

03 AUG 2017

**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. *Receipt No*

Initials

I/We Alastair Edward Nayler

(Insert name(s) of applicant)

Date

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

24 Main Street
Kirkby Lonsdale
Carnforth
Cumbria
LA6 2AE

Post town Cumbria

Postcode

LA6 2AE

Telephone number at premises (if any)

015242 71888

Non-domestic rateable value of premises

£5400

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) |

- 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname Nayler			First names Alastair Edward		
Date of birth old or over		04/10/68		I am 18 years	<input checked="" type="checkbox"/> Please tick yes
Nationality		British			
Current residential address if different from premises address		[REDACTED]			
Post town	[REDACTED]			Postcode	[REDACTED]
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)	[REDACTED]				

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		N/A	
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 N/A
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

When do you want the premises licence to start?

DD	MM	YYYY
14	08	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)

Single story terraced retail shop premises selling a mix of products such as olive oil, mustard, wine, furniture, floor coverings, tiles etc.

The shop premises consists of a ground floor trading space of 19.6m². Plan attached shows the trading area outlined in red.

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"/> |
| 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

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"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 5)		
Thur					
Fri			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 (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			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)		
Thur					
Fri			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)		
Sat					
Sun					

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	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Wed			
Thur			
Fri			<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)
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment 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)		
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
Thur					
Fri			<u>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</u> (please read guidance note 6)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 7)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (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						
			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5)			
Wed						
Thur						
			<u>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</u> (please read guidance note 6)			
Fri						
Sat						
Sun						

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 type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	09:00	20:00	Please give further details here (please read guidance note 4) BACKGROUND MUSIC/RADIO		
Tue	09:00	20:00			
Wed	09:00	20:00	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	09:00	20:00			
Fri	09:00	20:00	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)		
Sat	09:00	20:00			
Sun	09:00	20:00			

G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance 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		
Mon			Please give further details here (please read guidance note 4)	
Tue				
Wed			State any seasonal variations for the performance of dance (please read guidance note 5)	
Thur				
Fri			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 (please read guidance note 6)	
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	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)		
Fri					
Sat			<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> (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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Thur					
Fri			<u>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</u> (please read guidance note 6)		
Sat					
Sun					

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 type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	09:00	20:00			
Tue	09:00	20:00			
Wed	09:00	20:00			
Thur	09:00	20:00			
Fri	09:00	20:00	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)		
Sat	09:00	20:00			
Sun	09:00	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 Alastair Edward Nayler	
Date of birth	
Address [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) PA032765	
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)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	09:00	20:00	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 6)
Tue	09:00	20:00	
Wed	09:00	20:00	
Thur	09:00	20:00	
Fri	09:00	20:00	
Sat	09:00	20:00	
Sun	09:00	20:00	

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 10)

All the four licensing objectives will be promoted under the existing main objectives of the Company - it is the company ethos to always aim for the upmost integrity, professionalism, business transparency and with the staff and all customers being the most important factor in our everyday working life.

b) The prevention of crime and disorder

Staff are encouraged to monitor customers entering and leaving the premises and are encouraged to engage in conversation when ever possible.

c) Public safety

The premises will undertake regular risk assessments in order to ensure so far as possible the safety of its customers.

The premises benefits from Public Liability Insurance.

The Premises Licence Holder will consult with the local Fire authority when appropriate.

Fire safety equipment is maintained and certificated in accordance with required standards and intervals.

The premises will have a first aid box on site.

All emergency exits will be unlocked and clear of obstruction at all times.

d) The prevention of public nuisance

The company is mindful of the concerns of residents and will take all reasonable steps to prevent nuisance.

Not allowing groups to gather in or around the premises.

Refuse will be removed regularly and in a manner sensitive to needs of local residents.

e) The protection of children from harm

The business will operate a challenge 25 policy on all alcohol sales.

The only acceptable forms of identification will be a passport, photo driving licence and those carrying the PASS logo. Should this not be forthcoming of the ID produced considered unsatisfactory, the sale will be refused.

Staff training will include the Challenge/think 21 Policy and its operation.

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.

NOTICE OF AN APPLICATION FOR GRANT OF *PREMISES LICENCE / CLUB PREMISES CERTIFICATE

Date this notice posted on the premises 2/8/17

Premises .. Shop at 24 Main St

Address .. 24 Main St, Kirkby Lonsdale, Carnforth, Cumbria, LA6 2AE

I/~~We~~ .. Alastair Edward Naylor

have applied to South Lakeland District Council (the Licensing Authority), for grant of the *Premises Licence / ~~Club Premises Certificate~~ in respect of the above premises. The application relates to the sale of alcohol / provision of regulated entertainment*. Where applicable regulated entertainment will include:-

*Music	*Playing Recorded Sound	*Showing of films
*Singing	*Live Performers	*Performance of a play
*Dancing	*Other forms of live dance	
*Sporting/game competitions in the presence of an audience (including but not limited to, darts and snooker/pool competitions)		
*Late night refreshment will be provided until not later than:-		

