

South Lakeland District Council

Receipt No .....

Initials .....

Date .....

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

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

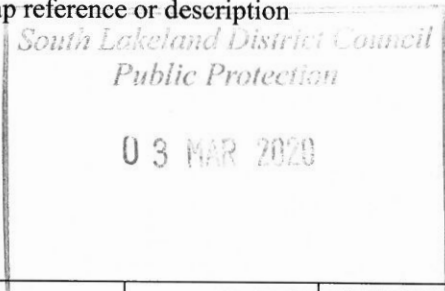
You may wish to keep a copy of the completed form for your records.

I/We Travelodge Hotels 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			
Travelodge Kendal Riverside Place Lound Road			
<b>Post town</b>	Kendal	<b>Postcode</b>	LA9 7FW

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ Not yet rated - under construction

**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                         | <input checked="" type="checkbox"/> please complete section (B) |
| ii. as a partnership                            | <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 ☐ 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:

Please tick yes

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		
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)					

**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 Travelodge Hotels Limited
Address Sleepy Hollow Aylesbury Road Thame Oxon OX9 3AT
Registered number (where applicable) 00769170
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? ASAP

DD	MM	YYYY
<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"/>

Please give a general description of the premises (please read guidance note 1)

The premises will operate as a Travelodge hotel with 69 bedrooms and café bar located on the ground floor.

The hotel will be open 24 hours a day. Between the hours of 23:00 and 10:00 the sale of alcohol will be restricted to hotel residents and bona fide guests of hotel residents.

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any 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 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 (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

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

☒

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

☒

In all cases complete boxes K, L and M

# A

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		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 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
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 5)		
Sat					
Sun					

# B

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		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 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for the</b>		

			<u>exhibition of films at different times to those listed in the column on the left, please list</u> (please read guidance note 5)
Sat			
Sun			

C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue			
Wed			
Thur			<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 5)
Fri			
Sat			
Sun			

D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	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 3)		
Mon					
Tue					

Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)
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 5)
Sat			
Sun			

## E

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" 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 3)		
Tue					
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
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 5)		
Sat					
Sun					

# F

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		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 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Thur					
Fri					
Sat			<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 5)		
Sun					

# G

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		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 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)		
Thur					
Fri					
			<b>Non standard timings. Where you intend to use the premises for the</b>		

			<b>performance of dance at different times to those listed in the column on the left, please list</b> (please read guidance note 5)
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 6)			Please give a description of the type of entertainment you will be providing	
Day	Start	Finish	<b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue			<b>Please give further details here</b> (please read guidance note 3)	
Wed				
Thur			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4)	
Fri				
Sat			<b>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</b> (please read guidance note 5)	
Sun				

# I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors	<input checked="" type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3) Provision of hot food and drinks			
Mon	23:00	05:00				
Tue	23:00	05:00				
			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)			
Wed	23:00	05:00				
Thur	23:00	05:00				
			<b>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</b> (please read guidance note 5)			
Fri	23:00	05:00				
Sat	23:00	05:00				
Sun	23:00	05:00				

# J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 7)		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 4)			
Mon	00:00	24:00				
	24	hours				
Tue	00:00	24:00				
	24	hours				
Wed	00:00	24:00				
	24	hours	<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 5)			
Thur	00:00	24:00				
	24	hours				
Fri	00:00	24:00				

	24	hours	
Sat	00:00	24:00	
	24	hours	
Sun	00:00	24:00	
	24	hours	

**State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:**

Name Niki Keith Edward Brightman	
Date of Birth	
Address   	
Postcode	
Personal licence number (if known) PE1575	
Issuing licensing authority (if known) Aylesbury Vale District Council	

**K**

<p><b>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 8).</b></p> <p>N/A</p>
--

