

**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 [REDACTED]  
(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 40 Woolpack Yard Kendal			
Post town	Kendal	Postcode	LA9 4NG

Telephone number at premises (if any)	<span style="background-color: black; color: black;">[REDACTED]</span>
Non-domestic rateable value of premises	£10,500

**Part 2 - Applicant details**

- Please state whether you are applying for a premises licence as Please tick as appropriate
- a) an individual or individuals \*  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)

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

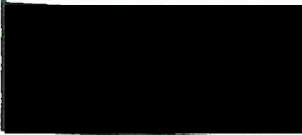


**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	(Other Title (for example, Rev)	
Surname			First names		
Date of birth over		I am 18 years old or		<input type="checkbox"/> Please tick yes	
Nationality					
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 Butcherco Ltd t/a Roast Mutton
Address 40 Woolpack Yard Kendal
Registered number (where applicable) 13008261
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited company


**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
01	07	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)  
 A 566 sq ft butchers shop based in central Kendal, the layout of the shop is a 3-meter butchers counter with a 6ft self-sever fridge. Shelving will be fitted into the window of the shop for the sale of beer/wine and a wine rack mounted on the bottom wall of an open internal stair case. The premise license is required to allow the business to sell alcohol that compliments the local Cumbrian meats. The large proportion of alcohol sales will be off-sales. However, the premise license will also require on sales. On sales will be a corkage service on alcohol to allow customers to try before making larger purchases. There will be outdoor seating offered at front of the premises being one small table with three chairs in the forecourt area of the premise. Periodic wine tasting/butchery class evenings will be the other on sale activities at the premise.

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

(1) For the purposes of this Act the following are licensable activities—  
 (a) the sale by retail of alcohol,

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	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5) N/A		
Mon	08:30	18:00			
Tue	08:30	18:00			
Wed	08:30	18:00			
Thur	08:30	20:00			
Fri	08:30	22:00			
Sat	08:30	22:00			
Sun	11:00	17:00			
			<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) N/A		

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>	
<b>Postcode</b>	
<b>Personal licence number (if known)</b>	
<b>Not known yet</b>	
<b>Issuing licensing authority (if known)</b>	
<b>Not known yet</b>	



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)			State any seasonal variations (please read guidance note 5)	
Day	Start	Finish		
Mon	08:30	18:00	N/A	
Tue	08:30	18:00		
Wed	08:30	18:00		
Thur	08:30	20:00		<p><b>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 (please read guidance note 6)</b></p> <p>Monthly butchery classes and wine tasting evenings. These two activities will likely only occur on a monthly basis. This is the reason why the supply of supply of alcohol hours don't match the premise opening hours. Generally, the premise will run as a butcher's shop.</p>
Fri	08:30	22:00		
Sat	08:30	22:00		
Sun	11:00	17:00		

**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)**

The Licensee shall ensure that all staff will undertake training in their responsibilities in relation to the sale of alcohol, particularly with regard to drunkenness and underage persons. A keen challenge 25 policy will be upheld at all times. Records will be kept of training and refresher training.

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

Any incidents of a criminal nature that may occur on the premises will be reported to the Police immediately. The Licensee will install CCTV coverage at the premises and it is operated and maintained at the premises

**c) Public safety**

Fire safety procedures will be in place including fire extinguishers (foam, H2O and CO2), fire blanket, internally illuminated fire exit signs, numerous smoke detectors. All appliances will be inspected annually. All emergency exits shall be kept free from obstruction at all times.

**d) The prevention of public nuisance**

All customers will be asked to leave quietly. Clear and legible notices will be prominently displayed to remind customers to leave quietly and have regard to our neighbours.

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

The licensee and staff will ask persons who appear to be under the age of 25 for photographic ID such as proof of age cards, the Connexions Card and Citizen Card, photographic driving licence or passport, an official identity card issued by HM Forces or by an EU country, bearing the photograph and date of birth of bearer. All staff will be trained for UNDERAGE SALES PREVENTION regularly. A register of refused sales shall be kept and maintained on the premises.



