

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.

(1) Delete as applicable.
(2) Insert name(s) of applicant.

(1) ~~I~~ **[We]** ⁽²⁾ Inn Collection Lakes (Coniston) Ltd

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and ⁽¹⁾ [I am][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 The Coniston Inn (former Waterhead Hotel) Hawkshead Old Road Cumbria			
Post town	Coniston	Postcode	LA21 8AJ
Telephone number at premises (if any)			
Non-domestic rateable value of premises	£ 0		

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 | <input type="checkbox"/> please complete section (B) |
| f) a health service body | <input type="checkbox"/> 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 | <input type="checkbox"/> 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 | <input type="checkbox"/> 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									
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)									

(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	Inn Collection Lakes (Coniston) Limited
Address	Sandgate House 102 Quayside Newcastle upon Tyne NE1 3DX
Registered number (where applicable)	11509662
Description of applicant (for example, partnership, company, unincorporated association etc.)	Limited company
Telephone number (if any)	
E-mail address (optional)	

Part 3 - Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD	MM	YYYY
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please give a general description of the premises (please read guidance note 1)
Hotel with public bar and restaurant.

Note - the hotel is to undergo an extensive refurbishment which will include the construction of additional accommodation. The current licence (PL(A)0350) will be surrendered at the appropriate time after the satisfactory grant of this application. The hotel will be renamed The Coniston Inn.

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

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

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

In all cases complete boxes K, L and M

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					
Wed			State any seasonal variations for performing plays (please read guidance note 5)		
Thur					
Fri					
Sat			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)		
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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	1000	0000			
Tue	1000	0000			
Wed	1000	0000	State any seasonal variations for the exhibition of films (please read guidance note 5)		
Thur	1000	0000			
Fri	1000	0000			
Sat	1000	0000	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) This activity may continue from the finish to the start time on New Year's Day		
Sun	1000	0000			

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			State any seasonal variations for indoor sporting events (please read guidance note 5)
Tue			
Wed			
Thur			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 (please read guidance note 6)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment 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			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)	
Tue				
Wed				
Thur			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 (please read guidance note 6)	
Fri				
Sat				
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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	1000	0000			
Tue	1000	0000			
Wed	1000	0000	State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur	1000	0000			
Fri	1000	0000			
Sat	1000	0000	Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sun	1000	0000	This activity may continue from the finish to the start time on New Year's Day		

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both - please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	1000	0000			
Tue	1000	0000			
Wed	1000	0000	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	1000	0000			
Fri	1000	0000			
Sat	1000	0000	Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sun	1000	0000	This activity may continue from the finish to the start time on New Year's Day		

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	1000	0000			
Tue	1000	0000			
Wed	1000	0000	State any seasonal variations for the performance of dance (please read guidance note 5)		
Thur	1000	0000			
Fri	1000	0000	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)		
Sat	1000	0000	This activity may continue from the finish to the start time on New Year's Day		
Sun	1000	0000			

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		
			Will this entertainment take place indoors or outdoors or both - please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	1000	0000			
Tue	1000	0000			
Wed	1000	0000	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Thur	1000	0000			
Fri	1000	0000	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 (please read guidance note 6)		
Sat	1000	0000	This activity may continue from the finish to the start time on New Year's Day		
Sun	1000	0000			

I

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both - please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input checked="" type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 4)					
Mon	2300	0000						
Tue	2300	0000						
Wed	2300	0000				State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur	2300	0000						
Fri	2300	0000						
Sat	2300	0000	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)					
Sun	2300	0000	This activity may continue from the finish to the start time on New Year's Day					

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption - please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>						
				Off the premises	<input type="checkbox"/>						
				Both	<input checked="" type="checkbox"/>						
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)								
Mon	1000	0000									
Tue	1000	0000									
Wed	1000	0000									
Thur	1000	0000							Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 6)		
Fri	1000	0000							This activity may continue from the finish to the start time on New Year's Day		
Sat	1000	0000	No such time restriction shall apply to residents or their bona fide guests								
Sun	1000	0000									

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 John Richard Dodsworth	
Date of birth	
Address	
Postcode	
Personal licence number (if known) DOE1005	
Issuing licensing authority (if known) Easington/Durham	

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).

None

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 6) The premises may remain open from the finish to the start time on New Year's Day No restriction shall apply to residents or their bona fide guests
Mon	0700	0030	
Tue	0700	0030	
Wed	0700	0030	
Thur	0700	0030	
Fri	0700	0030	
Sat	0700	0030	
Sun	0700	0030	

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)

Having had regard to the locality and the nature of the premises, and having had discussions with the Police, the attached schedule of conditions are appropriate and proportionate

(b) The prevention of crime and disorder

(c) Public safety

(d) The prevention of public nuisance

(e) The protection of children from harm

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.

