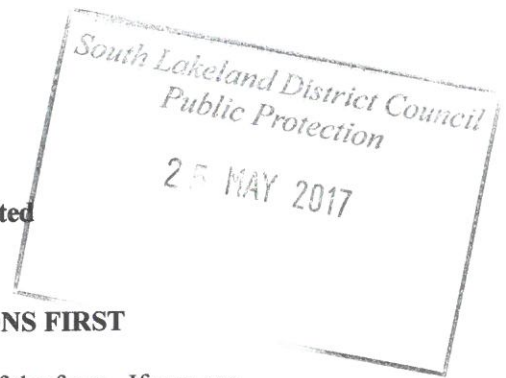


Application for a premises licence to be granted
under the Licensing Act 2003



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 JEANETTE BALL
(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 <u>DEANO'S CAFE & BISTRO</u> <u>THE OLD TELEPHONE EXCHANGE</u> <u>YENDALE ROAD</u> <u>CONISTON.</u>			
Post town	<u>CONISTON</u>	Postcode	<u>LA21 8DU</u>

Telephone number at premises (if any)	<u>01539 449101</u>
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 * | <input checked="" type="checkbox"/> please complete section (A) |
| b) a person other than an individual * | |
| i as a limited company/limited liability partnership | <input type="checkbox"/> please complete section (B) |
| ii as a partnership (other than limited liability) | <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) |

Receipt No 242665

Initials KP

Date 31.05.17

- 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 (by ticking yes to one box below):

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 checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname BALL			First names JEANETTE		

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)	
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Surname		First names	
Date of birth over		I am 18 years old or <input type="checkbox"/> Please tick yes	
Nationality			
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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)			
Mon						
Tue						
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)			
Thur			N/A			
Fri			<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> (please read guidance note 6)			
Sat						
Sun						

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)			
Mon						
Tue						
Wed						
Thur			State any seasonal variations for the exhibition of films (please read guidance note 5) <i>N/A.</i>			
Fri						
Sat						
Sun						
			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 (please read guidance note 6)			

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	(This section is crossed out with a diagonal line)
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Wed			(This section is crossed out with a diagonal line)
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> (please read guidance note 6)
Fri			(This section is crossed out with a diagonal line)
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Both		<input type="checkbox"/>			
Day	Start	Finish		Please give further details here (please read guidance note 4)	
Mon					
Tue					
Wed					
			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)		
Thur					
Fri					
Sat					
			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 (please read guidance note 6)		
Sun					

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4) 10PM inside outside 8-30PM.	
Mon	9-30 ^{Am}	10PM		
Tue	9-30 ^{Am}	10PM		
Wed	9-30	10PM	State any seasonal variations for the performance of live music (please read guidance note 5)	
Thur	9-30	10PM		
Fri	9-30	10PM	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 (please read guidance note 6)	
Sat	9-30	10PM		
Sun	9-30	10PM		

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input checked="" type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
				OUTDOORS UNTIL 7PM	
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	9.30	10PM			
Tue	9.30	10PM			
Wed	9.30	10PM			
Thur	9.30	10PM	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Fri	9.30	10PM			
Sat	9.30	10PM	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 (please read guidance note 6)		
Sun	9.30	10PM			

G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 4) <div style="text-align: center;">SIA</div>		
Tue			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Wed			<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> (please read guidance note 6)		
Thur					
Fri					
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 4) <div style="text-align: center;">N/A.</div>		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Fri					
Sat			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 (please read guidance note 6)		
Sun					

I

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors <input checked="" type="checkbox"/>
Day	Start ^{AM}	Finish		Outdoors <input checked="" type="checkbox"/>
				Both <input checked="" type="checkbox"/>
Mon	9.30 ^{AM}	10PM	OUTDOORS TILL 8.30PM	
Tue	9.30 ^{AM}	10PM	Please give further details here (please read guidance note 4)	
	9.30	10PM	OUTDOORS TILL 8.30 PM	
Wed	9.30 ^{AM}	10PM	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)	
Thur	9.30	10PM		
Fri	9.30	10PM	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 (please read guidance note 6)	
Sat	9.30	10PM	OUTDOORS TILL 8.30 PM.	
Sun	9.30	10PM		

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
Day	Start	Finish	Both <input checked="" type="checkbox"/>		
Mon	9.30 ^{Am}	10 ^{PM}	State any seasonal variations for the supply of alcohol (please read guidance note 5) OCCASIONAL PRIVATE FUNCTIONS		
Tue	9.30 ^{Am}	10 ^{PM}			
Wed	9.30 ^{Am}	10 ^{PM}			
Thur	9.30 ^{Am}	10 ^{PM}	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 6) OCCASIONAL PRIVATE FUNCTIONS.		
Fri	9.30 ^{Am}	10 ^{PM}			
Sat	9.30 ^{Am}	10 ^{PM}			
Sun	9.30 ^{Am}	10 ^{PM}			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name	JEANETTE BALL.	
Date of birth		
Address		
Postcode		
Personal licence number (if known)	PA035415	
Issuing licensing authority (if known)	SOUTH LAKE LAND DISTRICT COUNCIL.	

