

SOUTH LAKELAND DISTRICT COUNCIL

07 APR 2021

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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.

(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 2Friends Café, Unit 1, Blackhall Yard, Stricklandgate			
Post town	Kendal	Postcode	LA9 4LU
Telephone number at premises (if any)		[REDACTED]	
Non-domestic rateable value of premises		£14,500	

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 checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i as a limited company/limited liability partnership | <input 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) |

- 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 (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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname [REDACTED]			First names [REDACTED]		
Date of birth or over [REDACTED]		I am 18 years old <input checked="" type="checkbox"/> Please tick yes			
Nationality British					
Current residential address if different from premises address		[REDACTED]			
Post town	[REDACTED]	Postcode	[REDACTED]		
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)	[REDACTED]				

SECOND INDIVIDUAL APPLICANT (if applicable)

When do you want the premises licence to start?

DD		MM		YYYY			
0	1	0	5	2	0	2	1

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)

The 2Friends Café is an established café in Blackhall Yard, Stricklandgate. The café sits on the corner of Blackhall Yard and the Westmorland Shopping Centre. Directly in front of the café is a wide pavement on to Stricklandgate. The café is directly opposite the Carnegie Library. The café has 12 covers inside and 18 covers outside. The café is on the ground floor only with a galley kitchen and counter. Owned by the café and directly opposite is Unit 14 with an external door opening into a small lobby off of which is the lavatory and wash room. Wheel chair access is available to the café and lavatory. The premises has been an unlicensed café for the previous 4 years and operated as a licensed restaurant prior to that.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

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) | <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)


x
☒

In all cases complete boxes K, L and M

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 checked="" type="checkbox"/>	
				Off the premises	<input type="checkbox"/>	
				Both	<input type="checkbox"/>	
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)			
Mon	18.00	22.30				
Tue	18.00	22.30				
Wed	18.00	22.30				
Thur	18.00	22.30				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	18.00	22.30				
Sat	18.00	22.30				
Sun	12.00	16.00				

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		
Date of birth		
		
Postcode		
Personal licence number (if known) TBC		
Issuing licensing authority (if known)		

□□□□

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).

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			<u>State any seasonal variations</u> (please read guidance note 5)
Day	Start	Finish	
Mon	18.00	22.30	<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)
Tue	18.00	22.30	
Wed	18.00	22.30	
Thur	18.00	22.30	
Fri	18.00	22.30	
Sat	18.00	22.30	
Sun	12.00	16.00	

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)

I pride myself on high standards and an excellent reputation. I consider the moderated consumption of alcohol to be an integral part of a meal. I take my responsibilities as a licensee very highly and understand that the improper use of alcohol can lead to anti-social behaviour and can be dangerous to young people. The prevention of crime and disorder is very important as is the elimination of any public nuisance to residents or neighbours, where that is reasonable. My staff and I will be vigilante about potential under age drinking and we will be proactive in our approach and training. It is my intention that this proposed expansion of my café will serve to enhance the area and help to promote the reputation of Kendal.

b) The prevention of crime and disorder

Crime, disorder and anti-social behaviour will not be tolerated. Anybody behaving this way will be immediately requested to leave the premises. Instances of such behaviour will be reported to the police and the local authority where appropriate. I have a legal and social responsibility to ensure the safety and well being of customers, staff and the general public. Staff will be fully trained in our Age Verification policy with regular training, records and a Refusals Book. The Challenge21 resources is an example of ongoing training and vigilance. The premises has CCTV which is centrally recorded.

c) Public safety

The safety of my customers, staff and the general public is of paramount importance. I will ensure no overcrowding by running a booking service. The premises are relatively small and only occupies the ground floor. In the event of a fire the café including the lavatory can be evacuated very quickly. 2 x 6ltr foam extinguishers and 2 x 1m fire blankets are on site. Staff will be trained in how to deal with such an emergency. The café is compliant with fire safety controls and Food Hygiene & Safety requirements of which I hold levels 1 & 2. I am also a First Aider. There is full wheelchair access in the café and the lavatory. Attention is also paid to the exterior to ensure no hazards for the general public.

d) The prevention of public nuisance

I will ensure that my staff and I take all reasonable steps to prevent disruption or nuisance to my neighbours and the general public. To ensure the image of the café and the street, litter will be collected and a litter bin placed at the entrance for customers. Notices requesting customers to leave the premises quietly will be prominently displayed. Myself and my staff will do the same. Bins for glass bottles will be stored in the store room in the adjacent Unit 14 but I nor my staff will sort these until the following day in order to keep noise down to a minimum. Odours arising from cooking will be kept to a reasonable minimum. If people do complain then I will listen carefully and attempt to agree an acceptable compromise.

e) The protection of children from harm

I believe that we all have a moral responsibility to protect children from harm and I also take my legal responsibilities to prevent children from harming themselves by under-age drinking very seriously. Behaviour or language which is inappropriate with children present will not be tolerated and perpetrators will be asked to leave immediately. I will also inform the police and local authority when appropriate. Myself and my staff will institute an Age Verification policy with regular training including resources such as Challenge21 and we fully understand the dangers of children having access to alcohol. If any children appear to be in distress or we have a genuine concern about a child then I will not hesitate to call the police or local authority. I too am a parent and a grandfather.

