



THE LICENSING PRACTICE LTD
Specialists in Local Authority Licensing

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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 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.

We **Partington Holiday Centres Limited** apply for 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, ordinance survey map reference or description
Black Beck Holiday Park

Post town **Ulverston**

Post code **LA12 8JN**

Telephone number of premises (if any)

Non domestic rateable value of premises

£105,750

Part A2 - Applicant Details

Please state the capacity in which you are applying to convert your existing licence

Please tick

a) an individual or individuals		please complete section(A)
b) a person other than an individual		please complete section (B)
i. as a limited company	✓	please complete section (B)
ii. as a partnership		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)
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		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 ✓

- 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		Mrs		Miss		Ms		Other title (for example, Rev)	
Surname						First names			
Please tick ✓ yes									
I am 18 years old or over									<input type="checkbox"/>
Current postal address if different from premises address									
Post Town							Postcode		
Daytime contact telephone number									
Email address (optional)									

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Mr		Mrs		Miss		Ms		Other title (for example, Rev)	
Surname						First names			
Please tick ✓ yes									
I am 18 years old or over									<input type="checkbox"/>
Current postal address if different from premises address									
Post Town							Postcode		
Daytime contact telephone number									
Email address (optional)									

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (other than a body corporate), please give the name and address of each party concerned.

Name	Partington's Holiday Centres Limited
Address	Chapel Court 204 Fleetwood Road North, Thornton Cleveleys Lancs. FY5 4BJ
Registered number (where applicable)	Company No. 00391104
Description of applicant (for example, partnership, company, unincorporated association etc.)	Limited Company
Telephone number (if any)	01253 338260
E-mail address (optional)	

Part 3 Operating Schedule

	Day		Month		Year			
When do you want the premises licence to start?	2	4	0	4	2	0	2	1

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

If 5000 or more people attend the premises at any one time, please state the number expected to attend	N/A
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Please give a general description of the premises (please read guidance note 1)
The site is a Holiday Park with caravans providing accommodation for owners and guests together with a wide range of facilities. There is in place an existing Premises Licence for a shop on the park Licence number PL9A0029970. This application seeks to licence the grounds of the park and will specifically exclude all buildings and permanent structures.

What licensable activities do you intend to carry on from the premises?
 (Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Please tick Yes

Provision of regulated entertainment

a) plays	
b) films	
c) indoor sporting events	
d) boxing or wrestling entertainment	
e) live music	
f) recorded music	
g) performances of dance	
h) anything of a similar description to that falling within (e), (f) or (g)	

Provision of late night refreshment (if ticking yes, fill in box I)	
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Sale by retail of alcohol (if ticking yes, fill in box J)	<input checked="" type="checkbox"/>
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In all cases complete boxes K, L and M

Boxes A to I not applicable in this application

Supply of alcohol Standard days and timings (please read guidance note 8)			Will the supply of alcohol be for consumption (Please tick Box Y) [please read guidance note 13]	On the premises	
Day	Start	Finish		Off the premises	
Mon	09.00hrs	23.00hrs	State any seasonal variations for the supply of alcohol (please read guidance note 11)	Both	<input checked="" type="checkbox"/>
Tues	09.00hrs	23.00hrs			
Wed	09.00hrs	23.00hrs			
Thur	09.00hrs	23.00hrs			
Fri	09.00hrs	23.00hrs			
Sat	09.00hrs	23.00hrs			
Sun	09.00hrs	23.00hrs			
				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 12).	

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

Name: [REDACTED]

Address & Postcode [REDACTED]

Personal licence number (if known) PA037917

Issuing licensing authority (if known) South Lakeland District Council

N

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)

None

O

Hours premises are open to the public Standard days and timings (please read guidance note 8)			<u>State any seasonal variations</u> (please read guidance note 11)	
Day	Start	Finish	None	
Mon	00.01hrs	24.00hrs		
Tue	00.01hrs	24.00hrs		
Wed	00.01hrs	24.00hrs		
Thur	00.01hrs	24.00hrs		<u>Non standard timings. Where you intend to use 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 12)
Fri	00.01hrs	24.00hrs		
Sat	00.01hrs	24.00hrs		
Sun	00.01hrs	24.00hrs		

P

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)**

The principal use of the site will be that of holiday caravan park and the licensable activities are ancillary thereto.

