

The Shaws of Grange Brewing Company Ltd  
Unit 12  
Station Yard  
Grange over Sands  
LA11 6DW

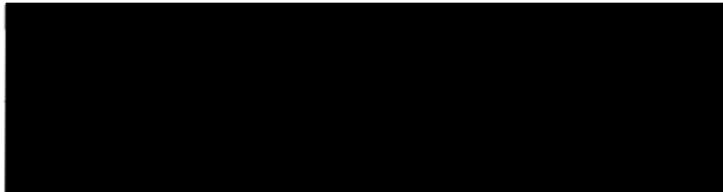
30th January 2021

LicensingSection  
South Lakeland District Council  
SouthLakeland House  
Lowther Street  
Kendal  
LA9 4UQ

To whom it may concern

Please find enclosed our application for a premises licence, we are a small techno brewery and wish to have the option for the general public being able to collect ales from our premises.

Could you please advise the account details to send the payment for the application. Please email to [shawsofgrange@gmail.com](mailto:shawsofgrange@gmail.com) I can then send payment by return and hopefully our application can be dealt with on receipt of payment.



Director

SOUTH LAKELAND  
DISTRICT COUNCIL

02 FEB 2021

RECEIVED  
POST ROOM



**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 THE SHAW'S OF GRANGE BREWING COMPANY LTD  
*(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 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			
Unit 12 Station Yard			
Post town	Grange-over-Sands	Postcode	LA11 6DW
Telephone number at premises (if any)		01539555349	
Non-domestic rateable value of premises		£ 46318	

**Part 2 - Applicant details**

Please state whether you are applying for a premises licence as **Please tick as appropriate**

- |  |                               |
|--|-------------------------------|
| a) an individual or individuals *                    | please complete section (A)   |
| b) a person other than an individual *               |                               |
| i as a limited company/limited liability partnership | please complete section (B) ✓ |
| ii as a partnership (other than limited liability)   | please complete section (B)   |
| iii as an unincorporated association or              | please complete section (B)   |
| iv other (for example a statutory corporation)       | please complete section (B)   |
| c) a recognised club                                 | please complete section (B)   |
| d) a charity   | please complete section (B)   |



**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over		Please tick yes	
<b>Nationality</b>					
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	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**(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	The SHAW'S OF GRANGE BREWING Company Ltd
Address	Unit 12 Station Yard Grange-over-SANDS LA11 6DW
Registered number (where applicable)	12024078
Description of applicant (for example, partnership, company, unincorporated association etc.)	Limited company



Telephone number (if any)	015395 55349
E-mail address (optional)	shaws@grange@gmail.com.

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
01	03	2021

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)

Small Industrial Unit, surrounded by other businesses, garages, paint shop and wedding Cakes. To be used as a Techobrewery. Customers to collect Ales from business only.

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**



**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	
				Off the premises	✓
				Both	
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)		
Mon	9	4.30			
Tue	9	4.30			
Wed	9	4.30			
Thur	9	4.30			
Fri	9	4.30			
Sat	9	4.30			
Sun			<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)		

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>	[REDACTED]
<b>Date of birth</b>	[REDACTED]
<b>Address</b>	[REDACTED]
<b>Postcode</b>	[REDACTED]
<b>Personal licence number (if known)</b>	[REDACTED]
<b>Issuing licensing authority (if known)</b>	South Lakeland District Council



**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).

N/A

**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	<p>N/A</p> <p><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)</p> <p>N/A</p>
Mon	9	430	
Tue	9	430	
Wed	9	430	
Thur	9	430	
Fri	9	430	
Sat	9	430	
Sun	<del>                    </del>		



## 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)**

Nothing beyond existing health and safety / fire safety / 25 rule etc requirements.

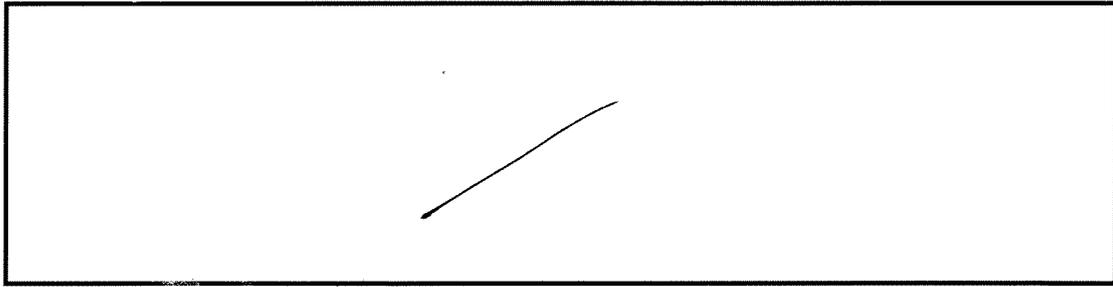
b) **The prevention of crime and disorder**

