

**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** Paradi UK Limited

*(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

**Churchills Wine Bar  
Robinson Place  
Bowness-on-Windermere**

**Post town** Windermere

**Postcode** LA23 3DQ

Telephone number at premises (if any) **015394 48696**

Non-domestic rateable value of premises **£27,500**

**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 type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth		I am 18 years old or over <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)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)					

**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		I am 18 years old or over <input type="checkbox"/>		Please tick yes	
Nationality					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)					
Current residential 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>Paradi UK Limited</b>
Address <b>2 Green Lane Timperley Cheshire WA15 7PF</b>
Registered number (where applicable) <b>05690312</b>
Description of applicant (for example, partnership, company, unincorporated association etc.) <b>Limited Company</b>

Telephone number (if any)
E-mail address (optional)

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
1	2	0	8	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)

The premises is a Pizza Restaurant and Bar. The premises is aimed at a predominantly family market in a tourist area where food and drink will be served during the day and into the evening. Breakfast type menus would be available in the morning supplementing the nearby hotels, marinas and guest houses. A lunch time and evening menu would be offered later. No alcohol sales would be made before 10 am.

The premises will consist of a main eating area positioned within the conservatory which will have access to the side of the bar. The original part of the premises will house a Pizza Oven and preparation area behind a counter which prevents the public from accessing the preparation area, but allows the public to observe. The original part of the premises will contain eating areas as well as an area for TV viewing and pool playing.

Service of hot food and playing of live music will be limited to unregulated times.

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

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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) ☐

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) ☒

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

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

# C

<b>Indoor sporting events</b> 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> 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"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)	
Mon				
Tue				
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 5)	
Thur				
Fri				
Sat			<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)	
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			
Mon			<b>Please give further details here</b> (please read guidance note 4)		
Tue					
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)		
Thur					
Fri			<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					
Sun					

# F

<b>Recorded music</b> 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> (please read guidance note 3)		Indoors	<input checked="" type="checkbox"/>
					Outdoors	<input type="checkbox"/>
Day	Start	Finish			Both	<input type="checkbox"/>
Mon	23:00	01:00	<b>Please give further details here</b> (please read guidance note 4)			
Tue	23:00	01:00				
Wed	23:00	01:00	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)			
Thur	23:00	01:00				
Fri	23:00	01:00	<b>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</b> (please read guidance note 6)			
Sat	23:00	01:00	New Years Eve: 07:00 to 02:00 on 1 <sup>st</sup> January			
Sun	23:00	01:00				

# G

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

<b>Late night refreshment</b> 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</b> (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

<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 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	10:00	01:00			
Tue	10:00	01:00			
Wed	10:00	01:00			
Thur	10:00	01:00	<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)  New Years Eve: 07:00 – 02:00 on 1 <sup>st</sup> January		
Fri	10:00	01:00			
Sat	10:00	01:00			
Sun	10:00	01:00			

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):

<b>Name</b> Kathryn Mary Elisabeth Mason	
<b>Date of birth</b> (	
<b>Address</b>	
<b>Postcode</b>	
<b>Personal licence number (if known)</b> PA0535	
<b>Issuing licensing authority (if known)</b> South Lakeland	

# 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> 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)  New Years Eve 07:00 to 02:00 on 1 <sup>st</sup> January
Mon	07:00	01:30	
Tue	07:00	01:30	
Wed	07:00	01:30	
Thur	07:00	01:30	
Fri	07:00	01:30	
Sat	07:00	01:30	
Sun	07:00	01:30	

## 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)**

An incident log shall be kept at the premises and made available on request to an authorised officer of the Council or the Police. It must be completed within 24 hours of the incident and will record the following:

- a) all crimes reported to the venue
- b) all ejection of patrons
- c) any complaints received concerning crime and disorder
- d) any incidents of disorder
- e) all seizures of drugs or offensive weapons
- f) any faults in the CCTV system, searching equipment or scanning equipment
- g) any refusal of the sale of alcohol
- h) any visit by a relevant authority or emergency service

Documented staff training should be conducted to include (but not limited to):

- Age restrictions in respect of products
- Responsible Alcohol Service including recognising signs of drunkenness, refusal skills, drugs awareness
- Company policies and reporting procedures
- Managing and resolving conflict
- Action to be taken in the event of an emergency, including the report of a crime, fire or request for emergency medical attention
- Licence conditions

The Designated Premises Supervisor shall attend a suitable formal training course on operating the premises and provide evidence of attendance if requested.

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

The premises shall install and maintain a comprehensive CCTV system. All entry and exit points will be covered enabling frontal identification of every person entering the premises. The CCTV system shall continually record whilst the premises is open for licensable activities and during all times when customers remain on the premises. All recordings shall be stored for a minimum period of 28 days with date and time stamping. Viewing of recordings shall be made available immediately upon the request of Police or authorised officer throughout the entire 28 day period.

A drugs policy shall be agreed with Cumbria Constabulary for the premises and be in force at all times. The policy will include search, seizure and disposal of any suspected drugs and weapons found. Notices detailing the operation of a drugs policy shall be displayed at the premises.

Customers who are suspected to be intoxicated or under the influence of drugs will be refused admission to the premises.

The designated premises supervisor shall be a member of a recognised trade body or Pub Watch Scheme where one exists and whose aims are to promote the licensing objectives.

**c) Public safety**

An effective fire risk assessment shall be maintained for the premises at all times.

The approved arrangements at the premises, including means of escape provisions, emergency warning equipment, the electrical installation and mechanical equipment, shall at all material times be maintained in good condition and full working order.

