

Receipt No .....

Initials .....

Date .....

SL6

Application for a premises licence to be granted  
under the Licensing Act 2003

South Lakeland District Council  
Public Protection

07 MAY 2019

**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 THE YAN AT BROADRAYNE 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 <b>THE YAN BROADRAYNE FARM</b>			
Post town	<b>GRASMERE</b>	Postcode	<b>LA22 9RU</b>
Telephone number at premises (if any)		<b>015394 35055</b>	
Non-domestic rateable value of premises		<b>£4320</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 | 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   | <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 ☒ 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 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 residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

**SECOND INDIVIDUAL APPLICANT** (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
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Surname		First names	
Date of birth over		I am 18 years old or <input type="checkbox"/> Please tick yes	
Nationality			
Current postal address if different from premises address			
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 <b>THE YAN AT BROADRAYNE LTD</b>
Address <b>BROADRAYNE FARM GRASMERE CUMBRIA  LA22 9RU</b>
Registered number (where applicable) <b>08335502</b>
Description of applicant (for example, partnership, company, unincorporated association etc.) <b>LIMITED COMPANY</b>
Telephone number (if any) <b>015394 35055</b>
E-mail address (optional) <b>INFO@THEYAN.CO.UK</b>

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
0	7	0	6	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)  
**HOTEL - 7 BEDROOMS WITH A MAXIMUM OF 25 CAPACITY.**  
**BISTRO/CAFÉ - 40 INTERIOR COVERS, 25 COVERS ON THE OUTSIDE**  
**TERRACE (WEATHER DEPENDANT) FOR USE OF THE HOTEL GUESTS,**  
**GUESTS OF THE ON SITE HOLIDAY COTTAGES AND GLAMPING PODS (UP TO**  
**16 PEOPLE) AND THE GENERAL PUBLIC.**  
**THE PROPERTY IS A LAKE LAND BARN CONVERSION ON A NON-OPERATING**  
**FARM ON THE OUTSKIRTS OF GRASMERE ACCESSABLE BY PRIVATE DRIVE**  
**OFF THE A591.**  
**ALCOHOL SALES WILL BE FOR CONSUMPTION IN THE HOTEL AND BISTRO**  
**ONLY, NOT FOR TAKE AWAY. WE WILL NOT BE PROVIDING 24HOUR ROOM**  
**SERVICE OR LATE-NIGHT FOOD AND DRINKS. LAST FOOD ORDERS WILL BE**  
**21:30.**  
**SEE ENCLOSED PLANS OF THE PROPERTY SCALE 1:100**

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

N/A

What licensable activities do you intend to carry on from the premises?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- |   |                                     |
|---|-------------------------------------|
| a) plays (if ticking yes, fill in box A)  | <input type="checkbox"/>            |
| b) films (if ticking yes, fill in box B)  | <input type="checkbox"/>            |
| c) indoor sporting events (if ticking yes, fill in box C)   | <input type="checkbox"/>            |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)  | <input type="checkbox"/>            |
| e) live music (if ticking yes, fill in box E)   | <input type="checkbox"/>            |
| f) recorded music (if ticking yes, fill in box F)   | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)  | <input type="checkbox"/>            |
| h) anything of a similar description to that falling within (c), (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

X

A

<b>Plays</b> 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> (please read guidance note 3)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 4)	
Tue				
Wed			<u>State any seasonal variations for 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**

<b>Films</b> 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> (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

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (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			<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)
Thur			
Fri			
Sat			
Sun			



**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (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 boxing or wrestling entertainment</b> (please read guidance note 5)		
Thur					
Fri			<b>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</b> (please read guidance note 6)		
Sat					
Sun					

E

<b>Live music</b> 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> (please read guidance note 3)	
			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 4)	
Mon				
Tue				
			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)	
Wed				
Thur				
			<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)	
Fri				
Sat				
Sun				

## F

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)		Indoors	<input checked="" type="checkbox"/>
					Outdoors	<input type="checkbox"/>
Day	Start	Finish			Both	<input type="checkbox"/>
Mon	08:30	23:00	<b><u>Please give further details here</u></b> (please read guidance note 4) <b>RECORDED MUSIC WILL BE USED AS BACKGROUND MUSIC DURING OUR OPENING HOURS, A FULL PRS/PLL LICENSE WILL BE APPLIED FOR.</b>			
Tue	08:30	23:00				
Wed	08:30	23:00	<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 5)			
Thur	08:30	23:00				
Fri	08:30	23:00	<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) <b>CHRISTMAS EVE – CHRISTMAS DAY</b> <b>NEW YEARS EVE – NEW YEARS DAY</b>			
Sat	08:30	23:00				
Sun	08:30	23:00				

