

**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.

Derek John Armstrong
I/~~we~~ apply for a premises licence under section 17 of
(Insert name(s) of applicant)
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 <i>48A BRANTHAITE BROW KENDAL CUMBRIA.</i>	
Post town <i>KENDAL</i>	Post code <i>LA9 4TX</i>

Telephone number at premises (if any)

01539 735891

Non-domestic rateable value of premises

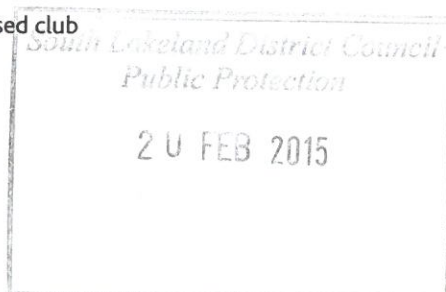
£12,750.

Part 2 – Applicant details

Please state whether you are applying for a premises licence as

Please tick ☒ yes

- a) an individual or individuals* ☒ please complete section (A)
- b) a person other than an individual*
i. as a limited company ☐ please complete section (B)
ii. as a partnership ☐ please complete section (B)
iii. as an unincorporated association or ☐ please complete section (B)
iv. other (for example a statutory corporation) ☐ please complete section (B)
- c) a recognised club ☐ please complete section (B)
- d) a charity ☐ please complete section (B)



Receipt No. *003933 (CRE)*

Initials *EME*

Date *27.02.15*

- 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 ☐ 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:

- 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

Please tick ☒ yes


☐
☐

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other title (for example, Rev) ☐

Surname

ARMSTRONG

First names

DEREK JOHN

Please tick ☒ yes

I am 18 years old or over



Current postal address if

[REDACTED]

[REDACTED]

Post Town

KENDAL

Postcode

[REDACTED]

Daytime contact telephone number

[REDACTED]

E-mail address (optional)

[REDACTED]

SECOND INDIVIDUAL APPLICANT_(if applicable)

Mr ☐

Mrs ☐

Miss ☐

Ms ☐

Other title ☐
(for example, Rev)

Surname

First names

Please tick
✓ yes ☐

I am 18 years old or over

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)

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
09	03	2015

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

Day	Month	Year

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

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

Retail outlet selling giftware, crafts & a small quantity of alcoholic wines - trading under the name Made in Cumbria.

The outlet retails products made by Made in Cumbria members which include companies such as : Hawkhead Brewery, Dambon Gin - none of which are consumed on the premises.

What licensable activities do you intend to carry on from the premises?
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Please tick ✓ yes

Provision of regulated entertainment

- | | |
|--|-------------------------------------|
| 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 checked="" type="checkbox"/> |

Provision of entertainment facilities for:

- | | |
|--|--------------------------|
| i) making music (if ticking yes, fill in box I) | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J) | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K) | <input type="checkbox"/> |

Provision of late night refreshment (if ticking yes, fill in box L)

☐

Supply of alcohol (if ticking yes, fill in box M)

☒

In all cases complete boxes N, O and P

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
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 5)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
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 5)		
Sat					
Sun					

C

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

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick [Y](please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon				Both	
Tue			Please give further details here (please read guidance note 3)		
Wed					
Thur					
Fri			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Sat					
Sun					
			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 (please read guidance note 5)		

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed			State any seasonal variations for playing recorded music (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur					
Fri					
Sat			Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing <i>Recorded video material showing retail products.</i>		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoor	<i>Y</i>
				Outdoor	
				Both	
Mon	<i>09.00</i>	<i>17.00 20.00</i>	Please give further details here (please read guidance note 3) <i>video recording has quiet background music.</i>		
Tue	<i>09.00</i>	<i>17.00 20.00</i>			
Wed	<i>09.00</i>	<i>17.00 20.00</i>			
Thur	<i>09.00</i>	<i>17.00 20.00</i>	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4) <i>No.</i>		
Fri	<i>09.00</i>	<i>17.00 20.00</i>			

Sat	09.00	17.00 20.00	<u>Non standard timings. Where you intend to use the premises for the entertainment of similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list (please read guidance note 5)</u>
Sun	N/A		

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing																									
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr><td>Mon</td><td></td><td></td></tr> <tr><td>Tue</td><td></td><td></td></tr> <tr><td>Wed</td><td></td><td></td></tr> <tr><td>Thur</td><td></td><td></td></tr> <tr><td>Fri</td><td></td><td></td></tr> <tr><td>Sat</td><td></td><td></td></tr> <tr><td>Sun</td><td></td><td></td></tr> </tbody> </table>			Day	Start	Finish	Mon			Tue			Wed			Thur			Fri			Sat			Sun			Will the facilities for making music be indoors or outdoors or both – please tick [Y] (please read guidance note 2)	
Day	Start	Finish																										
Mon																												
Tue																												
Wed																												
Thur																												
Fri																												
Sat																												
Sun																												
			Indoors																									
			Outdoors																									
			Both																									
			Please give further details here (please read guidance note 3)																									
			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)																									
			Non standard timings. Where you intend to use the premises for provision of facilities for making music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)																									