(*Delete as appropriate)

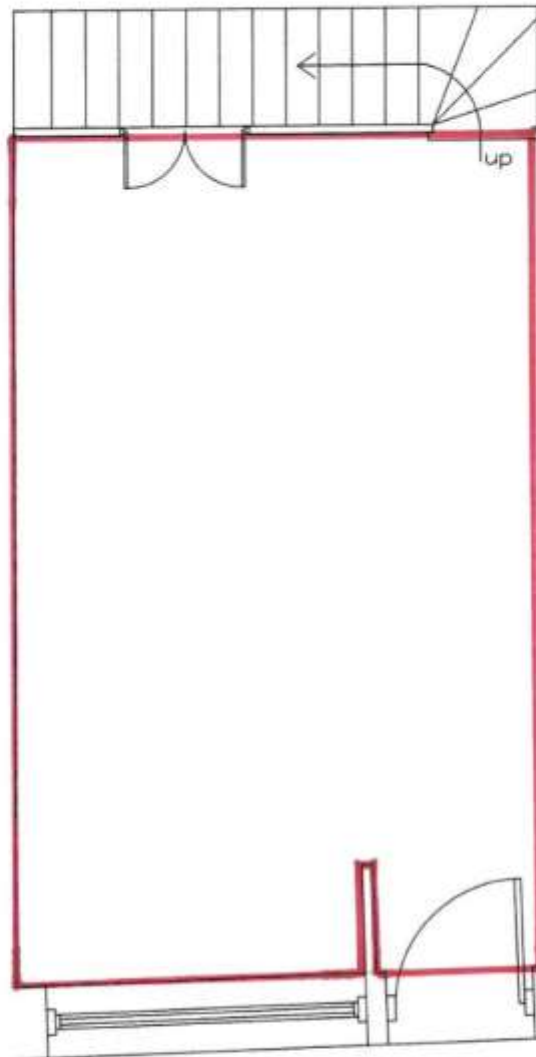
Day	Sale/Supply of Alcohol		Regulated Entertainment		Other times when the premises will be open	
Varied	from:	to:	from:	to:	From:	to:
Monday	09:00	20:00	09:00	20:00	09:00	20:00
Tuesday	09:00	20:00	09:00	20:00	09:00	20:00
Wednesday	09:00	20:00	09:00	20:00	09:00	20:00
Thursday	09:00	20:00	09:00	20:00	09:00	20:00
Friday	09:00	20:00	09:00	20:00	09:00	20:00
Saturday	09:00	20:00	09:00	20:00	09:00	20:00
Sunday	09:00	20:00	09:00	20:00	09:00	20:00
Public Holiday	09:00	20:00	09:00	20:00	09:00	20:00

Any person intending to make relevant representations on this application should submit them in writing within 28 days from the date this notice is first displayed on the above premises to: The Licensing Manager, Licensing Section, South Lakeland District Council, South Lakeland House, Lowther Street, Kendal LA9 4UQ or by emailing to: licensing@southlakeland.gov.uk
The full application can be viewed at the given address between the hours of 10.00am to 4.00pm, Monday to Friday.

IT IS AN OFFENCE, to knowingly or recklessly make a false statement in connection with an application for which you may be liable to a fine not exceeding level 5 on the standard scale on summary of conviction.

AND SCALED DIMENSIONS SHOULD BE CHECKED WITH THE ARCHITECT.
ANY DISCREPANCY MUST BE REPORTED TO THE ARCHITECT IMMEDIATELY AND PRIOR TO PROCEEDING.

REVISIONS



1 FLOOR AREA: 19.6m²



Original Drawn By	Date
TW	July 2017



the weight design partnership
15 main street, kirkby lonsdale, cumby LA6 3AQ
tel / 015242 71887 email / info@wdparchitects.co.uk

Client	Mr Naylor	
Contract	24 Main Street Kirkby Lonsdale LA6 2AE	
Drawing title	EXISTING GROUND FLOOR PLAN	
Scale	1:50	100
Job No.	KL2658	02

Consent of individual to being specified as premises supervisor

Alastair Edward Nayler

I

[full name of prospective premises supervisor]

of

[redacted]

[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

24 Main Street
Kirkby Lonsdale
Carnforth
Cumbria
LA6 2AE

[type of application]

by

Alastair Edward Nayler

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

24 Main Street
Kirkby Lonsdale
Carnforth
Cumbria
LA6 2AE

[name and address of premises to which the application relates]

Field Code Changed

and any premises licence to be granted or varied in respect of this application made by

Alastair Edward Nayler

[name of applicant]

concerning the supply of alcohol at

24 Main Street
Kirkby Lonsdale
Carnforth
Cumbria
LA6 2AE

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

PA032765

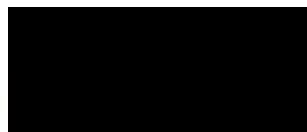
[insert personal licence number, if any]

Personal licence issuing authority

South Lakeland District Council

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name (please print)

Alastair E. Nayler

Date

12th July 2017