

**Application for a provisional statement 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 Kerrie Denise Benson **Personal Licence Number** PA039464 **Issued** SLDC
(Insert name(s) of applicant)

apply for a provisional statement under section 29 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 Lakeland Farm Visitor Centre Limited Meadowbank Farm Ings			
Post town	Kendal	Postcode	LA8 9QF

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

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick all that apply

- | | | |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i as a limited company/limited liability partnership | <input 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 | <input type="checkbox"/> | 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 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 checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname Benson			First names Kerrie Denise		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal 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)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	

Current postal address if different from premises address			
Post town		Postcode	
Daytime contact telephone number			
E-mail address (optional)			

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned

Name
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association)
Telephone number (if any)
E-mail address (optional)

Designated Premises Supervisor

Kerrie Denise Benson

Personal licence number - PA039464
 Issuing licence Authority - SLDC

What is the nature of your interest in the premises?

Owner manager

Part 3 – Schedule of works

Is the premises

about to be constructed

being extended or altered

Please tick as
appropriate



Please give details of the work and please attach plans of the work being done or about to be done at the premises

Demolishing cattle shed and rebuilding it into a café and retail area. Altering adjoining cattle building to make a demonstration area

Please give particulars of the premises to which the application relates (please read guidance note 1)

The premises is a retail area, a café area with outside tables and a demonstration area. Using the footprint of a cattle housing building. It is surrounded by a field, a parking lot and a house which we own. It is not visible from the road and not in sight of any neighbours.

We would like to offer sales of products from local breweries in the retail section and local beer and wines in the café area.

Our opening hours are 09:30 to 18:00

Which licensable activities will the premises be used for?

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- a) plays (optional, fill in box A) ☐
- b) films (optional, fill in box B) ☐
- c) indoor sporting events (optional, fill in box C) ☐
- d) boxing or wrestling entertainment (optional, fill in box D) ☐
- e) live music (optional, fill in box E) ☐
- f) recorded music (optional, fill in box F) ☒
- g) performances of dance (optional, fill in box G) ☐
- h) anything of a similar description to that falling within (e), (f) or (g) (optional, fill in box H) ☐

Provision of late night refreshment (optional, fill in box I)

☐

Supply of alcohol (optional, fill in box J)

☒

Complete boxes K, L and M (optional)

Part 4 – OPTIONAL – you may fill in this section if you choose to

General description of premises (please read guidance note 1)
Farm shop, café and demonstrations
Wanting to sell produce that we provide and use local suppliers.
Café to use our produce
Also have demonstrations of that relate to farming in the Lake District.

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play 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			State any seasonal variations for performing plays (please read guidance note 5)		
Wed			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 6)		
Thur					
Fri					
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"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)	
Mon				
Tue				
Wed				
Thur			State any seasonal variations for the exhibition of films (please read guidance note 5)	
Fri				
Sat				
Sun				
			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)	

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						
Thur			State any seasonal variations for the performance of live music (please read guidance note 5)			
Fri						
Sat						
Sun						
			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)			

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)	
Day	Start	Finish	Indoors	<input checked="" type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Mon	9:30	18:00	Please give further details here (please read guidance note 4) Background music to play on own video recording to be played during the day	
Tue	9:30	18:00		
Wed	9:30	18:00	State any seasonal variations for the playing of recorded music (please read guidance note 5)	
Thur	9:30	18:00		
Fri	9:30	18:00	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)	
Sat	9:30	18:00		
Sun	9:30	18:00		

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	<u>Please give further details here</u> (please read guidance note 4)		
Mon					
Tue					
			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Wed					
Thur					
			<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)		
Fri					
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				

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	Please give further details here (please read guidance note 4)			
Mon						
Tue						
			State any seasonal variations for the provision of late night refreshment (please read guidance note 5)			
Wed						
Thur						
			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 6)			
Fri						
Sat						
Sun						

J

Supply of alcohol Standard days and timings (please read guidance note 7)			<u>Will the supply of alcohol be for consumption – please tick</u> (please read guidance note 8)		On the premises <input type="checkbox"/>
					Off the premises <input type="checkbox"/>
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5)		
Mon	9:30	18:00			
Tue	9:30	18:00			
Wed	9:30	18:00			
Thur	9:30	18:00			
			<u>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</u> (please read guidance note 6)		
Fri	9:30	18:00			
Sat	9:30	18:00			
Sun	9:30	18:00			

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

Hours premises are open to the public Standard timings (please read guidance note 7)			<u>State any seasonal variations</u> (please read guidance note 5)
Day	Start	Finish	
Mon	9.30	18:00	<u>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</u> (please read guidance note 6)
Tue	9.30	18:00	
Wed	9.30	18:00	
Thur	9.30	18:00	
Fri	9.30	18:00	
Sat	9.30	18:00	
Sun	9.30	18:00	

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

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 10)

Strong management controls and affective training with staff so they are aware of the premises licence and requirements to meet the 4 licensing requirements with particular attention to:

- *No selling alcohol to underage people
- *No violent or anti-social behaviour
- *No harm to children

b) The prevention of crime and disorder

CCTV Nest will be installed, operated and maintained. Nest footage will be saved to Cloud so visible anywhere it is necessary

CCTV will be operational at all times

An incident book will be kept on premises to record disorder and refused alcohol sales

No one who is carrying alcohol will be allowed to enter the premises

c) Public safety

Internal and external lighting will be installed to promote public safety.

Emergency lighting will be installed

Fire detectors to be fitted throughout the building.

All parts of the premises and all fittings, doors and fastenings, lighting, heating, electrical, sanitary will be maintained at all times so in good order and in safe condition.

Training and handling of underage ID checks and log book kept and available for inspection

d) The prevention of public nuisance

Opening times 9:30 to 18:00 so no early arrivals or late finishes so no afterhours disturbances

Times of deliveries of goods will be carried out in a manner to prevent nuisance and disturbance to nearby residence.

Adequate waste receptacles for the use by customers will be provided in the local vicinity

e) The protection of children from harm

Challenge 25 age signs will be made visible near the alcohol and tills

Challenge 25 signs which encourages anyone over 18 but look under 25 to carry acceptable ID

Well trained staff for asking for persons ID

Log book to be kept on the premises and training will be given to use this.

Checklist:**Please tick to indicate agreement**

- I have made or enclosed payment of the fee. ☒
- I have enclosed the plans of the works to be done at the premises. ☒
- I have sent copies of this application and the plan to responsible authorities and others where applicable. ☒
- I understand that I must now advertise my application. ☒
- I understand that if I do not comply with the above requirements my application will be rejected. ☒

IT IS AN OFFENCE, 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.

Part 5 – 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.

Signature	
Date	07/05/2019
Capacity	Owner/Manager

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).			

The site plan shows the proposed extension (orange) and the farm building to be converted (grey). Key features include:

- Proposed Extension:** A large rectangular building with a stone paved external seating area.
- Farm Building to be Converted:** An existing building adjacent to the extension.
- Visitor Parking:** A large parking area with 32 spaces, paved with road stone surface.
- New Farmhouse under Construction:** A new building located to the north of the site.
- Infrastructure:** Includes a post & wire fence, stone walls, a foul drain via grassed loop to PTF, and a foul drain to existing culvert.
- Other Features:** A stone wall protected cycle route, a staff & disabled parking area, and a local stone wall.



drawing name Proposed plans	drawn by GHJ	drawing no 5896-04D
scale 1:100, 1:200 @ A1	date Nov 2017	