**L**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b><u>State any seasonal variations</u></b> (please read guidance note 4)
Day	Start	Finish	
Mon	00:00	24:00	
	24	hours	
Tue	00:00	24:00	
	24	hours	
Wed	00:00	24:00	
	24	hours	
Thur	00:00	24:00	
	24	hours	
Fri	00:00	24:00	
	24	hours	
Sat	00:00	24:00	
	24	hours	
Sun	00:00	24:00	
	24	hours	
			<b><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></b> (please read guidance note 5)

**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 9)**

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

1. A colour digital CCTV system will be installed and maintained to the satisfaction of the Police and licensing authority. Recordings from the installed CCTV are to be kept for 31 days. These recordings shall be immediately available for inspection and viewing on the premises by Police and/or licensing authority officers on request.
2. Hard copy recordings of CCTV footage in a playable format must be provided to Police and/or licensing authority officers within 48 hours of their request.
3. The premises must ensure the CCTV system is operating and recording 24 hours every day (save for the purpose of maintenance).
4. The licence holder will ensure all members of staff are trained in the requirements of the Licensing Act and other relevant legislation.
5. The premises licence holder will adopt a Challenge 21 scheme at the premises and display appropriate notices advising the scheme is in place at the hotel.
6. Between the hours of 23:00 to 10:00 the following day the sale of alcohol will be restricted to hotel residents and bona fide guests of hotel residents.
7. After 23.00 access to the hotel is restricted to residents with a key card.

**c) Public safety**

Please see (b) above and (e) below.

**d) The prevention of public nuisance**

8. Notices shall be prominently displayed near all exits from the premises asking patrons to leave quietly with consideration for neighbours.

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

9. Persons under 16 years of age will be accompanied by an adult in the area where licensable activities take place.

**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 10)

**Signature of applicant or applicant's solicitor or other duly authorised agent** (see guidance note 11).  
**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	<i>Woods Whur</i>
Date	2 March 2020
Capacity	Woods Whur 2014 Limited - Solicitors for the Applicant

**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 12). **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 13)

Carole Collingwood  
Woods Whur 2014 Limited  
St James House  
28 Park Place

Post town	Leeds	Postcode	LS1 2SP
Telephone number (if any)	0113 234 3055		

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)  
carole@woodswhur.co.uk

I

Nationality:

Place of Birth:

Of

hereby confirm that I give my consent to be specified as the designated premises supervisor  
in relation to the application for

Grant of Premises Licence

by Travelodge Hotels Limited

relating to premises licence

for Travelodge Kendal, Riverside Place, Lound Road, Kendal, LA9 7FW

and any premises licence to be granted or varied in respect of this application made by

Travelodge Hotels Limited

concerning the supply of alcohol at

Travelodge Kendal, Riverside Place, Lound Road, Kendal, LA9 7FW

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend  
to apply for or currently hold a personal licence, details of which I set out below.