The provisions within this licence will only apply to the external areas of the Holiday Park and specifically exclude all buildings and permanent structures.

Alcohol will be sold or supplied only to:

- a) Persons residing permanently or temporarily at Partingtons Holiday Centre.
- b) Club members
- c) Managers and staff employed by Partingtons Holiday Centre.
- d) Visitors attending a bona fide organised function.
- e) Bona fide guests of any of the above

- b) The prevention of crime and disorder**

The Designated Premises Supervisor when present and all members of staff shall ensure that all lawful instructions and or directions given by the Police are complied with.

Another member of staff shall be nominated to act for the Designated Premises Supervisor, in their absence, whose identity is known by all other staff when such absence occurs.

An authorisation of sales, signed and dated by the Designated Premises Supervisor, shall be kept at the site showing all persons authorised by them to make sales of alcohol at the premises.

At least one Personal Licence holder will be contactable while the supply of alcohol is being undertaken. The identity of the respective Personal Licence holder will be known to all other staff engaged in the supply of alcohol.

All members of staff shall receive suitable training with regard to serving drunks and are to receive regular refresher training. Records to evidence this will be made available to an authorised officer upon request.

Off sales from the site shall be in sealed containers only.

Appropriate measures shall be taken to ensure staff prevent the removal of bottles or glasses from the curtilage of the licensed area.

Adequate provision shall be made to prevent unauthorised access to the storage of empty bottles.

Frequent collection of glasses and bottles shall be undertaken to ensure that empty containers do not accumulate in or around the licensed area.

Risk assessments carried out by or on behalf of the Licence holder which relate to the licensing objectives will be available for inspection by a police officer or any authorised officer of a responsible authority.

An incident book will be maintained in which shall be recorded

- a) all incidents of crime and disorder
- b) refused sales to suspected underage or drunken persons

c) any person refused admission or asked to leave the site

d) details of occasions upon which the Police are called to the site

The incident book will be available for inspection by a Police Officer or authorised person.

There shall be no promotions that encourage illegal, irresponsible or immoderate consumption of alcohol.

c) Public safety

The Premises Licence Holder shall operate in accordance with all relevant legislation which promotes the public safety objective including, but not limited to, the Health and Safety at Work etc Act 1974 and associate regulations, the Food Safety Act 1990, the Regulatory Reform (Fire Safety) Order 2005 and the Disability Discrimination Act 1995.

Adequate first aid provision shall be available at all times.

d) The prevention of public nuisance

No nuisance shall be caused by noise coming from the area.

e) The protection of children from harm

A Challenge 25 proof of age policy shall be implemented and adhered to. All staff to have received suitable training in relation to the Challenge 25 proof of age scheme. Records to evidence this will be made available to an authorised officer upon request. All staff are to receive regular refresher training at intervals of a maximum of six months.

Suitable signage shall be displayed to specify that a Challenge 25 Policy is in place.

A notice or notices shall be displayed where they can be clearly seen and read and shall indicate that it is unlawful for persons under 18 to purchase alcohol.

- | | | |
|--|---------------|-----|
| | Please tick ✓ | Yes |
| • 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 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, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

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.**



Signature

Date**26th March 2021.**

Capacity **Authorised Agent**

For joint applications signature of 2nd applicant or 2nd 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 address for correspondence associated with this application (please read guidance note 19)	
Robin Atkinson or Rodger Wightman	
The Licensing Practice ,	
3 Cardinal Place,	
Tel: 01253 770810 or 01253 858186	
Post town Cleveleys	Post code FY5 2 SQ
Telephone number (if any) 01253 770810 or 01253 858186	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)	



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E-mail: Licensingpract@aol.com Website:
www.licensingpractice.co.uk.

