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 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

Postal address of premises or, if none, ordnance survey map reference or description
WOODCLOUSE PARK
HIGH CASTERTON
CARNFORTH

Post town | CARNFORTH | Postcode | LA6 2SG

Telephone number at premises (if any) | 015242 71597
Non-domestic rateable value of premises | £ 43,000

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/limited liability partnership
   ii as a partnership (other than limited liability)
   iii as an unincorporated association or
   iv other (for example a statutory corporation)
c) a recognised club
d) a charity
e) the proprietor of an educational establishment  

f) a health service body  

g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales  

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  

h) the chief officer of police of a police force in England and Wales  

* 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)  

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

Surname | First names  
Date of birth | I am 18 years old or over | 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)  

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

Surname | First names
**Date of birth**

I am 18 years old or over  □ Please tick yes

**Nationality**

Current postal address if different from premises address

Post town

Postcode

**Daytime contact telephone number**

E-mail address (optional)

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**(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>LAKE DISTRICT ESTATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>MAUDLANDS MAUDE STREET KENDAL CUMBRIA LA9 4QD</td>
</tr>
<tr>
<td>Registered number</td>
<td>CO NO 346991C</td>
</tr>
<tr>
<td>Description of applicant</td>
<td>COMPANY</td>
</tr>
<tr>
<td>Telephone number</td>
<td>01539 721626</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:enquiries@lakedistrictestates.co.uk">enquiries@lakedistrictestates.co.uk</a></td>
</tr>
</tbody>
</table>

**Part 3 Operating Schedule**

When do you want the premises licence to start? DD MM YYYY 05-05-2018
If you wish the licence to be valid only for a limited period, when do you want it to end?

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)

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
Supply of alcohol
Standard days and timings (please read guidance note 7)

<table>
<thead>
<tr>
<th>Day</th>
<th>Start</th>
<th>Finish</th>
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<tbody>
<tr>
<td>Mon</td>
<td>09:00</td>
<td>23:00</td>
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<tr>
<td>Sun</td>
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Will the supply of alcohol be for consumption
- please tick (please read guidance note 8)

<table>
<thead>
<tr>
<th>On the premises</th>
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<tbody>
<tr>
<td>Off the premises</td>
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<tr>
<td>Both</td>
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</table>

State any seasonal variations for the supply of alcohol (please read guidance note 5)

PARK IS CLOSED BETWEEN 2ND JANUARY TO 28TH FEBRUARY.

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

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
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).

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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)
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)

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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.
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b) The prevention of crime and disorder

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

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A HEALTH & SAFETY POLICY IS IN PLACE
AND FULL STAFF TRAINING GIVEN.
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d) The prevention of public nuisance

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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.
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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:

- 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.
• [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, G/O LAKE DISTRICT ESTATES MAULDENS, 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: