We Bluebird Inns Limited

(Insert name 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 addre	ess of premises: The Lake View ermere	Bar & Grill Glebe Ro	ad, Bowness-
Post town	Windermere	Postcode	LA23 3HE

Non-domestic rateable value of premises £ 69,500.00	Non-domestic rateable value of premises	£ 69,500.00
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Part 2 - Applicant details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- b) a person other than an individual *
 - i as a limited company/limited liability partnership

please complete section (B)

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities.

(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	luel	bird	Inns	Limited
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Address: The Wellington - St James Road, Eccleston Park, Prescot, Lancashire L34 2RH

Registered number: 12792717

Description of applicant: A Private Limited Company

^{*} If you are applying as a person described in (a) or (b) please confirm (by ticking yes to one box below):

Please give a general description of the premises: A restaurant/bar situated above a gambling arcade.

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

Please tick all that apply

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

In all cases complete boxes K, L and M

J

Supply of alcohol Standard days and timings			Will the supply of alcohol be for consumption – please tick	Both	1
Mon	10:00	24:00	State any seasonal variations for the supply of alcohol		
Tue	10:00	24:00	NOT APPLICABLE		
Wed	10:00	24:00			
Thur	10:00	24:00	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 NOT APPLICABLE		
Fri	10:00	24:00		<u>ie</u>	
Sat	10:00	24:00			
Sun	10:00	24:00			

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):

Name: Margaret Christine Murphy	
Date of birth:	
Address:	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known) Knowsley C	ouncil

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.

NOT APPLICABLE

L

Hours premises are open to the public Standard days and timings			State any seasonal variations NOT APPLICABLE
Day	Start	Finish	
Mon	10:00	24:00	
	00:00	00:30	
Tue	10:00	24:00	
	00:00	00:30	
Wed	10:00	24:00	
	00:00	00:30	Non-standard timings. Where you intend the premises to be
Thur	10:00	24:00	open to the public at different times from those listed in the column on the left, please list
	00:00	00:30	NOT APPLICABLE
Fri	10:00	24:00	
	00:00	00:30	
Sat	10:00	24:00	
	00:00	00:30	
Sun	10:00	24:00	
	00:00	00:30	

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)

Accordance with the Licensing Act (2003)

Adherence to the Data Protection Act (2018)

Adherence to the Protection Of Freedoms Act (2012)

Conformity with the Regulatory Reform (Fire Safety) Order 2005

Observance of the Health Act (2005)

Accordance with the General Data Protection Regulations 2016

Compliance with the Regulatory Reform (Fire Safety) Order 2005

Compliance with the Food Safety Act (1990)

b) The prevention of crime and disorder

CCTV shall be installed at the premises in the form of a recordable system, capable of providing clear, good quality images in all lighting conditions.

Cameras shall encompass all entrances and exits to the premises, any external seating or smoking areas, all areas where the sale, supply or consumption of

Alcohol occurs and all other areas where licensable activity takes place.

Equipment shall be maintained in good working order and checked on a regular basis to ensure it displays the correct time and date.

The system shall record in real time and operate during the hours of licensable activity as stated on the premises licence.

The data shall be retained for a period of 31 days.

The recording equipment shall be kept in a secure

Environment under the control of the premises licence holder or other responsible named individual.

Signage requesting patrons to leave bottles & glasses on the premises.

c) Public safety

The premises to have adequate illumination at the entrance of the premises during dusk hours of operation.

A good housekeeping regimen to be in place to maintain the curtilage of the building during house of operation.

A fully maintained first aid box to be on site.

A trained first aider to be on site.

d) The prevention of public nuisance

A sign to be located at the exit requesting that customers leaving the premises do so quietly. A good housekeeping regimen to be in place to maintain the curtilage of the building during hours of operation.

e) The protection of children from harm

'Challenge 21' proof of age scheme shall be operated.
All members of staff at the premises shall seek ACPO approved photographic proof of age evidence from any such person who appears to be under the age of 21 years and who is seeking to purchase alcohol.

Checklist:

Please tick to indicate agreement

•	I have made or enclosed payment of the fee.	X
•	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.	✓

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

Signature of applicant or applicant's solicitor or other duly authorised agent . If signing on behalf of the applicant, please state in what capacity.

Declaration	• 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.
Signature	
Date	17 th December 2020
Capacity	Agent for the applicant

Contact name and postal address for correspondence ass Karl Barry	ociated with this application:	
Post town	Postcode	
Telephone number (if any)		
If you would prefer us to correspond with you by e-mail	, your e-mail address:	

MARGARET CHRISTINE MURP full name of prospective premises supervis	PHY sor)
of	
promo accusa or prospective promises still	
hereby confirm that I give my consi	ent to be specified as the designated premises supervisor in relation to
THE GRANT OF A PREMISES I	LICENCE.
BLUEBIRD INNS LIMITED [name of applicant]	
for	
THE LAKE VIEW BAR & GRILL WINDERMERE, WINDERMERE (name and address of premises to which the	L GLEBE ROAD, BOWNESS-ON- E, CUMBRIA LA23 3HE.
	nted or varied in respect of this application made by
BLUEBIRD INNS LIMITED	ace of varied in respect of this application made by
[name of applicant]	
concerning the supply of alcohol at	
THE LAKE VIEW BAR & GRILL WINDERMERE, WINDERMERE, Iname and address of premises to which app	CUMBRIA LA23 3HE
I also confirm that I am entitled to we of which I set out below.	ork in the United Kingdom and currently hold a personal licence, details
Personal licence number	
(insert personal licence number)	
Personal licence issuing authority KNOWSLEY COUNCIL	
insert name of personal licence issuing authorized	ority]
Signed	
ame (please print)	MARGARET C MURPHY
ate	3 rd DECEMBER 2020

