licensing Act 2003 or other relevant legislation.
- ✓ Maximum number of persons on the premises of any one time not to exceed 250
- ✓ Adequate access is provided for emergency vehicles
- ✓ Spillages and broken glass will be cleared away immediately.

## Prevention of Public Nuisance

- ✓ Prominent, clear and legible notices will be displayed at all exits requesting the public to respect the needs of nearby residents and to leave the premises and area quietly.
- ✓ All windows and doors to be kept closed when music performances are carried out inside.
- ✓ No amplified music outdoors.
- ✓ Deliveries will be carried out at such times or in such a manner as to prevent nuisance and disturbance to nearby residents.
- ✓ All bottles will be collected during day times – not in the evenings.
- ✓ The PLH will ensure that staff leaving late at night when business has ceased trading will do so in a manner not to disturb nearby residents.
- ✓ The movement of bins and rubbish outside the premises will be kept to a minimum after 11pm.
- ✓ Bright lights on the outside of the premises will be positioned and screened in such a way so as not to cause a disturbance to nearby residents.

- ✓ Adequate waste bins for the use of customers will be provided in the local vicinity and emptied on a regular basis.

**Protection of Children from Harm**

- ✓ All persons under the age of 18 to have vacated the premises by 10.00pm (except for a private function when accompanied by a responsible adult).