

Receipt No ...596177 (OEB)

Initials ...EME

Date ...23.10.18

**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.

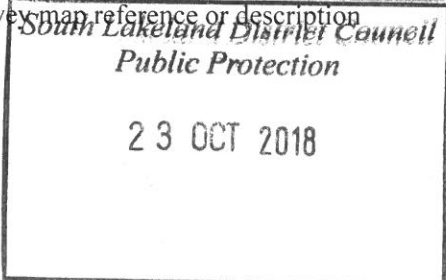
You may wish to keep a copy of the completed form for your records.

I/We ANDREW COLIN WALLACE

(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 15 MAIN ROAD WINDERMERE CUMBRIA			
Post town	WINDERMERE	Postcode	LA231DX

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£6900

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 | X | 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 ☐ 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 ☒ X

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			First names		
Date of birth		I am 18 years old or over		Please tick yes	
Nationality BRITISH					
Current residential address if different from premises address					
Post town	WINDERMERE			Postcode	
Daytime contact telephone number					
E-mail address (optional)	BRAMBLESWINDERMERE@ICLOUD.COM				

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)	
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 BRAMBLES (WINDERMERE) LIMITED
Address 15 MAIN ROAD WINDERMERE CUMBRIA LA23 1DX
Registered number (where applicable) 11434397
Description of applicant (for example, partnership, company, unincorporated association etc.) PRIVATE LIMITED COMPANY
Telephone number (if any)

E-mail address (optional)
BRAMBLESWINDERMERE@ICLOUD.COM

Part 3 Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
0	1	1	2	2	0	1	8

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)

15 MAIN ROAD IS AN END OF TERRACE PROPERTY LOCATED WITHIN THE ONE WAY SYSTEM OF WINDERMERE CENTRE. THE PROPERTY CONSISTS OF 4 FLOORS, BASEMENT & GROUND FLOOR OCCUPIED BY 'BRAMBLES' AND A FLAT ABOVE.

BRAMBLES IS CURRENTLY TRADING AS A CAFÉ / TEA ROOM AND OCCUPIES 2 FLOORS AT GROUND AND BELOW GROUND LEVELS. ONLY THE GROUND FLOOR LEVEL IS OPEN TO THE PUBLIC.

THE GROUND FLOOR LEVEL CONSISTS OF AN ENTRANCE DOOR LEADING INTO A SEATING AREA OF APPROXIMATELY 20 SEATS, WITH A SERVE OVER COUNTER DISPLAY FRIDGE FACING YOU. BEHIND THE COUNTER THERE IS A PARTITION WALL AND COUNTER TOP WHERE THE COFFEE MACHINE SITS.

THE KITCHEN IS LOCATED BEHIND THE PARTITION WALL. ENTRANCE TO THE KITCHEN AREA IS VIA A PASSAGE BEHIND THE SERVE OVER COUNTER AND THROUGH TO THE REAR OF THE PARTITION WALL.

THERE ARE 3 ENTRANCE AND EXIT POINTS IN TOTAL CONSISTING OF THE MAIN ENTRANCE LOCATED AT THE FRONT OF THE BUILDING AND POSITIONED CENTRALLY, A LEFT SIDED ENTRANCE CENTRALLY LOCATED APPROXIMATELY 4 FEET FROM THE END OF THE SERVE OVER COUNTER, AND A REAR ENTRANCE POSITIONED ON THE BACK WALL IN THE KITCHEN.

THERE IS AN OUTDOOR SEATING AREA TO THE FRONT OF THE BUILDING WHICH CAN SEAT UP TO APPROXIMATELY 12 PEOPLE.

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)

☐

- 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) X

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 7)			<u>Will the performance of a play 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			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
Thur					
Fri			<u>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</u> (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"/>
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 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"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)			
Mon						
Tue						
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)			
Thur						
Fri						
Sat			<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)			
Sun						

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music 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	Please give further details here (please read guidance note 4)			
Mon						
Tue						
Wed			State any seasonal variations for the performance of live music (please read guidance note 5)			
Thur						
Fri						
Sat			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 6)			
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 type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)			
Mon						
Tue						
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 5)			
Thur						
Fri						
Sat			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)			
Sun						

G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance 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			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Thur					
Fri			<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> (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 checked="" type="checkbox"/>
				Off the premises	<input 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	20.30			
Tue	09.00	20.30			
Wed	09.00	20.30			
Thur	09.00	20.30	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)		
Fri	09.00	20.30			
Sat	09.00	20.30			
Sun	09.00	20.30			

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 ANDREW COLIN WALLACE	
Date of birth	
Address	
Postcode	
Personal licence number (if known) PA038507	
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).