Declaration	<ul style="list-style-type: none"> ● [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15). ● The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, 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) 		
Signature	Richard Arnot		
Date	22.8.19		
Capacity	Solicitor for the Applicant		
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) Richard Arnot, Ward Hadaway Sandgate House 102 Quayside Newcastle upon Tyne 30 - DX 730360			
Post town	Newcastle upon Tyne	Postcode	NE1 3DX
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

CONDITIONS

1. CCTV

- 1.1 CCTV shall be installed and maintained at the premises providing coverage of areas to which the public have access (excluding toilet areas).
- 1.2 CCTV shall continually record whilst the premises are open to the public and recordings shall be kept for a minimum of 28 days.
- 1.3 A staff member who is able to operate the CCTV system shall be present at all times that they are open to the public.
- 1.4 CCTV footage shall be provided to the Police or an authorised Officer of the Licensing Authority in an easily downloadable format following the receipt of a request.

2. INCIDENT LOG

- 2.1 An incident log (whether in written or electronic form) shall be maintained and kept for not less than 6 months.
- 2.2 The following incidents shall be recorded
 - (a) all alcohol related crimes reported to the management of the premises
 - (b) any alcohol related incidents of disorder
 - (c) any refusal of the sale of alcohol.

3. TRAINING

- 3.1 All relevant staff shall receive training in respect of their responsibilities under the Licensing Act 2003.
- 3.2 No relevant member of staff shall be permitted to sell alcohol until such time as they have successfully completed training.
- 3.3 Training records shall be kept for each relevant member of staff for a minimum of one year and shall be made available for inspection by the Police or an authorised Officer of the Licensing Authority.
- 3.4 Refresher training shall be given regularly and a record of such training kept.

4. PROOF OF AGE

- 4.1 The Premises Licence Holder shall operate a proof of age scheme, such as Challenge 25, whereby the only forms of acceptable identification shall either be a photographic driving licence, a passport, military identification or any other recognised form of photographic identification incorporating the PASS logo, or any other form of identification from time to time approved by the Secretary of State.

5. **NOISE**

5.1 No noise shall emanate from the premises nor vibration transmitted through the structure of the premises as a consequence of a licensable activity permitted by this licence which gives rise to a nuisance.

6. **GENERAL**

6.1 No time restriction shall apply to the sale or supply of alcohol to residents or their bona fide guests.

EMERGENCY LIGHTING SYSTEM
 An independent self-contained non-maintained system, type NCA180, will be installed in accordance with BS 5268-1:2011, Emergency Lighting Part 1. Code of Practice for Emergency Lighting of premises other than premises and certain other specified premises for entertainment and BS5268-2:2004, BS 5268 - 2:2004 Lighting Applications - Emergency Lighting. Luminaires will be located in the approximate positions indicated on this drawing.

- 1 W self contained maintained exit sign with appropriate legends and arrows
- 2 W self contained maintained light and exit sign with appropriate legends and arrows
- 3 W self contained non-maintained emergency luminaire

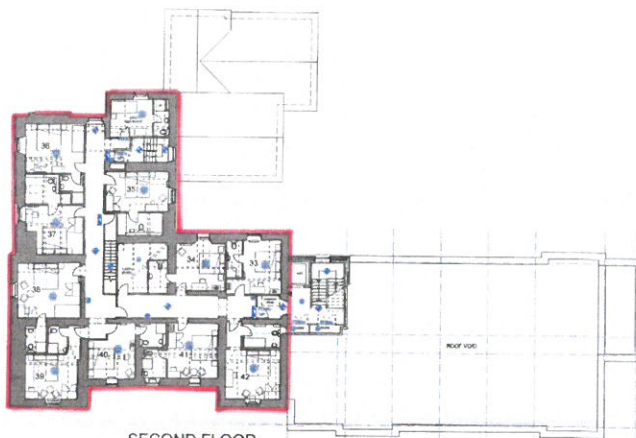
FIRE ALARM SYSTEM
 A Fire Alarm system will be installed to BS 5836-1:2013 Code of Practice for system design, installation, commissioning and maintenance, comprising of devices as indicated.
 The system is subject to the following variations:
 A) As Clause 22.2.2, the manual call points in the Restaurant have been omitted to prevent malicious false alarms. A call point for staff activation is provided in a constantly staffed area. B
 B) As Clause 22.3, smoke detector omitted from small offices, where general smoke detector cover is adequate.