**d) The prevention of public nuisance**

A Noise Management Plan shall be agreed with Environmental Health and the premises operated in accordance with it, or any variation thereof which may be agreed from time to time.

The premises and immediate surrounding area shall be kept clean and free from litter at all times the premises are open to the public.

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

The Challenge 25 scheme must be operated to ensure that any person who appears to be under the age of 25 shall provide documented proof that he/she is over 18 years of age. Proof of age shall only comprise a passport, photo card driving licence, an HM Forces warrant card, or a card bearing the PASS hologram or any other forms of ID as nationally acceptable from time to time.

The premises shall display prominent signage indicating in all areas where alcohol is located that the Challenge 25 scheme is in operation.

No unaccompanied children under the age of 16 shall be permitted in the premises.

**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 or my share code issued by the Home Office online right to work checking service (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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)</li></ul>
Signature	
Date	12/07/19
Capacity	Solicitor

**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)

**David Darlington**  
**Fieldings Porter Solicitors**  
**32 Silverwell Street**

Post town **Bolton**

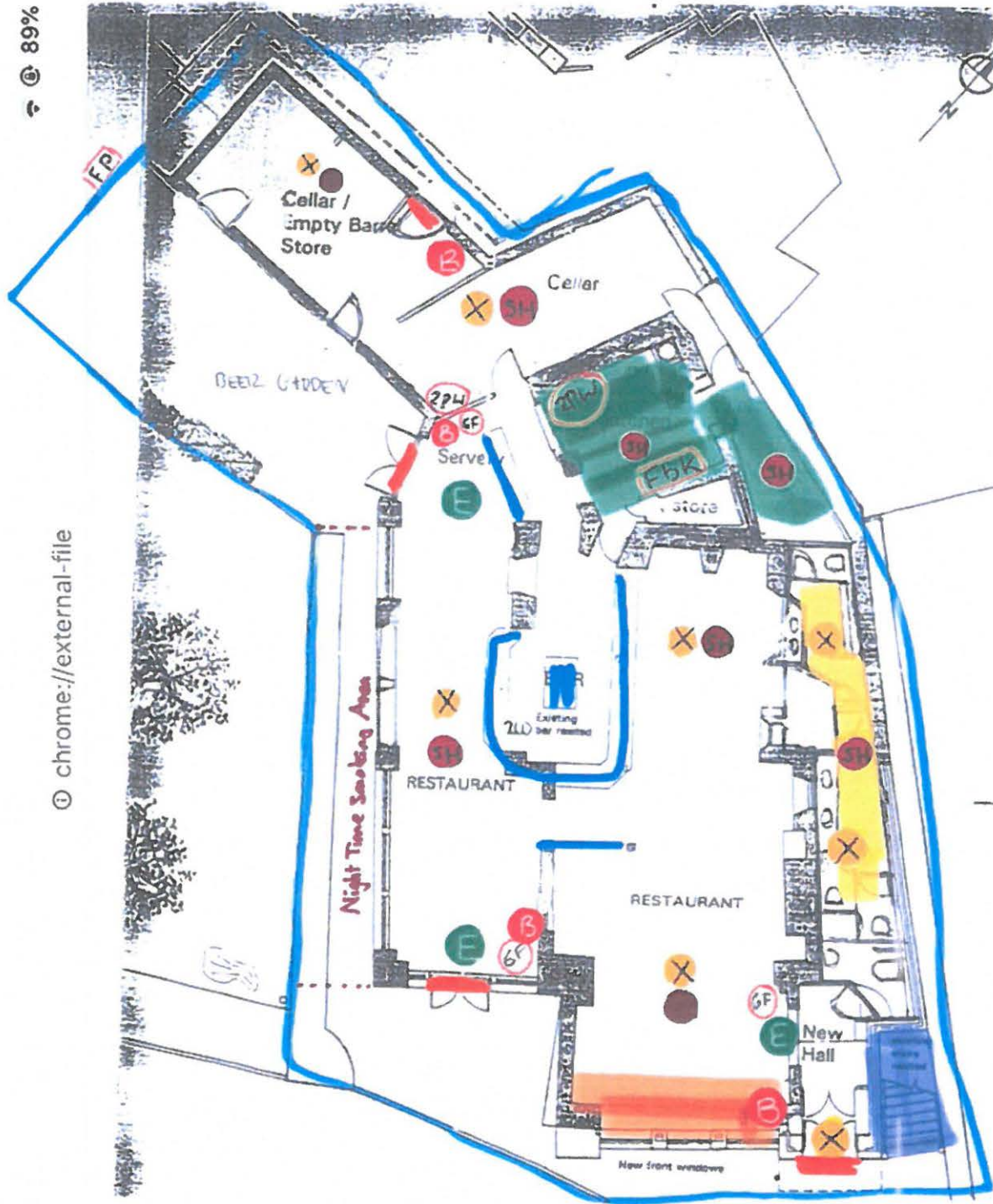
Postcode **BL1 1PT**

Telephone number (if any)

**01204 540910**

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

**david.darlington@fieldingsporter.co.uk**



# LEGEND:-

BOUNDARY

ACCESS

RAISED AREA

FIXED STRUCTURE

TOILETS

KITCHEN

STEPS



Fire Precautions Key	
	Smoke Detector
	Heat Detector
	Emergency Light
	Illuminated Exit Sign
	Break Glass
	Fire Panel
Fire Extinguisher Key	
	5L Water Extinguisher
	2L CO2 Extinguisher
	2L ABC powder Extinguisher
	Fire Blanket

DATE	SURVEY	SCALE
20-M-05	DRAWING NO. AK/02	1:100/1000

## CHURCHILL'S WINE BAR ROBINSON PLACE BOWNESS-ON-WINDERMERE