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick [Y] (see guidance note 2)																									
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table>			Day	Start	Finish																						Indoors	
Day	Start	Finish																										
			Outdoors																									
			Both																									
			Please give a description of the facilities for dancing you will be providing																									

Mon			Please give further details here (please read guidance note 3)
Tue			
Wed			State any seasonal variations for providing dancing facilities (please read guidance note 4)
Thur			
Fri			Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

K

Provision of facilities for entertainment of a similar description to that falling within I or J Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing	
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoor
				Outdoor
Mon				Both
Tue			Please give further details here (please read guidance note 3)	
Wed				
Thur			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within j or k (please read guidance note 4)	
Fri			Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within I or J at different times to those listed in the column on the left, please list (please read guidance note 5)	
Sat				
Sun				

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)		
Tue			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Wed			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 (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption (Please tick box Y) (please read guidance note 7)	On the premises	
Day	Start	Finish		Off the premises	
Mon	0900	17.00 2000	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Tue	09.00	17.00 20.00	Possible later evening opening until 8pm where other retailers are opening for festivals & Christmas late evening shopping		
Wed	0900	17.00 2000	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 5)		
Thur	09.00	17.00 2000			
Fri	09.00	17.00 2000			
Sat	09.00	17.00 2000			

Sun				N/A
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State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name: DEREK ARMSTRONG NOTE: -
 Address: [REDACTED] CHANGE OF ADDRESS
[REDACTED]
[REDACTED]
 Personal Licence number(if known) PA1610
 Issuing licensing authority (if known) S.L.D.C.

N

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)

NONE

O

Hours premises are open to the public Standard timings (please read guidance note 6)			State any seasonal variation (please read guidance note 4)
Day	Start	Finish	
Mon	09.00	17.00 20.00	Possible later opening during festival periods & for Christmas late evening opening. (20:00 HRS).
Tue	09.00	17.00 20.00	
Wed	09.00	17.00 20.00	
Thur	09.00	17.00 20.00	
Fri	09.00	17.00 20.00	
Sat	09.00	17.00 20.00	
Sun	N/A		Non standard timings. Where you intend to use 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 5)

P

Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)

b) The prevention of crime and disorder

We are members of South Lakes Business Against Crime partnership (S.L.B.A.C.P) & intend to make use of shopwatch radiolink. Have discussed with Business Crime Manager re: information of known offenders. Premises are fully alarmed with security locks on main entrance.

c) Public safety

Have all necessary fire extinguishers in place & checked by local security supplier. Internal lighting in place. No smoking signage in place.

d) The prevention of public nuisance

Security alarms fitted.
Staff informed of licensing laws in regard to sale of alcohol & related products.

e) The protection of children from harm

Staff aware of law in regard to sale of alcohol to under age persons.
Staff asked to exercise due diligence by asking for proof of age & for documentary evidence.
We do not employ any persons under the age of 18 years.

- 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 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

Please tick ✓ yes

☒

☒

☒

☐ - N/A

☒

☒

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO 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

[Redacted Signature]

Date

5-2-2015

Capacity

MANAGER

For joint applications signature of 2nd applicant or 2nd 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

N/A

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

Post town

Post code

Telephone number (if any)

If you would prefer us to correspond with you by e-mail your e-mail address (optional)