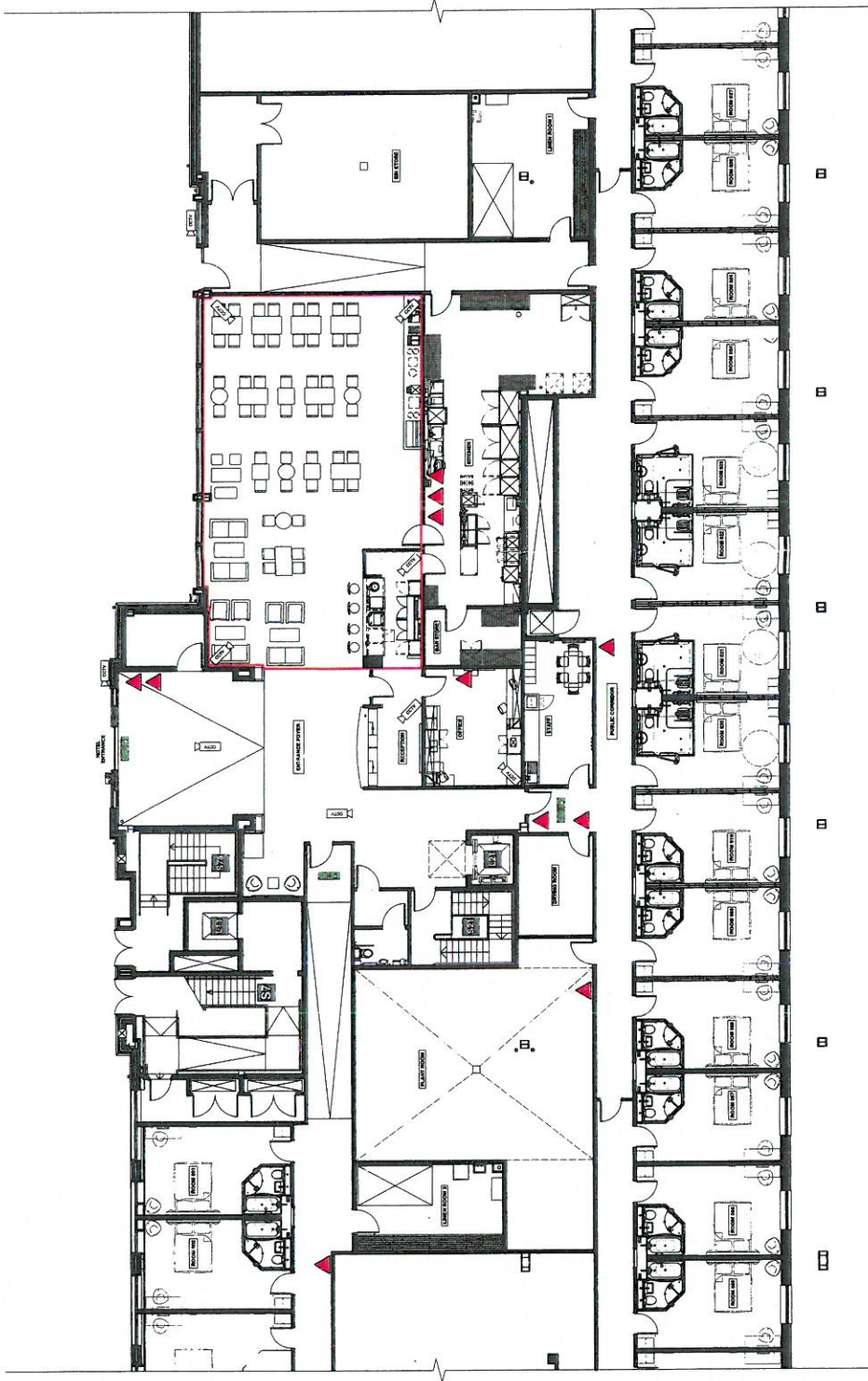
Personal licence number - PE1575

Personal licence issuing authority - Aylesbury Vale District Council

Signed .

Name Niki Keith Edward Brightman

Dated .....26/2/20.....



KEY:

