



Receipt No. ....  
Initials .....  
Date .....

**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 Unstuffy Hotel Co Ltd

*(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<br><b>Linthwaite House Hotel,<br/>Crook Road,<br/>Windermere</b> |            |          |          |
| Post town   | Windermere | Postcode | LA23 3JA |

|   |                     |
|---|---------------------|
| Telephone number at premises (if any)   | <b>015394 88600</b> |
| Non-domestic rateable value of premises | <b>£240,000.00</b>  |

**Part 2 - Applicant details**

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

- |  |                                     |                             |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals *                    | <input type="checkbox"/>            | please complete section (A) |
| b) a person other than an individual *               |                                     |                             |
| i as a limited company/limited liability partnership | <input checked="" type="checkbox"/> | please complete section (B) |
| ii as a partnership (other than limited liability)   | <input type="checkbox"/>            | please complete section (B) |
| iii as an unincorporated association or              | <input type="checkbox"/>            | please complete section (B) |
| iv other (for example a statutory corporation)       | <input type="checkbox"/>            | please complete section (B) |
| c) a recognised club                                 | <input type="checkbox"/>            | please complete section (B) |
| d) a charity   | <input type="checkbox"/>            | please complete section (B) |

- 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 type="checkbox"/>   | Mrs <input type="checkbox"/> | Miss <input checked="" type="checkbox"/> | Ms <input type="checkbox"/>   | Other Title (for example, Rev) |  |
| <b>Surname</b><br>Irving  |                              |  | <b>First names</b><br>Karen Lynn                                      |                                |  |
| <b>Date of birth</b> 19/01/1981<br>or over                            |                              |  | I am 18 years old <input checked="" type="checkbox"/> Please tick yes |                                |  |
| <b>Nationality</b> ,  |                              |  |   |                                |  |
| <b>Current residential address if different from premises address</b> |                              |  |   |                                |  |
| <b>Post town</b> ,  |                              | <b>Postcode</b>                          |   |                                |  |
| <b>Daytime contact telephone number</b>                               |                              |  |   |                                |  |
| <b>E-mail address (optional)</b>                                      |                              |  |   |                                |  |

**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>  |  |
| <b>Date of birth</b><br>over                                    |  | I am 18 years old or <input type="checkbox"/> Please tick yes |  |
| <b>Nationality</b>  |  |   |  |
| Current postal address<br>if different from<br>premises address |  |   |  |
| Post town   |  | Postcode  |  |
| <b>Daytime contact telephone number</b>                         |  |   |  |
| <b>E-mail address<br/>(optional)</b>                            |  |   |  |

**(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.

|   |
|---|
| <b>Name</b><br>Unstuffy Hotel Co Ltd  |
| <b>Address</b><br><br>Dixcart House, Addlestone Road,<br>Bourne Business Park,<br>Addlestone, Surrey,<br>KT15 2LE           |
| <b>Registered number (where applicable)</b><br><br>4703734  |
| <b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b><br><br>Limited Company |
| <b>Telephone number (if any)</b><br>03331220010   |
| <b>E-mail address (optional)</b>  |

**Part 3 Operating Schedule**

When do you want the premises licence to start?

| DD |   | MM |   | YYYY |   |   |   |
|----|---|----|---|------|---|---|---|
| 0  | 1 | 0  | 5 | 2    | 0 | 1 | 9 |

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)

Boutique Hotel of 30 bedrooms in the main house, with 6 additional suites situated within the hotels grounds and the Hotels bespoke events space the Mere. The Hotel is situated with 14 acres of grounds which consists of private tarn, walkways, private spaces and landscaped gardens. Hotel has a restaurant, bar and conservatory as guest areas which are also accessible to non-residents. Premises also includes Pineridge with is a 4 bedroom property at the entry to Linthwaite drive with a separate access from Crook road.

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 checked="" 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 checked="" type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/>            |

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



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



**In all cases complete boxes K, L and M**



A

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

# B

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

C

|  |       |        |   |
|--|-------|--------|---|
| <b>Indoor sporting events</b><br>Standard days and timings (please read guidance note 7) |       |        | <b><u>Please give further details</u></b> (please read guidance note 4)   |
| Day  | Start | Finish |   |
| Mon  |       |        |   |
| Tue  |       |        | <b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 5)  |
| Wed  |       |        |   |
| Thur   |       |        |   |
| Fri  |       |        | <b><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></b> (please read guidance note 6) |
| Sat  |       |        |   |
| Sun  |       |        |   |
|  |       |        |   |