48 Gyntheine Bow
GROUNDFLOOR

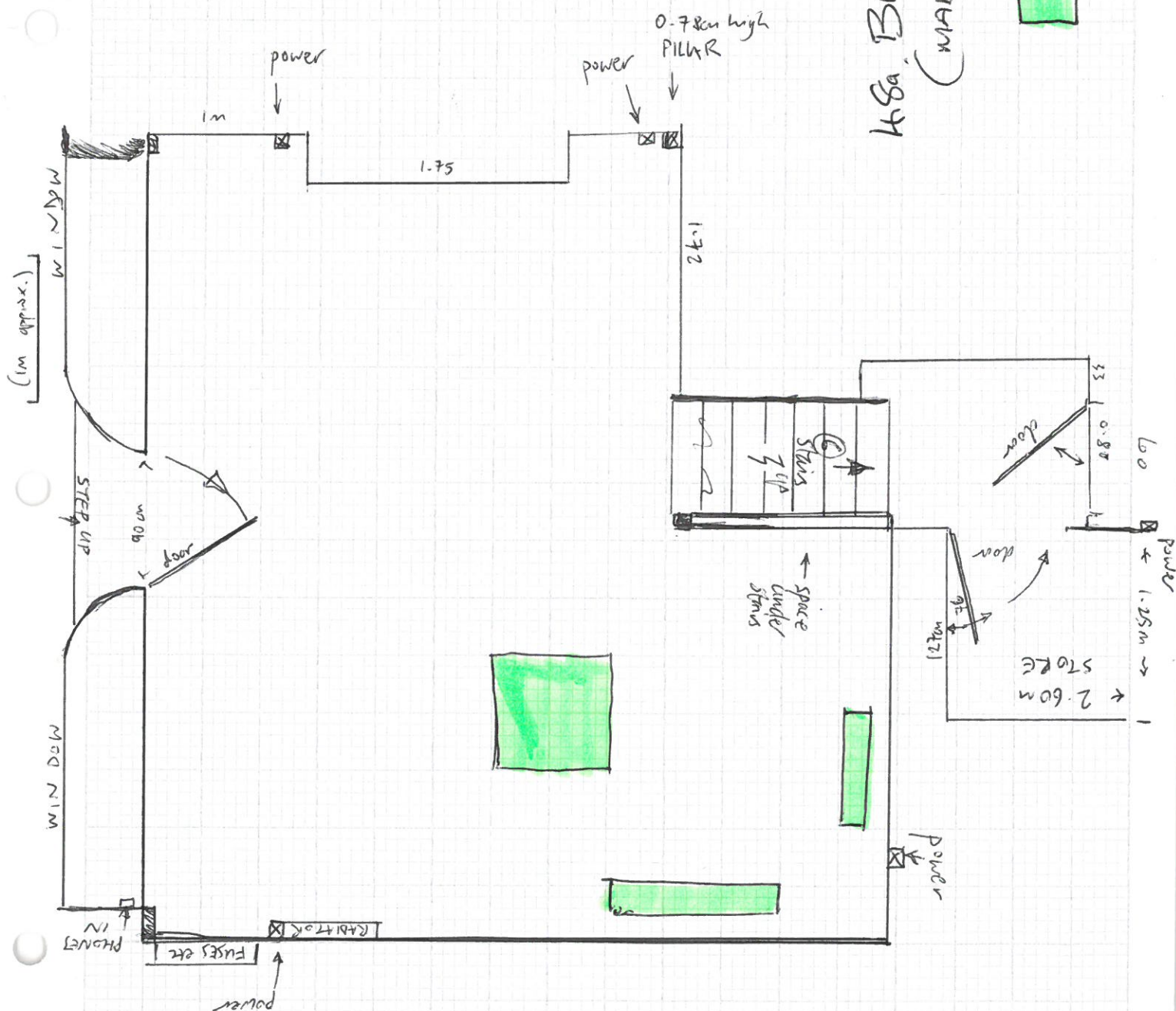
$$\frac{1}{n} \text{ (approx)}$$

adjacent
(perpendicularity) 0.90 cm wide
 $2 \text{ m} + \text{length}$

5/1/21
8

48a. BRANTWATE BROW
(MADE IN CUMERIA).

POTENTIAL PLACEMENT of Alcohol Products.



SOUTH LAKELAND DISTRICT COUNCIL

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

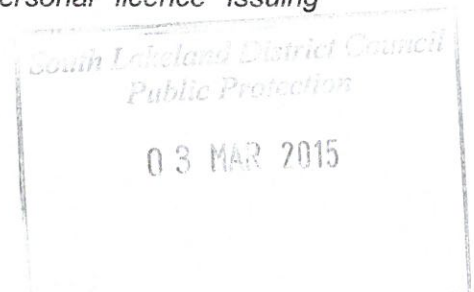
Tel: 0845-050-4434 Fax: (01539) 740300

www.southlakeland.gov.uk email: licensing@southlakeland.gov.uk**Part A****Consent of individual to being specified as premises supervisor**

I DEREK ARMSTRONG [full name of prospective premises supervisor]
 [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 DEREK ARMSTRONG [name of applicant]
 relating to the premises licence [number of existing licence, if any]
 for 48A BRANTHWAITHE BROW (MADE IN CUMBRIA)
 [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 DEREK ARMSTRONG [name of applicant]
 concerning the supply of alcohol at 48A BRANTHWAITHE BROW, KENDAL
 [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 PA1610 [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]
 [redacted]

[redacted] signed
DEREK ARMSTRONG name (please print)
28/2/15 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].

[redacted] signed
 [redacted] name (please print)
 [redacted] dated



Kendal

Kendal

Receipt

Transaction Date: 27/02/2015 10:28:22

Operator: PN008

Machine: PN008

Account Details

CAN	Reference	Payment of	Transaction Amt	VAT Amt	Rate
00667	GMD2452881	04 - Miscellaneous	£190.00	£0.00	0%
Licensing - PREMISES LICENCES					

Payment Details

MOP	Payment Ref	Payment Amt
06 - Credit Card		£190.00

APACS Payment Details

**** Customer Copy ****

Sale PLEASE DEBIT MY ACCOUNT

Transaction Type: Telephone Order (Keyed)

Date / Time: 27/02/2015 10:28:22

Auth Code: 003933

Card Number: *****9143

Ref: 0SPN008683

Card Type: MCRD

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