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 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, if appropriate (please see note 15)
Signature	
Date	03/04/2021
Capacity	Owner, Premises Licence Holder & Designated Premises Supervisor

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

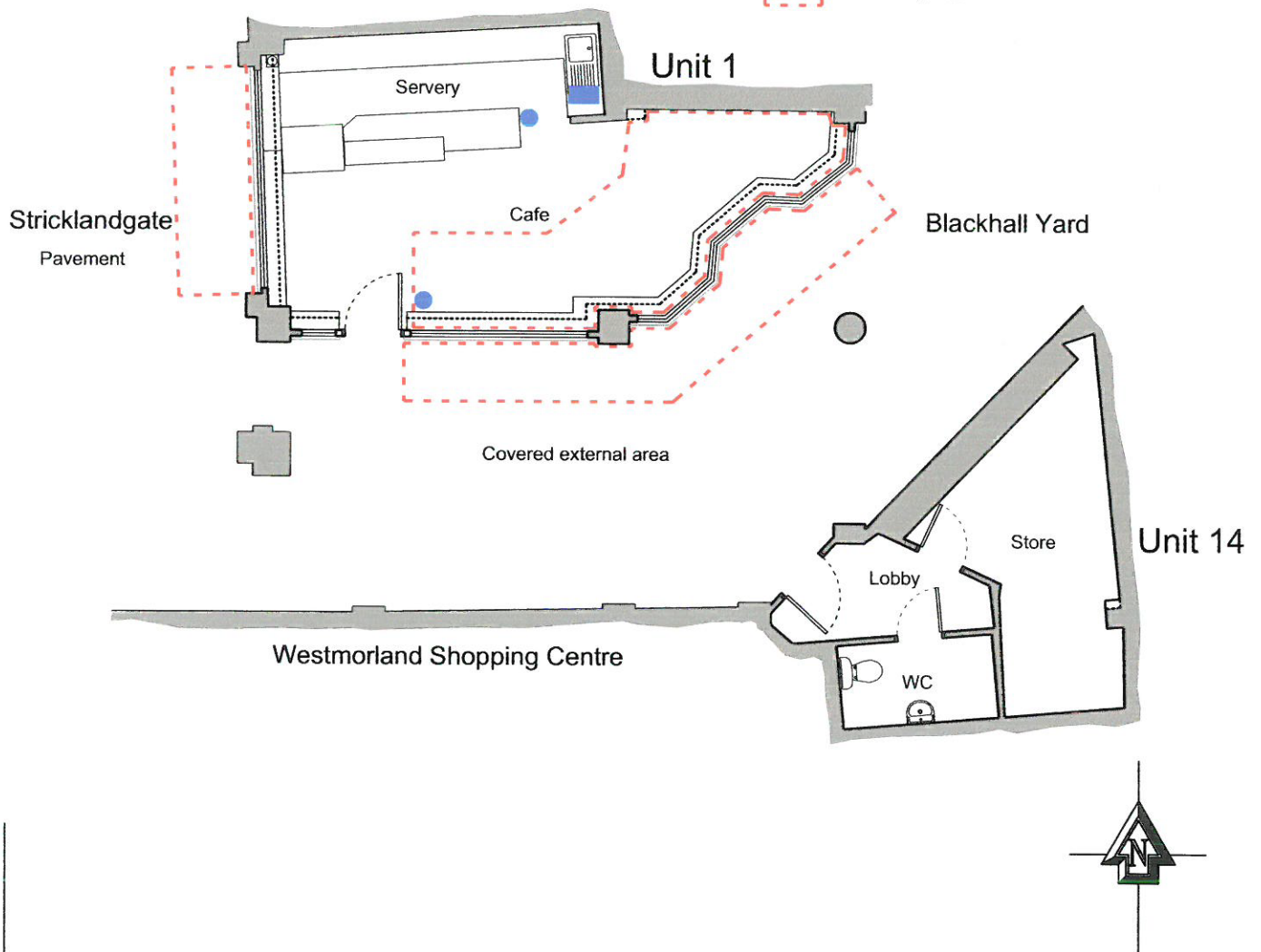
Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. In terms of specific regulated entertainments please note that:

NOTES
ALL dimensions and levels must be checked on site by a suitably qualified person. Any discrepancies must be reported to the originator before implementing.

Key

- Fire extinguisher
- Fire blanket
- Public Seating areas



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Anything Drawn -
Architectural Limited
Telephone: 01539 725098
Mobile: [REDACTED]




Project
**Unit 1 & unit 14, Blackhall yard,
Kendal**


Drawing
Floor plan

Rev	Date	Description
Revisions		
Client		
[REDACTED]		
Scale	1:100	@ A4
Date:	Mar 2021	Drawn: bn

Consent of individual to being specified as premises supervisor

I 

[full name of prospective premises supervisor]

of


[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 Licence

[type of application]

by


[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for
2Friends Café
Unit 1
Blackhall Yard
Stricklandgate
Kendal
LA9 4LU

[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



[name of applicant]

concerning the supply of alcohol at

2Friends Café
Unit 1
Blackhall Yard
Stricklandgate
Kendal
LA9 4LU

[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

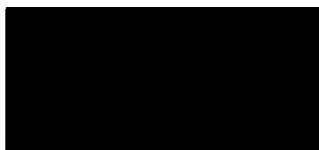
[insert personal licence number, if any]

Personal licence issuing authority

South Lakeland District Council
Lowther Street
Kendal
LA94DQ

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

Signed



Name (please print)



Date

03/04/2021