Consent of individual to being specified as premises supervisor

I, [REDACTED] of

[REDACTED]

hereby confirm that I give my consent to being named as the premises supervisor in relation to the application for a Premises Licence to specify an individual as designated premises supervisor for

Black Beck Holiday Park, Ulverston LA12 8JN

and any premises licence to be granted or varied in respect of this application made by **Partington Holiday Centres Limited**

concerning the supply of alcohol at:

Black Beck Holiday Park, Ulverston LA12 8JN

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 **PA037917**

Personal Licence issuing authority **South Lakeland District Council**

[REDACTED]

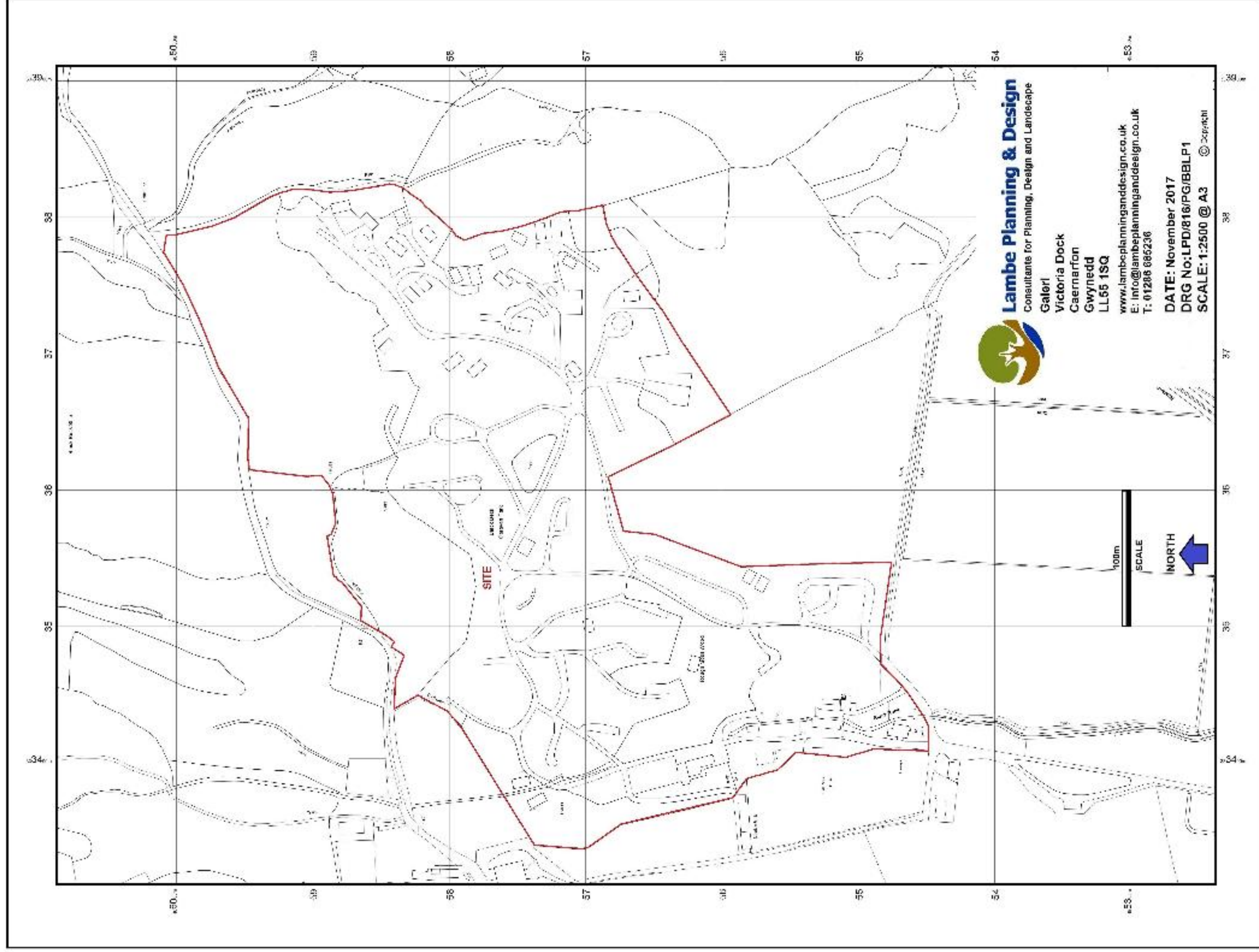
Signed:

Name (Print) [REDACTED]

Dated: **26th March 2021**

Location Plan: Black Beck Holiday Park. Bouth. Ulverston. Cumbria. LA12 8JN.

Applicant: Partingtons Holiday Centres Ltd. Chapel Court. 204 Fleetwood Rd North. Thornton-Cleveleys. Lancashire. FY5 4BJ.



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