

05 FEB 2015



Receipt No. 009199 (Dea)  
Initials EME  
Date 05.02.14

SL06

**SOUTH LAKELAND DISTRICT COUNCIL**  
Public Health & Licensing Group, South Lakeland House, Lowther Street,  
Kendal, Cumbria LA9 4UD  
Tel: 0845 050 4434 Fax: (01539) 740300  
[www.southlakeland.gov.uk](http://www.southlakeland.gov.uk) e-mail: [licensing@southlakeland.gov.uk](mailto:licensing@southlakeland.gov.uk)

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 Hawkshead tourist information  
(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			
HAWKSHED TOURIST INFORMATION HAWKSHED			
Post town	HAWKSHED	Postcode	LA22 0LF

Telephone number at premises (if any)	01539
Non-domestic rateable value of premises	£ 10,250

**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                  | <input type="checkbox"/> please complete section (B)            |
| ii. as a partnership                     | <input type="checkbox"/> please complete section (B)            |
| iii. as an unincorporated association or | <input type="checkbox"/> please complete section (B)            |

5/2 Email to Mr TILLEY  
12/2 - n - m - m TH.  
24/2 Visit Mr TILLEY - CONFIRMS ADVERTISING ETC. TH.



### Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY  
01 03 2015

ASAP.

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)

Tourist information sign shop.  
Newsagents.

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any that apply

- 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

**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)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
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)

# A

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		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 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thur					
Fri			<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 5)		
Sat					
Sun					

## B

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	
			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 3)	
Mon				
Tue				
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)	
Thur				
Fri				
Sat			<b>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</b> (please read guidance note 5)	
Sun				

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue			
Wed			
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 5)
Fri			
Sat			
Sun			

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		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 3)			
Mon						
Tue						
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)			
Thur						
Fri						
Sat			<b><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></b> (please read guidance note 5)			
Sun						



# E

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of live music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		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 3)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 4)		
Thur					
Fri			<b><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></b> (please read guidance note 5)		
Sat					
Sun					

# F

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		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 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					

# G

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)		
Thur					
Fri			<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 5)		
Sat					
Sun					

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)		
Fri					
Sat			<b><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></b> (please read guidance note 5)		
Sun					

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		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 3)			
Mon						
Tue						
Wed			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)			
Thur						
Fri			<b>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</b> (please read guidance note 5)			
Sat						
Sun						

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 7)		On the premises	<input type="checkbox"/>
					Off the premises	<input checked="" type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)			
Mon	08.30	18.00				
Tue	08.30	18.00				
Wed	08.30	18.00				
Thur	08.30	18.00				
Fri	08.30	18.00				
Sat	08.30	18.00				
Sun	08.30	18.00				
			<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 5)			

**State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:**

Name	ROBERT TREEBY
Address	[REDACTED] [REDACTED] [REDACTED]
Postcode	[REDACTED]
Personal licence number (if known)	PA 0687
Issuing licensing authority (if known)	SLDC.

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 8).

N/A

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b><u>State any seasonal variations</u></b> (please read guidance note 4)
Day	Start	Finish	<b><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</u></b> (please read guidance note 5)
Mon	08.30	18.00	
Tue	08.30	18.00	
Wed	08.30	18.00	
Thur	08.30	18.00	
Fri	08.30	18.00	
Sat	08.30	18.00	
Sun	08.30	18.00	

**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 9)**

A well controlled gift shop in tourist village. acts in shop as well.  
promoting her electric shavers on doors.

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

well controlled responsible attitude to persons purchasing alcohol

**c) Public safety**

Spirit seen only from counter mainly gift packs for local breweries Hawkhead & Lowswater

**d) The prevention of public nuisance**

Policy not to sell large amounts to single individuals & people not deemed to be responsible.

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

over 25 Policy to see ID if person looks under 25

**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. ☐

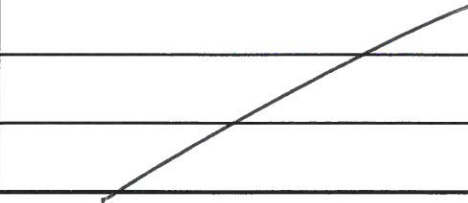
**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.**

**Part 4 – Signatures** (please read guidance note 10)




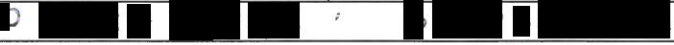
**Signature of applicant or applicant's solicitor or other duly authorised agent** (see guidance note 11). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	05 0 Feb 2015
Capacity	/

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent** (please read guidance note 12). If signing on behalf of the applicant, please state in what capacity.