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. *awaiting payment details but will be done by return*
- 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</li></ul>
--------------------	---



	<p>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).</p> <ul style="list-style-type: none"> <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	[Redacted]
Date	30/1/21
Capacity	Manager / DPS

**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) [Redacted]			
Post town	[Redacted]	Postcode	[Redacted]
Telephone number (if any)		[Redacted]	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) [Redacted]			



Consent of individual to being specified as premises supervisor

[redacted]

[full name of prospective premises supervisor]

of

[redacted]

[home address of prospective premises supervisor]

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

PREMISES LICENSE  
[type of application]

by

The shaws of GRANGE Brewing Company Ltd  
[name of applicant]

[redacted]

relating to a premises licence

[number of existing licence, if any]

for

The shaws of Grange Brewing Company Ltd  
Unit 12  
Station Yard  
GRANGE-OVER-SANDS  
LA11 6DW  
[name and address of premises to which the application relates]

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

The shaws of Grange Brewing company Ltd  
[name of applicant]

concerning the supply of alcohol at

n



Unit 12  
Station Yard  
George-over-sands  
W11 6DU

[name and address of premises to which application relates]

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

[REDACTED]

Personal licence issuing authority

South Lakeland District Council

[insert name and address and telephone number of personal licence issuing authority, if any]

[REDACTED]

[REDACTED]

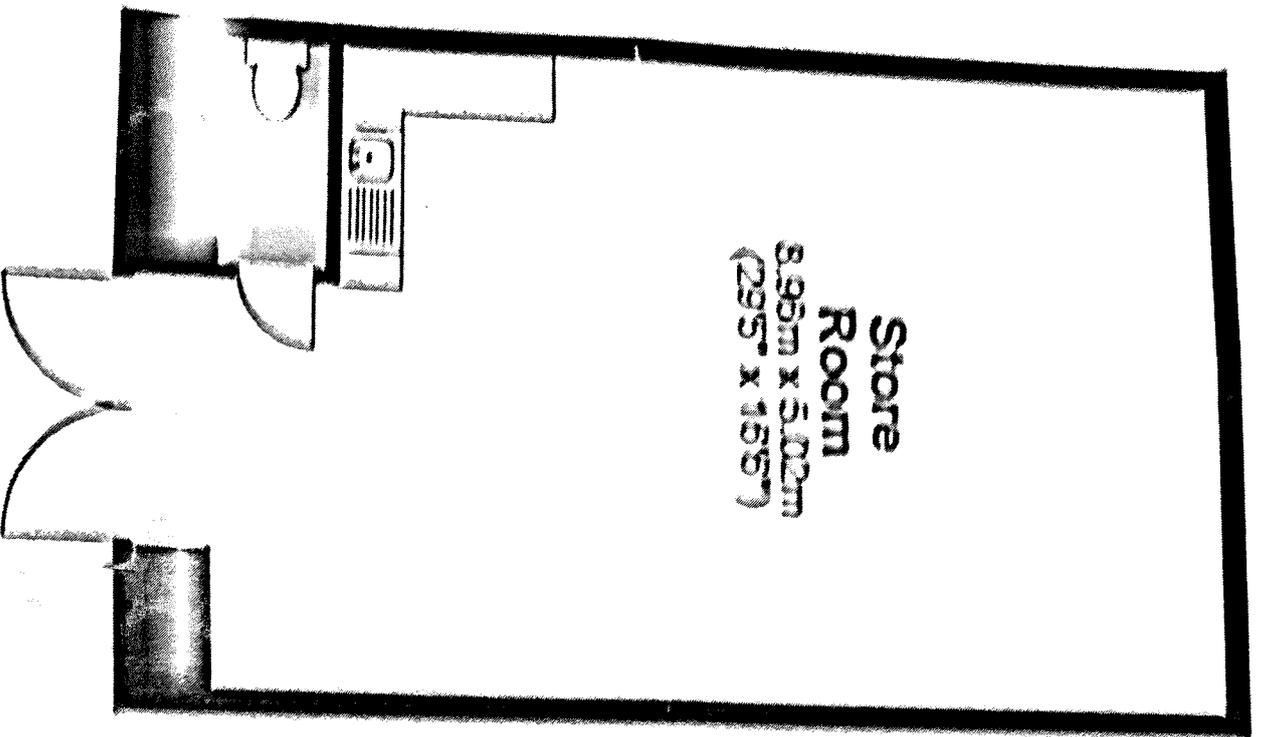
Name (please print)