# D

|  |       |        |  |  |          |                          |
|--|-------|--------|--|--|----------|--------------------------|
| <b>Boxing or wrestling entertainments</b><br>Standard days and timings (please read guidance note 7) |       |        | <b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)  |  | 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 4)   |  |          |                          |
|  |       |        |  |  |          |                          |
| Tue  |       |        |  |  |          |                          |
|  |       |        |  |  |          |                          |
| Wed  |       |        | <b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)  |  |          |                          |
|  |       |        |  |  |          |                          |
| Thur   |       |        |  |  |          |                          |
|  |       |        |  |  |          |                          |
| Fri  |       |        | <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 6) |  |          |                          |
|  |       |        |  |  |          |                          |
| Sat  |       |        |  |  |          |                          |
|  |       |        |  |  |          |                          |
| Sun  |       |        |  |  |          |                          |
|  |       |        |  |  |          |                          |

E

|  |       |        |  |          |                                     |
|--|-------|--------|--|----------|-------------------------------------|
| <b>Live music</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the performance of live music take place indoors or outdoors or both – please tick</b><br>(please read guidance note 3)  | Indoors  | <input type="checkbox"/>            |
|  |       |        |  | Outdoors | <input type="checkbox"/>            |
|  |       |        |  | Both     | <input checked="" type="checkbox"/> |
| Day  | Start | Finish | <b>Please give further details here</b> (please read guidance note 4)<br>Live music could be played for events that are being hosted in our grounds of the property. These would be on varying dates throughout the year, however noise levels would be managed by the manager on duty and monitored. If excessive the noise levels will be reduced.<br><br>Outdoor music will be for outdoor weddings such as a harpist or string quartet |          |                                     |
| Mon  | 1200  | 0030   |  |          |                                     |
| Tue  | 1200  | 0030   |  |          |                                     |
|  |       |        |  |          |                                     |
| Wed  | 1200  | 0030   | <b>State any seasonal variations for the performance of live music</b><br>(please read guidance note 5)  |          |                                     |
| Thur   | 1200  | 0030   |  |          |                                     |
| Fri  | 1200  | 0030   | <b>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</b> (please read guidance note 6)  |          |                                     |
| Sat  | 1200  | 0030   |  |          |                                     |
| Sun  | 1200  | 0030   |  |          |                                     |
|  |       |        |  |          |                                     |

F

|  |       |        |  |  |          |                                     |
|--|-------|--------|--|--|----------|-------------------------------------|
| <b>Recorded music</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b><br>(please read guidance note 3)  |  | Indoors  | <input type="checkbox"/>            |
|  |       |        |  |  | Outdoors | <input type="checkbox"/>            |
| Day  | Start | Finish |  |  | Both     | <input checked="" type="checkbox"/> |
| Mon  | 0700  | 0030   | <b><u>Please give further details here</u></b> (please read guidance note 4)<br>This will be on occasions in line with events at the hotel both internal and externally and various locations within the hotels boundaries.<br><br>Recorded music could be played for events that are being hosted in our grounds of the property. These would be on varying dates throughout the year.<br><br>Music will be played every day for the pleasure of the guests of the hotel restaurant and loungers .<br><br>External music again will only be at a very low level |  |          |                                     |
| Tue  | 0700  | 0030   |  |  |          |                                     |
| Wed  | 0700  | 0030   | <b><u>State any seasonal variations for the playing of recorded music</u></b><br>(please read guidance note 5)   |  |          |                                     |
| Thur   | 0700  | 0030   |  |  |          |                                     |
| Fri  | 0700  | 0030   | <b><u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6)   |  |          |                                     |
| Sat  | 0700  | 0030   |  |  |          |                                     |
| Sun  | 0700  | 0030   |  |  |          |                                     |

# G

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

# H

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



# I

|  |       |        |  |          |                                     |
|--|-------|--------|--|----------|-------------------------------------|
| <b>Late night refreshment</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)</b>   | Indoors  | <input type="checkbox"/>            |
|  |       |        |  | Outdoors | <input type="checkbox"/>            |
|  |       |        |  | Both     | <input checked="" type="checkbox"/> |
| Day  | Start | Finish | <b>Please give further details here</b> (please read guidance note 4)<br><br>This would be for residents of the hotel only and be light meals for our guests, served only in their bedrooms.                           |          |                                     |
| Mon  | 2300  | 0700   |  |          |                                     |
| Tue  | 2300  | 0700   |  |          |                                     |
|  |       |        |  |          |                                     |
| Wed  | 2300  | 0700   | <b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 5)   |          |                                     |
|  |       |        |  |          |                                     |
| Thur   | 2300  | 0700   |  |          |                                     |
|  |       |        |  |          |                                     |
| Fri  | 2300  | 0700   | <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 6) |          |                                     |
|  |       |        |  |          |                                     |
| Sat  | 2300  | 0700   |  |          |                                     |
|  |       |        |  |          |                                     |
| Sun  | 2300  | 0700   |  |          |                                     |
|  |       |        |  |          |                                     |