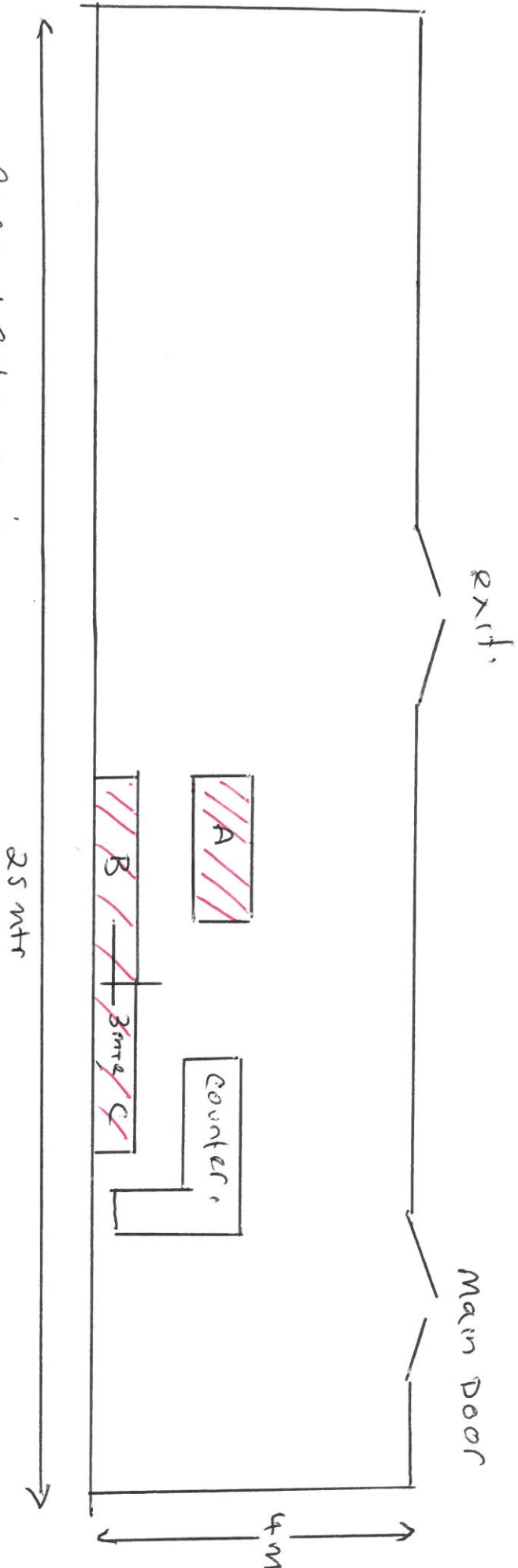
Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

**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. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.



Proposed Sales areas

25mtr

4m

exit

Main Door

A

Counter

B

3mtr

C

A - Gift Pouches Beer

B - Wines

C - Spirits

**SOUTH LAKELAND DISTRICT COUNCIL**

Licensing Section, South Lakeland House, Lowther Street, Kendal, Cumbria, LA9 4UD

Tel: 0845-050-4434 Fax: (01539) 740300

[www.southlakeland.gov.uk](http://www.southlakeland.gov.uk) email: [licensing@southlakeland.gov.uk](mailto:licensing@southlakeland.gov.uk)**Part A****Consent of individual to being specified as premises supervisor**

I ROBERT STEPHEN TREES [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 premises licence [type of  
 application] by Hawkshhead tourist information [name of applicant]  
 relating to the premises licence [number of existing licence, if any]  
 for Hawkshhead tourist information  
 [name and address of premises to which the application relates]  
 and any premises licence to be granted or varied in respect of this application  
 made by ROBERT TREES [name of applicant]  
 concerning the supply of alcohol at Hawkshhead tourist information  
 [name and address of premises to which application relates].  
 I also confirm that I am applying for, intend to apply for or currently hold a  
 personal licence, details of which I set out below.

Personal licence number PA0687 [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]

[REDACTED] signed  
ROBERT TREES name (please print)  
05/02/2015 dated

**Part B****Consent of premises licence holder to transfer**

I/we.....[full name of premises licence holder(s)]  
 the premises licence holder of premises licence number.....[insert  
 premises licence number] relating to.....  
 [name and address of premises  
 to which the application relates] hereby give my consent for the transfer of  
 premises licence number.....[insert premises licence number]  
 to.....[full name of transferee].

.....signed  
 .....name (please print)  
 .....dated



Kendal

Kendal

\*\*\* COPY RECEIPT \*\*\*

Transaction Date: 05/02/2015 10:01:09

Operator: PN042

Machine: PN042

*Account Details*

CAN	Reference	Payment of	Transaction Amt	VAT Amt	Rate
00536	GMD2452881	04 - Miscellaneous	£190.00	£0.00	0%
Licensing - PREMISES LICENCES					

*Payment Details*

MOP	Payment Ref	Payment Amt
05 - Debit Card		£190.00

*APACS Payment Details*

**\*\* Customer Copy \*\***

**Sale** PLEASE DEBIT MY ACCOUNT

**Transaction Type:** Telephone Order (Keyed)

**Date / Time:** 05/02/2015 10:01:09

**Auth Code:** 009199

**Card Number:** \*\*\*\*\*4118

**Ref:** 0SPN042456

**Card Type:** DELT

**MID:** \*\*\*97322

**TID:** \*\*\*\*7416

**Card Amount:** £190.00

Please keep this copy for your records

**Total Amt Paid:** £190.00

**VAT Number:** 155 6863 35