**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). N/A

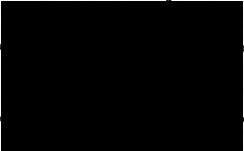
**IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

**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 authorized 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 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</li> </ul>
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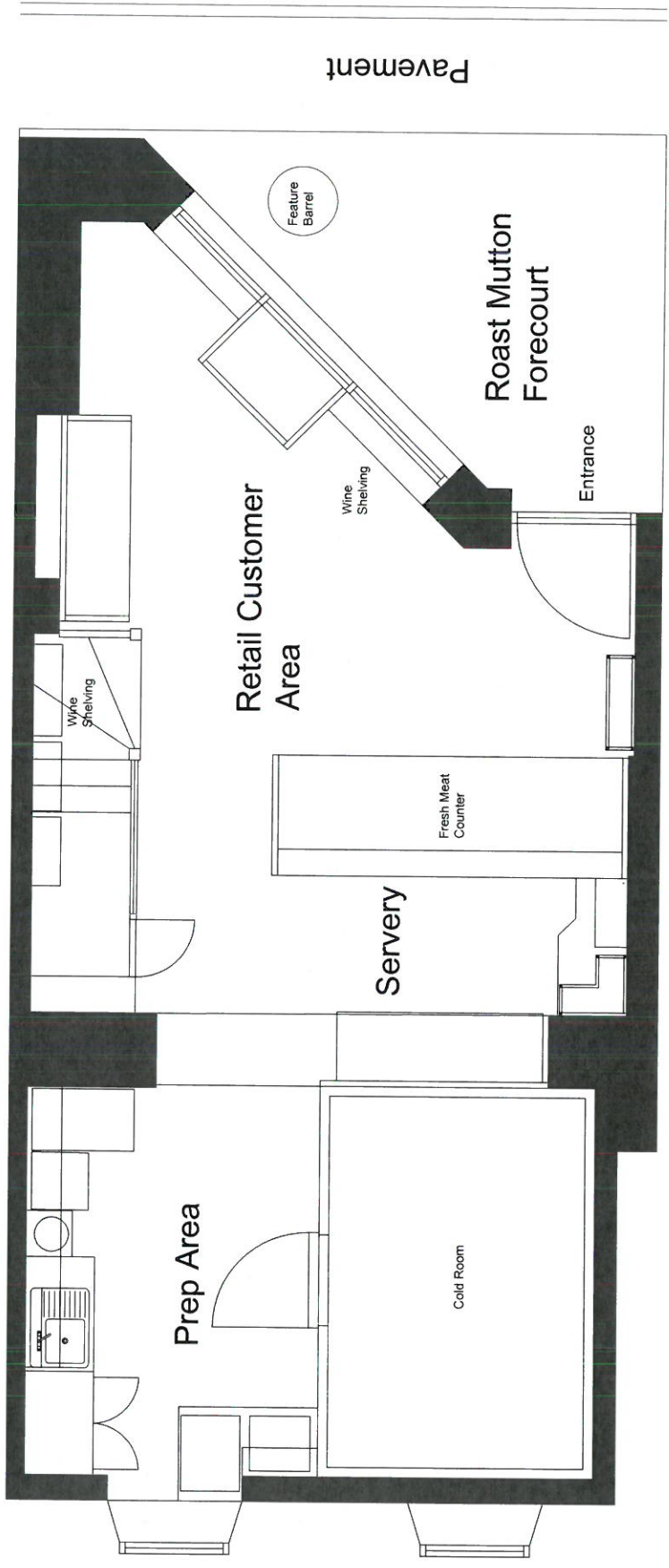
	her proof of entitlement to work, if appropriate (please see note 15)
Signature	
Date	01/04/2021
Capacity	Owner / Director

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





**Proposed Plan**

		<b>Roast Mutton</b> 40, Woodpack Yard LUX BEN
Job No. HK349402	Form No. rwh	Date 22/03/2021
Client Ref. Alcohol Licence Plan	Date 22/03/2021	Revs XX
UIN 76, Cefny Road, Durness, Shetland, SS16. Tel: 01850 858000 Fax: 01850 858005 E: sales@rkhinteriors.co.uk W: www.rkhinteriors.co.uk		
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