**G**

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue			State any seasonal variations for the performance of dance (please read guidance note 5)		
Wed			Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list (please read guidance note 6)		
Thur					
Fri					
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 7)			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 3)	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 4)	
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 5)	
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 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"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Wed					
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**

<b>Supply of alcohol</b> 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 checked="checked" type="checkbox"/> X Off the premises <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)	
Mon	08:30	23:00		
Tue	08:30	23:00		
Wed	08:30	23:00		
Thur	08:30	23:00		
Fri	08:30	23:00		
Sat	08:30	23:00		
Sun	08:30	23:00	<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 6)  CHRISTMAS EVE CHRISTMAS DAY NEW YEARS EVE NEW YEARS DAY	

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 <b>JESSICA ANN MANLEY</b>
Date of birth
Address
Postcode
Personal licence number (if known) <b>PA039491</b>
Issuing licensing authority (if known) <b>SOUTH LAKELAND DISTRICT COUNCIL</b>

□□□□

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).  
N/A

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5) <b>THE TIMES SHOWN ARE FOR THE GENERAL PUBLIC ACCESS TO THE BISTRO. AS WE ARE A HOTEL, WE HAVE GUESTS ON THE FARM 24 HOURS A DAY.</b>
Day	Start	Finish	
Mon	08:30	23:00	
Tue	08:30	23:00	<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)
Wed	08:30	23:00	
Thur	08:30	23:00	
Fri	08:30	23:00	
Sat	08:30	23:00	
Sun	08:30	23:00	



**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)**

**In order to promote the 4 licensing objectives strong management and leadership will be in place with effective training for all staff paying particular attention to:**

- No selling of alcohol to anyone under the age of 18
- Not allowing any drunk or disorderly conduct on the premises
- Not allowing any harm to children, paying special attention to not allowing proxy sales
- CCTV system in place with record facility
- Challenge 25 Policy in Place
- There will be a DPS in place at all times with a book of authority for all staff who sell alcohol
- All staff selling alcohol shall be in possession of formal identification so Police, Trading Standards or other responsible authorities can check against the authorisation book.
- A refusal/incident book will be maintained on site
- Bar Watch – have up to date knowledge of disruptive clients using other licensed premises in the village.

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

- CCTV will be fitted with a record facility and recordings will be kept for 28 days. The footage shall be made available to the police and other responsible authorities upon request. A member of staff who is able to fully operate the CCTV system and download footage shall be present at all time the premises are open.
- Not selling alcohol to people that are drunk / intoxicated.
- Clear signage as to the times that alcohol available for sales for consumption on the premises only.
- Signage requesting that customers leave the premises in an orderly and respectful manner.
- Staff trained in ensuring customers adhere to the point above.
- Sufficient internal and external lighting lockable windows and doors.
- The interior door from the stairway into the bistro will be locked during the night and when there are no members off staff around.
- A strict no drug policy will be in place.
- Bar Watch – have up to date knowledge of disruptive clients using other licensed premises in the village.

**c) Public safety**

- Sufficient internal & external lighting.
- The DPS will keep and maintain a book of authority
- Deliveries will be made at such times and in such a manner as to not put the public at any risk or disturb or inconvenience local residents.
- A refusal/incident book will be maintained on site. The book shall detail incident of injury / ejection / refusal. Such matters shall be timed, dated and signed by the author and produced to police and other responsible authorities upon request.
- A Fire Alarm will be fitted on site, tested once a week and recorded in a log book.
- Clear fire evacuation plan, well sign posted, staff trained to know the evacuation plan.
- First Aid officer on site at all times.

**d) The prevention of public nuisance**

- Prominent and clear notification advising that there is a CCTV system in operation.
- Prominent and clear notification asking customers to leave the premises in an orderly and respectful manner.
- Customers will not be allowed in the bistro out of opening hours, it will be locked to hotel guests and only open when a member of staff is present.
- Deliveries of stock to the premises shall be carried out at such a time or in such a manner as to prevent nuisance and disturbance to nearby residents
- An approved waste removal company (Cumbria Waste Recycling Ltd) will be appointed to remove the waste from site (cardboard, plastic and glass recycling and general waste) the bins will be secured in a compound close to the main drive. All waste transfer notes will be kept on site for inspection by the relevant authorised bodies.

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

- "Challenge 25" Policy will be enforced in the business where anyone who looks under 25 will be asked to produce acceptable ID in order to buy alcohol. Acceptable ID is a card bearing a PASS hologram, a photo driving licence or a passport
- "Challenge 25" Signage will be clearly displayed.
- Notices shall be clearly displayed indicating that the "Challenge 25" policy is in force and advising what forms of ID are acceptable.
- Staff will be trained on "Challenge 25" prior to commencement of employment. Training records will be kept on the premises and produced to the police and other responsible authorities upon request.