- LICENCE AREA (82 PEOPLE)
- FIRE EXTINGUISHER
- CCTV
- FIRE EXIT WITH SIGNAGE

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scale bar 1:100 @ A1



**Kvillage**

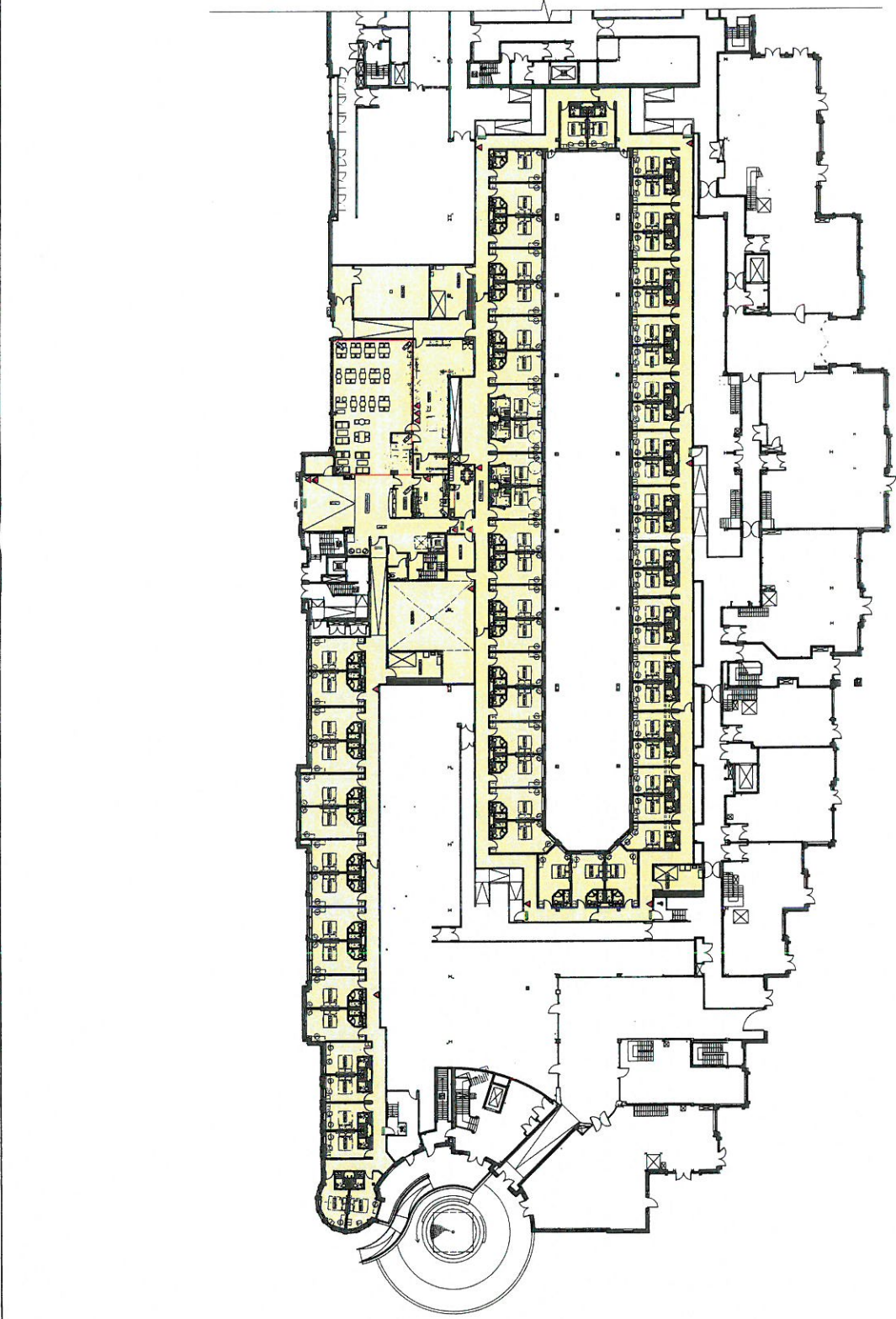
KENDAL K VILLAGE  
TRAVELODGE  
LA9 7FH

LICENCE PLAN  
PART GROUND FLOOR

**CRAIG  
FOSTER  
ARCHITECTS**

date : 30.01.2020  
scale : 1:100 @ A1

dwg no. 18111(14)003  
rev (A)



KEY:

- TRAVELODGE DOMINE
- LICENCE AREA (42 PEOPLE)
- FIRE EXTINGUISHER
- CCTV
- FIRE EXIT WITH SIGNAGE

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scale bar 1:250 @ A1



Kvillage

KENDAL K VILLAGE  
TRAVELDGE  
LAS 7FH

LICENCE PLAN  
GROUND FLOOR

CRAIG  
FOSTER  
ARCHITECTS

date:  
30/01/2020  
scale  
1:250 @ A1

dwg no.  
18111(14)002  
rev  
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