- 1 Fire alarm panel
- 2 Manual call point
- 3 Sounder
- 4 Automatic heat detector
- 5 Automatic smoke detector
- 6 Automatic smoke detector in void with ceiling mounted indicator/beacon
- 7 Zoned beacon
- 8 Combined smoke detector and sounder

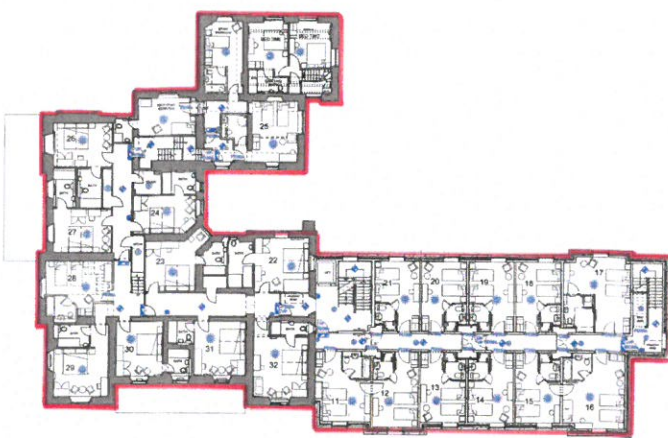
MUSIC TO AUTOMATICALLY SWITCH OFF UPON ACTIVATION OF FIRE ALARM.

All fire exit signage and other fire notices are to comply with requirements of BS 5446-1:2002.

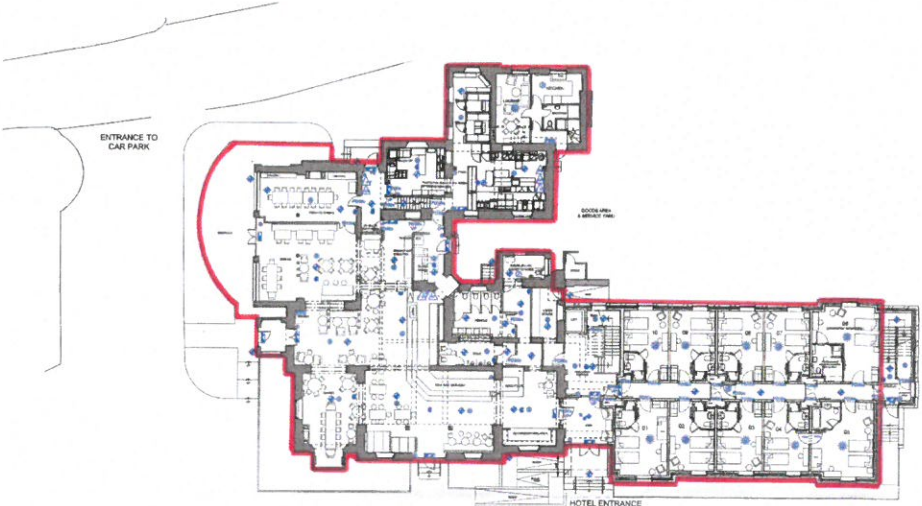
- FD03 Half hour fire resistant door and frame, self closing and fitted with certified intumescent strip and cold smoke seal. To be fitted with 'Fire door keep shut' signs.
- FD04 One hour fire resistant door and frame, self closing and fitted with certified intumescent strip and cold smoke seal. To be fitted with 'Fire door keep shut' signs.
- PE Panic release push bar door fastening.
- VP Vision panel: 5mm clear Georgian wired, or clear fire stop glass fixed by the glazing beads set between min. 800mm and 1800mm above R.
- DH Magnetic door holder.
- EX Off duty purpose extinguisher, 5.5 litre to 5423 electrically non-conducting 13A + 1130 rating.
- EX 6 litre wet chemical extinguisher.
- EX CO2 extinguisher.
- EX Fire blanket.



SECOND FLOOR



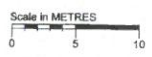
FIRST FLOOR



GROUND FLOOR



BASEMENT



REVISIONS		
NO.	DATE	DESCRIPTION

DO NOT SCALE
 ALL DIMENSIONS TO BE CHECKED ON SITE
 BEFORE ANY WORK COMMENCES
 UNLESS OTHERWISE SPECIFIED

BXB
 CONSULTING ENGINEERS
 64 BAYLIS ROAD
 NEWCASTLE UPON TYNE
 NE4 6JZ
 TEL: 0191 221 2281 FAX: 0191 261 4812
 Email: info@bxbenr.com

THE BIN COLLECTION GROUP

PROJECT: WATERHEAD HOTEL DEVELOPMENT
CONTRACTOR: HAWKSHED ROAD
TITLE: LICENSING PLAN

DRWING NO.	691-(L)-01	REV.	
DATE		SCALE	DATE
LN	1,200 @ A1		JULY 18