- Staff engaged in the sale of alcohol shall be trained in responsible alcohol service. Training records will be kept on the premises and produced to the police and other responsible authorities upon request.
- The premises shall display prominent notices explaining the law in relation to purchasing alcohol on behalf of persons under 18 and state that it is an offence to buy or attempt to buy alcohol for a person who is under 18 and for a person under the age of 18 to buy or attempt to buy alcohol.
- The EPOS (electronic point of sale) till system has a check ID feature which records all ID checks on the system.

**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.

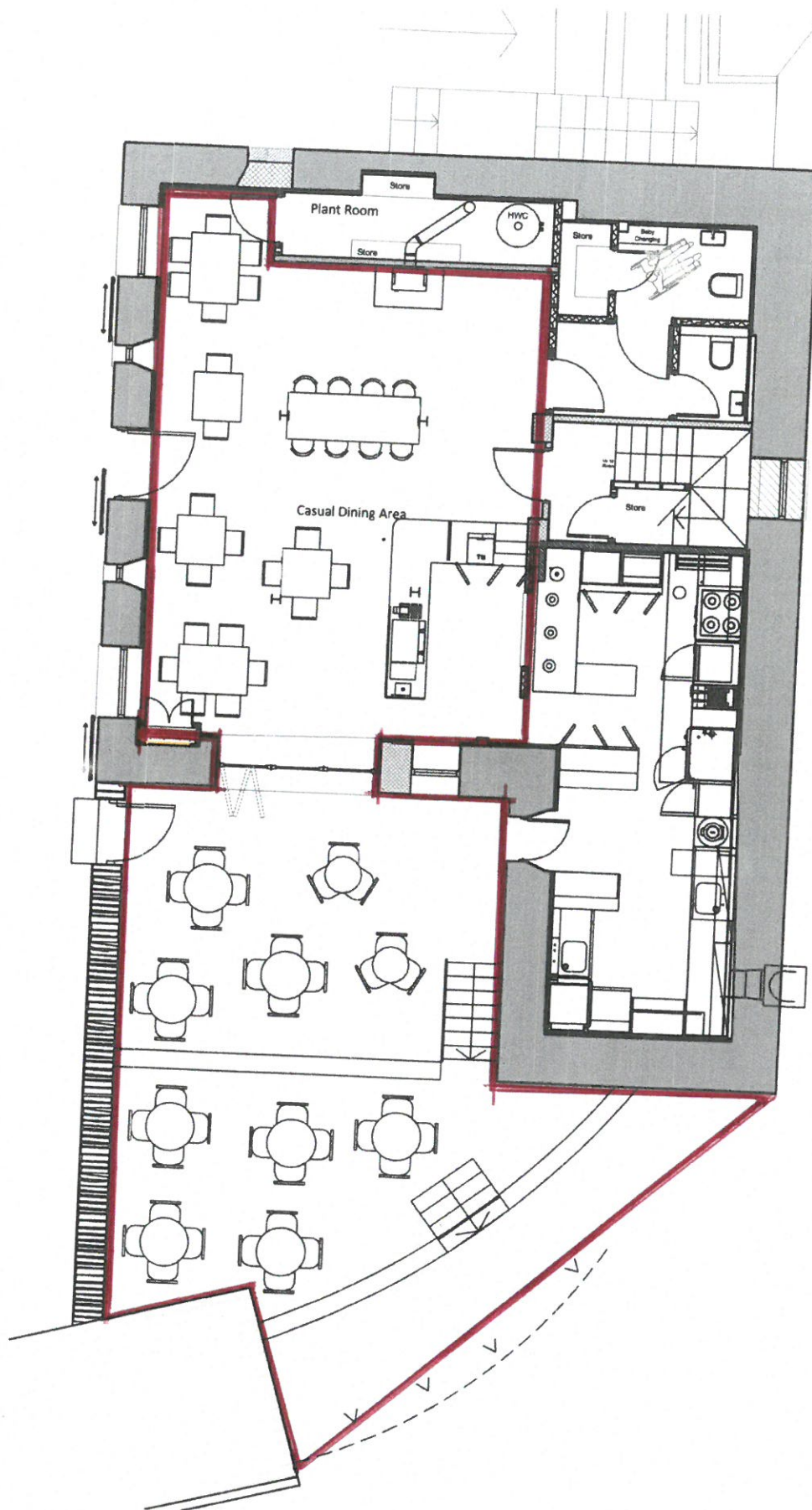
<b>Declaration</b>	<ul style="list-style-type: none"><li>• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or 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	6/5/19
Capacity	Operations Director – The Yan at Broadrayne Ltd

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

# Grasmere Hostel - Plans



Lower Ground Floor Plan Scale: 1:100