THERE WILL BE NO ADULT ENTERTAINMENT SERVICES, ACTIVITIES OR OTHER MATTERS THAT MIGHT GIVE RISE TO CONCERN IN RESPECT OF CHILDREN.

FURTHER, WE DO NOT INTEND TO INSTALL ANY GAMING MACHINES OR SIMILAR THAT MIGHT ATTRACT THE ATTENTION OF CHILDREN.

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	21.00	
Tue	09.00	21.00	
Wed	09.00	21.00	
			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)
Thur	09.00	21.00	
Fri	09.00	21.00	
Sat	09.00	21.00	
Sun	09.00	21.00	

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)

WE INTEND TO IMPLEMENT A NUMBER OF MEASURES TO PROMOTE THE LICENSING OBJECTIVES AS PUBLIC WELFARE IS AN IMPORTANT FACTOR IN OUR DECISION TO APPLY FOR A PREMISES LICENCE.

SPECIFICALLY, BUT NOT EXCLUSIVELY, WE WILL HAPPILY WORK WITH COMMUNITY SAFETY PARTNERSHIPS, THE LOCAL AUTHORITY AND THE POLICE AND FIRE AUTHORITIES IN RESPECT OF ANY LICENSABLE ACTIVITIES CARRIED OUT AT THE PREMISES.

b) The prevention of crime and disorder

CCTV:

1. I will install Video/CCTV equipment inside and outside the premises and ensure that it is maintained in working order.
2. I will set the Video/CCTV equipment to record continuously from the time that the premises open to the public until the premises close and all members of the public have left.

Bottles & Glasses:

1. Where glass bottles are used they will be retained or disposed of on the premises.
2. No customers will be admitted, or permitted to leave when carrying open or sealed bottles or glasses.

Drinking Areas:

1. I will ensure that the consumption of alcohol is restricted to the areas identified on the plan attached to the operating schedule.

Capacity & Limits:

1. I will ensure that the maximum occupancy of the licensed premises is restricted to 35 people.

Proof of Age Cards:

1. I will ensure that any person selling or supplying alcohol drink under the authority of a personal licence holder asks for a photo ID proof of age where they have reason to suspect that the individual may be under 18 years of age.

Litter & Waste:

1. I will be responsible for the disposal of waste on the frontage of the premises and make provision for the emptying of litter bins in the vicinity of the premises.

Lighting:

1. I will ensure that lighting is provided outside the premises during the hours of darkness when any licensable activity takes place on the premises.

c) Public safety

Escape Routes:

1. I will make sure that escape routes and exits are maintained to ensure that they are not obstructed, in good order with non-slip and even surfaces, and clearly identified.
2. I will make sure that when disabled people are present, adequate arrangements exist to enable their safe evacuation in the event of an emergency.

First Aid:

1. I will make sure that adequate and appropriate supply of first aid equipment and materials is available on the premises.

Lighting:

1. In the absence of adequate daylight I will make sure that the lighting in any area accessible to the public is fully operational.

Insurances:

1. I will make sure that I have valid public liability insurance in force and that a copy of the schedule is available for inspection by an authorised officer on request.

d) The prevention of public nuisance

Noise & Smells:

1. I will make sure that any request by an authorised officer of the Council in relation to reducing noise levels is complied with.
2. I will make sure that the placing of bottles into receptacles outside the premises takes place at times that will minimise disturbance to nearby properties.
3. I will ensure that receptacles for waste are emptied regularly to minimise nuisance smell.

Lighting:

1. I will ensure that flashing or bright lights on or outside the licensed premises do not cause a nuisance to nearby properties, whilst balancing the need for lighting in the interests of prevention of crime and disorder.

Litter:

1. I will make sure that receptacles for refuse storage are maintained in a clean condition.
2. I will make sure that is regularly cleared from the vicinity of the premises.

e) The protection of children from harm

General:

1. I will implement a proof of age policy agreed by the police and local authority.
2. I will make sure that children are accounted for at all times whilst inside the premises in case of evacuation or emergency.

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee. X
- I have enclosed the plan of the premises. X
- I have sent copies of this application and the plan to responsible authorities and others where applicable. X
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. X
- I understand that I must now advertise my application. X
- I understand that if I do not comply with the above requirements my application will be rejected. X
-

[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). X

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.**

Declaration	<ul style="list-style-type: none"> [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	23.10.2018
Capacity	COMPANY DIRECTOR

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