**J**

|   |       |        |   |                  |                                     |
|---|-------|--------|---|------------------|-------------------------------------|
| <b>Supply of alcohol</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)  | On the premises  | <input type="checkbox"/>            |
|   |       |        |   | Off the premises | <input type="checkbox"/>            |
|   |       |        |   | Both             | <input checked="" type="checkbox"/> |
| Day   | Start | Finish | <b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)  |                  |                                     |
| Mon   | 0700  | 0100   |   |                  |                                     |
| Tue   | 0700  | 0100   |   |                  |                                     |
| Wed   | 0700  | 0100   |   |                  |                                     |
| Thur  | 0700  | 0100   | <b>Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</b> (please read guidance note 6)<br><br>Residents only to be served between the hours of 0100 and 0700 |                  |                                     |
| Fri   | 0700  | 0100   |   |                  |                                     |
| Sat   | 0700  | 0100   |   |                  |                                     |
| Sun   | 0700  | 0100   |   |                  |                                     |
|   |       |        |   |                  |                                     |

**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 Miss Karen Lynn Irving   |  |
| <b>Date of birth</b>  |  |
|   |  |
| Postcode  |  |
| Personal licence number (if known) PA0546                                 |  |
| Issuing licensing authority (if known)<br>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

|   |       |        |   |
|---|-------|--------|---|
| <b>Hours premises are open to the public</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>State any seasonal variations</b> (please read guidance note 5)  |
| Day   | Start | Finish | <b>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</b> (please read guidance note 6) |
| Mon   | 0700  | 2400   |   |
|   |       |        |   |
| Tue   | 0700  | 2400   |   |
|   |       |        |   |
| Wed   | 0700  | 2400   |   |
|   |       |        |   |
| Thur  | 0700  | 2400   |   |
|   |       |        |   |
| Fri   | 0700  | 2400   |   |
|   |       |        |   |
| Sat   | 0700  | 2400   |   |
|   |       |        |   |
| Sun   | 0700  | 2400   |   |
|   |       |        |   |

**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)**

Staff Training – The team will be given periodic training on their responsibilities as per the licencing act of 2003.

Records will be available for police & licencing authorities for inspection on request.

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

Notice of Licencing hours to be clearly displayed

Prevention and vigilance of illegal drug use

**c) Public safety**

Staff to be trained on the hotels fire evacuation procedure

Fire log & Accident book updated

Emergency lighting in place across the hotel

Qualified 1<sup>st</sup> aider to be available at all times

**d) The prevention of public nuisance**

Noise checks will be incorporated into the Duty Manager walk around the property. Any incidents will be recorded in their daily report, with any action that has been taken.

Regular litter picks by our grounds team

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

The hotel has a challenge 25 policy in place which staff will be trained on. Any refusal will be recorded.

**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.**



|                    |  |
|--------------------|--|
| <b>Declaration</b> | <ul style="list-style-type: none"> <li>[Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).</li> <li>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)</li> </ul> |
| Signature          |  |
| Date               | 3/4/19   |
| Capacity           | General Manager  |

**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 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) |            |          |          |
| Simon Barker<br>Linthwaite House Hotel<br>Crook Road  |            |          |          |
| Post town   | Windermere | Postcode | LA23 3JA |
| Telephone number (if any)   |            |          |          |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional)   |            |          |          |

