

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

29 MAR 2018

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 LAKE DISTRICT ESTATES
(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

Receipt No 210379

Initials KAP

Date 29.03.18

Postal address of premises or, if none, ordnance survey map reference or description

WOODCLOSE PARK
HIGH CASTERTON
CARNFORTH

Post town	CARNFORTH	Postcode	LA6 2SE
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Telephone number at premises (if any)	015242 71597
Non-domestic rateable value of premises	£ 43,000 (C)

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/ limited liability
partnership | <input checked="" 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) |

- 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 type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth		I am 18 years old or over <input type="checkbox"/> Please tick yes			
Nationality					
Current residential 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		

Date of birth		I am 18 years old or over <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	LAKE DISTRICT ESTATES
Address	MAUDLANDS MAUDE STREET KENDAL CUMBRIA LA9 4QD
Registered number (where applicable)	CO NO 3469999
Description of applicant (for example, partnership, company, unincorporated association etc.)	COMPANY
Telephone number (if any)	01539 721626
E-mail address (optional)	enquiries@lakedistrictestates.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY
01 05 2018

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

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

CARAVAN PARK WITH FLAT AND
ADDITIONAL GLAMPING PODS. PLUS
SHOP FOR SELLING GENERAL ITEMS/
FOOD FOR CARAVAN GUESTS.

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 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 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 7)			Will the supply of alcohol be for consumption – <u>please tick</u> (please read guidance note 8)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5) PARK IS CLOSED BETWEEN 2ND JANUARY TO 28TH FEBRUARY.		
Mon	09:00	23:00			
Tue	09:00	23:00			
Wed	09:00	23:00			
Thur	09:00	23:00	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 6) NONE		
Fri	09:00	23:00			
Sat	09:00	23:00			
Sun	09:00	23:00			

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	MRS JANET LOUISE LYONS		
Date of birth			
Address			
Postcode			
Personal licence number (if known)	PA038090		
Issuing licensing authority (if known)	SOUTH LAKELAND 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)

Day	Start	Finish
Mon	09:00	23:00
Tue	09:00	23:00
Wed	09:00	23:00
Thur	09:00	23:00
Fri	09:00	23:00
Sat	09:00	23:00
Sun	09:00	23:00

State any seasonal variations (please read guidance note 5)

PARK IS CLOSED BETWEEN
2ND JANUARY TO 28TH
FEBRUARY

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)

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)

THROUGH STAFF TRAINING, WORKING IN PARTNERSHIP WITH ASSOCIATED BODIES IN THE IMPLEMENTATION OF RELEVANT WORKING PRACTICES AS OUTLINED BELOW WE WILL CONTINUE TO PROMOTE THE FOUR LICENSING OBJECTIVES.

b) The prevention of crime and disorder

ALL ALCOHOL IS STORED SECURELY AND WE WILL WORK ALONGSIDE OUR LOCAL AUTHORITY AND OTHER RELEVANT BODIES/AGENCIES IN THE PREVENTION OF CRIME.

c) Public safety

A HEALTH & SAFETY POLICY IS IN PLACE AND FULL STAFF TRAINING GIVEN.

d) The prevention of public nuisance

ALCOHOL WILL ONLY BE SERVED DURING THE PERMITTED HOURS. THERE IS A NOISE NUISANCE POLICY ALREADY IN PLACE WHICH IS MONITORED DAY AND NIGHT BY ON DUTY STAFF.

e) The protection of children from harm

THE 'CHALLENGE 25' SIGN WILL BE DISPLAYED WHICH ENCOURAGES ANYONE WHO IS OVER 18 BUT UNDER 25 TO CARRY ACCEPTABLE ID (A CARD BEARING THE PASS HOLOGRAM, A PHOTOGRAPHIC DRIVING LICENCE, OR A PASSPORT) IF THEY WISH TO PURCHASE ALCOHOL. STAFF WILL BE GIVEN FULL TRAINING REGARDING THE REQUIREMENTS OF CHECKING AND ASKING FOR THE

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). • The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)
Signature	
Date	28. March 18
Capacity	Financial Manager

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)			
JANET LYONS, c/o LAKE DISTRICT ESTATES			
MAUDLANDS, MAUDE ST			
Post town	KENDAL	Postcode	LA9 4QD
Telephone number (if any)	01539 721626		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
enquiries@lakedistrictestates.co.uk			

Notes for Guidance

1. 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.
2. In terms of specific regulated entertainments please note that:

WOODCLOSE SHOP