30/1/21

Date

1

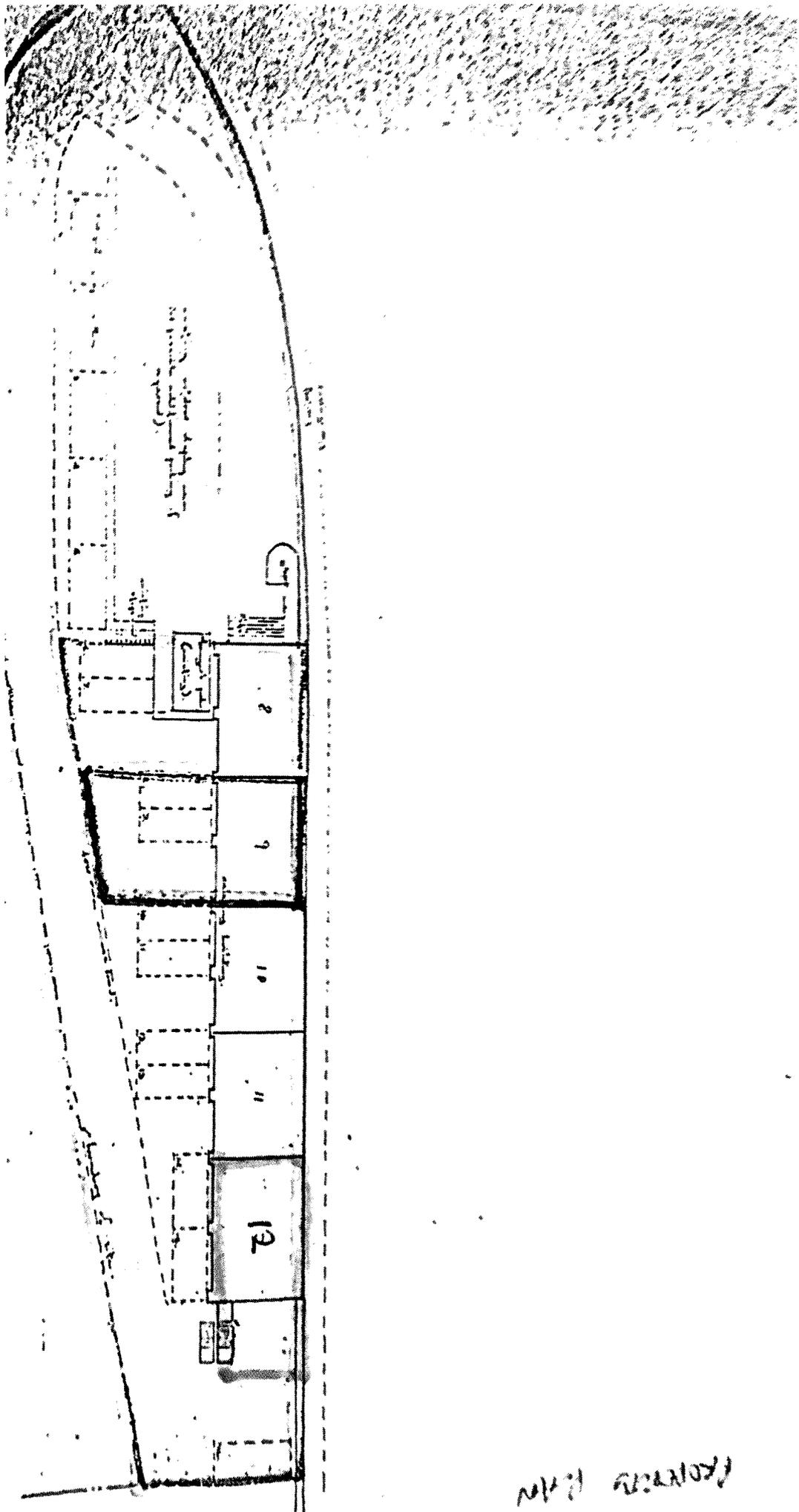




Total area: approx 45.0 sq. metres (484.2 sq. feet)

For illustrative purposes only. NOT TO SCALE. REF: 62423



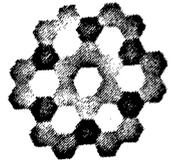


KORREKTUR PLAN



HM Land Registry  
Official copy of  
title plan

Title number **CU227793**  
Ordnance Survey map reference **SD4178SW**  
Scale **1:1250 enlarged from 1:2500**  
Administrative area **Cumbria : South  
Lakeland**



© Crown Copyright Produced by HM Land Registry. Reproduction in whole or in part is prohibited without the prior written permission of Ordnance Survey Licence number 100026316

