

Receipt No .....

Initials .....

Date .....

**Application for a premises licence to be granted**

**under the Licensing Act 2003**

South Lakeland District Council  
Public Protection

10 AUG 2017

**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 PATRICK AND KERRY BAILEY  
(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			
LA TIENDA TILBERTHWAITHE AVENUE CONISTON			
Post town	Cumbria	Postcode	LA21 8ED
Telephone number at premises (if any)		07894 813308	
Non-domestic rateable value of premises		£ 5600	

**Part 2 - Applicant details**

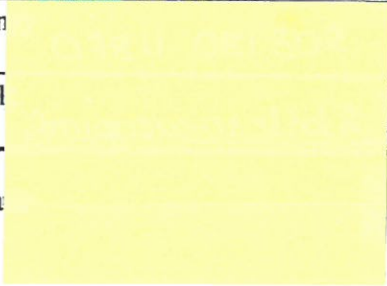
Please state whether you are applying for a premises licence as      Please tick as appropriate

- |  |                                     |                             |
|--|-------------------------------------|-----------------------------|
| 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) |

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	Amigos Wines	
Address	High Lake Broughton Beck Ulverston Cumbria LA12 7PR.	
Registered number (where applicable)	10084104	
Description of applicant (for example, partnership, company, unincorporated association etc.)	Company Director      Partner Patrick Bailey      Kerry Bailey	
Telephone number (if any)		
E-mail address (optional)	gmail.com	

**Part 3 Operating Schedu**

When do you want the premises licence to start?

DD	MM	YYYY
	09	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)

Deli selling wines and over the counter deli produce, also other specialist Ginst/Kums. We aim to open no later than 6pm but may have private late evening wine tastings.

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 checked="" type="checkbox"/> only Radio |
| 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**

A

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

pg A-E Not applicable.

## F

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	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 4)		
Mon					
Tue			<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 5)		
Wed			<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 6)		
Thur					
Fri					
Sat					
Sun					

G

<b>Performances of dance</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)		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 4)			
Mon						
Tue			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 5)			
Wed			<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 6)			
Thur						
Fri						
Sat						
Sun						

G-1 Not applicable.

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	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 5)		
Mon	08.00	20.00	We will most likely close the shop around 6pm but may do private tastings 6-8pm.		
Tue	08.00	20.00			
Wed	08.00	20.00			
Thur	08.00	20.00			
Fri	08.00	20.00	<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 6)		
Sat	08.00	20.00			
Sun	08.00	20.00			

**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 KERRY BAILEY



□□□□

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).**

We are a family run deli selling meats / olives etc and wines. The only element that may pose a risk to children would be the sale of alcohol and if someone under age attempted to obtain alcohol. We endeavour to work within the restrictions of our licence and conduct our business in a safe manner. We will ask for I.D and document as such in a refusal log book.

L

**Hours premises are open to the public**  
Standard days and timings (please read guidance note 7)

Day	Start	Finish
Mon	08.00	20.00
Tue	08.00	20.00
Wed	08.00	20.00
Thur	08.00	20.00
Fri	08.00	20.00
Sat	08.00	20.00
Sun	08.00	20.00

**State any seasonal variations** (please read guidance note 5)

We will most likely close the shop around 6pm, but may do private tastings 6-8pm.

**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)

Anyone thought to be under the age of 25 will be asked to provide appropriate ID if purchasing alcohol. All cases of ID will be recorded in a log.

**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 understand you will do this on my behalf. ☐
- 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.

**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)**

We aim to provide a family run deli and sell wine/beers we import from Spain. The Deli will aim to be open from 10am til 5/6pm and will also sell cold meats, olives etc.

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

We aim to be open between civilised hours only and will allow no consumptions of alcohol on the premises or outside the property unless it is a private taking within the shop.

**c) Public safety**

We will undertake a fire safety risk assessment and not allow large numbers of people in our small shop at any given time.

**d) The prevention of public nuisance**

We will be open no later than 6pm to the general public and will keep evening takings confined to shop and no later than 8pm with small number of guests.

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

<b>Declaration</b>	<ul style="list-style-type: none"> <li>[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).</li> </ul> <p>[Redacted] is application form is entitled to work in the UK conditions preventing him or her from doing (licensable activity) and I have seen a copy of his or her passport to work, if appropriate (please see note 15)</p>
Signature	[Redacted]
Date	11/7/17
Capacity	[Redacted] Amigos Wines Ltd.

**For joint applications:** If you are the 1st applicant or 2nd applicant's solicitor or other authorised person, please state in what capacity you are signing (please read guidance note 13). If signing on behalf of the applicant, please

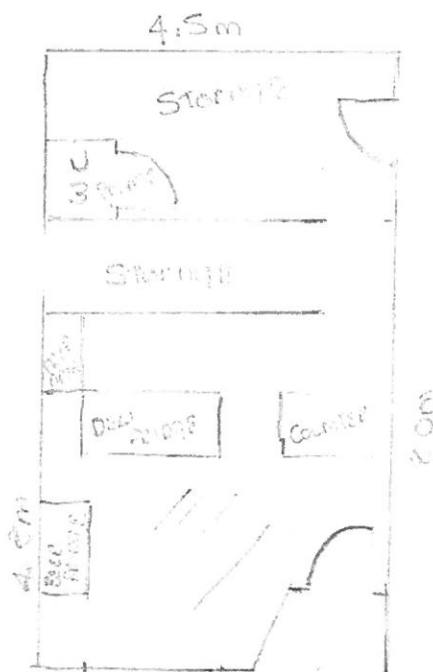
Signature	[Redacted]
Date	11/7/17
Capacity	Director Amigos Wines Ltd.

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)

[Redacted]	
Post town	[Redacted]
Telephone number	[Redacted]
If you would prefer	[Redacted]

#### Notes for Guidance

- Describe the place where you intend to carry out the activity and any other relevant information about your application. 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:



Red = possible carrying of  
Alcohol for locker sessions.

LA TIENDA  
TILBERHUSATE AVENUE  
CONISTON  
LA21 8ED.