□□□□

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 9).

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	9.30 ^{AM}	10PM	POSSIBLE CLOSURE IN JANUARY.)
Tue	9.30 ^{AM}	10PM	
Wed	9.30	10PM	
Thur	9.30	10PM	<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 (please read guidance note 6)</u> PRIVATE FUNCTIONS & NEW YRS EVE.
Fri	9.30	10PM	
Sat	9.30	10PM	
Sun	9.30	10PM	

When do you want the premises licence to start?

DD	MM	YYYY
1	0	062017

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)

DEANOS CAFE BISTRO, SERVING
DELI RETAIL ITEMS, HOT & COLD FOOD,
WITH 40 SEATS INTERNALLY, AND
SIX PICNIC STYLE SEATING BENCHES TO
PAVED COURTYARD AT THE SIDE. OFF ROAD
PARKING. HOURS OF BUSINESS 9.30 AM
TO 10 PM. LAST FOOD ORDERS 8.30 PM.

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 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- | | |
|---|-------------------------------------|
| 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 checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input checked="" 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 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

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 10)

TO PROMOTE ALL FOUR OBJECTIVES, I WILL KEEP STRONG MANAGEMENT CONTROLS, WITH EFFECTIVE TRAINING OF STAFF SO THEY ARE AWARE OF THE REQUIREMENTS.
NO SELLING OF ALCOHOL TO UNDER AGE PERSONS
NO DRUNK & DISORDERLY BEHAVIOUR
NO VIOLENT OR ANTI SOCIAL BEHAVIOUR.
NO HARM TO ANY CHILDREN.
CHALLENGE 25. TRAINING FOR ALL STAFF

b) The prevention of crime and disorder

NO SELLING OF ALCOHOL TO DRUNK OR INTOXICATED PERSONS.
CLEAR NOTICES TO BE DISPLAYED.
STAFF WILL BE WELL TRAINED, WITH THE DPS ON SITE AT ALL TIMES. PREVENTION AND VIGILANCE IN ILLEGAL DRUG USE IN THE RETAIL UNIT AREA.

c) Public safety

INTERNAL AND EXTERNAL LIGHTING FIXED TO PROMOTE PUBLIC SAFETY.
TRAINING AND IMPLEMENTATION OF ID CHECKS (UNDERAGE).
A LOG BOOK SYSTEM SHALL BE KEPT ON THE PREMISES. ALL PARTS OF THE PREMISES AND ALL FITTINGS ETC SHALL BE MAINTAINED.

d) The prevention of public nuisance

NOISE REDUCTION MEASURES TO AVOID DISTURBANCE TO NEIGHBOURS
DELIVERIES OF GOODS WILL TAKE PLACE DURING DAYLIGHT HOURS.
MOVEMENT OF STAFF + BINS ETC WILL BE MINIMAL. LIGHTING POSITIONED IN A DISCREET MANNER

e) The protection of children from harm

WELL TRAINED STAFF. "CHALLENGE 25"
SIGN, ACCEPTABLE ID (A CARD BEARING
THE PASS HOLOGRAM, A PHOTOCARD
DRIVING LICENCE OR PASSPORT. ALL DETAILS
PROVIDED IN TRAINING RECORD BOOK.
LOG BOOK ON THE PREMISES. AT ALL TIMES.

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. ☒
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15). ☒

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Declaration	<ul style="list-style-type: none"> [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).
	<p>is application form is entitled to work in the UK conditions preventing him or her from doing (sable activity) and I have seen a copy of his or ent to work, if appropriate (please see note 15)</p>
Signature	
Date	4/5/17
Capacity	owner.

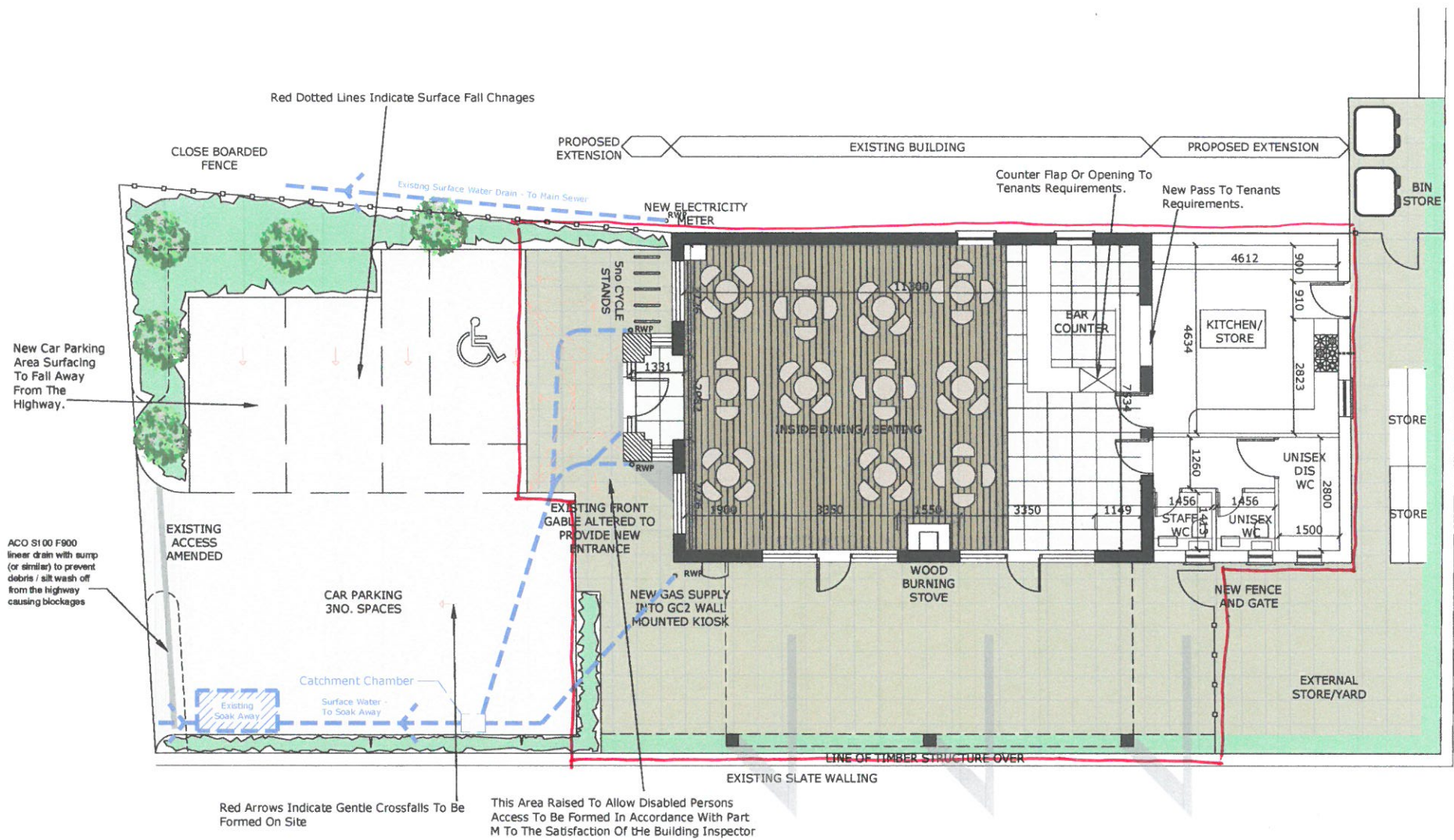
For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
JEANETTE BALL.			
DEAN'S CAFE BISTRO			
THE OLD TELEPHONE EXCHANGE			
HEWDALE ROAD CONISTON			
Post town	CONISTON	Postcode	LA21 8DU
Telephone number (if any)	01539 449101		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

Notes for Guidance

- 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.
- In terms of specific regulated entertainments please note that:



GA PLAN
SCALE 1:50

FORMER BT EXCHANGE - CONISTON

PROPOSED SITE PLAN

5074-P10 Rev G

10/01/2024

Cassidy+Ashton

C+A

ARCHITECTURE BUILDING SURVEYING TOWN PLANNING

Princes Office: 1 Bels Hill, Princes, Llanfair, Pembrokeshire, SA1 3DE
Chester Office: Cassidy House, Bishopscote, Chester, CH1 3DW

Tel: 01772 780058
Fax: 01772 780059

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