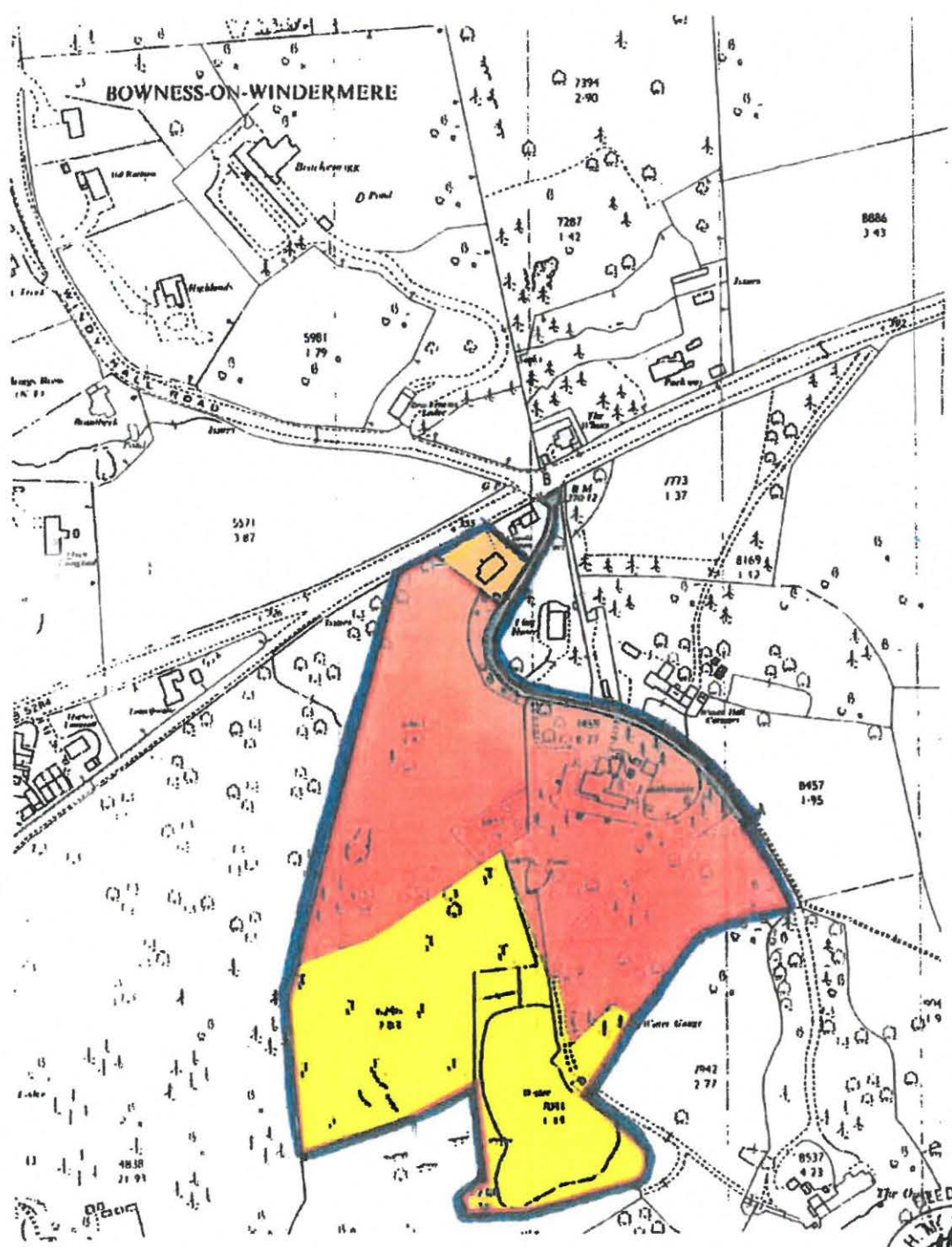
#### Notes for Guidance

- 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.
- In terms of specific regulated entertainments please note that:

- Plays: no licence is required for performances between 08:00 and 23.00 on any day, provided that the audience does not exceed 500.
- Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
- Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.
- Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000. Combined fighting sports – defined as a contest, exhibition or display which combines boxing or wrestling with one or more martial arts – are licensable as a boxing or wrestling entertainment rather than an indoor sporting event.
- Live music: no licence permission is required for:
  - a performance of unamplified live music between 08.00 and 23.00 on any day, on any premises.
  - a performance of amplified live music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.
  - a performance of amplified live music between 08.00 and 23.00 on any day, in a workplace that is not licensed to sell alcohol on those premises, provided that the audience does not exceed 500.
  - a performance of amplified live music between 08.00 and 23.00 on any day, in a church hall, village hall, community hall, or other similar community premises, that is not licensed by a premises licence to sell alcohol, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance from a person who is responsible for the premises.
  - a performance of amplified live music between 08.00 and 23.00 on any day, at the non-residential premises of (i) a local authority, or (ii) a school, or (iii) a hospital, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance on the relevant premises from: (i) the local authority concerned, or (ii) the school or (iii) the health care provider for the hospital.
- Recorded Music: no licence permission is required for:
  - any playing of recorded music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.
  - any playing of recorded music between 08.00 and 23.00 on any day, in a church hall, village hall, community hall, or other similar community premises, that is not licensed by a premises licence to sell alcohol, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance from a person who is responsible for the premises.
  - any playing of recorded music between 08.00 and 23.00 on any day, at the non-residential premises of (i) a local authority, or (ii) a school, or (iii) a hospital, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance on the relevant premises from: (i) the local authority concerned, or (ii) the school proprietor or (iii) the health care provider for the hospital.
- Dance: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 500. However, a performance which amounts to adult entertainment remains licensable.



|                                   |             |                         |
|-----------------------------------|-------------|-------------------------|
| H.M. LAND REGISTRY                |             | TITLE NUMBER            |
|                                   |             | CU66525                 |
| PLANNING SURVEY<br>PLAN REFERENCE | SD4095 4195 | Scale<br>1/2500         |
| COUNTY                            | CUMBRIA     | DISTRICT SOUTH LAKELAND |
|                                   |             | © Crown copyright       |



Key

— Bandry of Linthwaite House

