

**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** Rogell Limited

*(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 Unit 5 Airfield Approach Business Park Moor Lane Flookburgh Cumbria			
<b>Post town</b>	Grange-Over-Sands	<b>Postcode</b>	LA11 7NG
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£ 4600	

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

- 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 Y

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

**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)	
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<b>Surname</b>		<b>First names</b>	
<b>Date of birth</b> over		I am 18 years old or <input type="checkbox"/> Please tick yes	
<b>Nationality</b>			
Current postal 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.**

<b>Name</b> Rogell Limited
<b>Address</b> L'Enclume Cavendish Street Cartmel Cumbria LA11 6PZ
<b>Registered number (where applicable)</b> 4338887
<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b> Private Limited Company
<b>Telephone number (if any)</b> 015395 36362
<b>E-mail address (optional)</b> umbelrestaurantgroup@simonrogan.co.uk

#### **Part 3 Operating Schedule**

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)  
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.

The premises consist of a commercial kitchen with walk in fridge, storage area and packing area. The kitchen will also be used to prepare wine pairings. These bottles will be available for customers to order. We will also be using cooking alcohol in some of the meals we cook. The storage area will be secure and will contain food, alcohol and packaging supplies. The packing area will be used to pack orders into boxes or bags, to be shipped by courier to customers.

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)

Y

**In all cases complete boxes K, L and M**

A

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)	
Mon				
Tue				
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 5)	
Thur				
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</b> (please read guidance note 6)	
Sat				
Sun				

## B

<b>Films</b> Standard days and timings (please read guidance note 7)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)		
Mon					
Tue					
Wed					
Thur			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)		
Fri					
Sat					
Sun					
			<b>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</b> (please read guidance note 6)		

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 5)
Wed			
Thur			Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list (please read guidance note 6)
Fri			
Sat			
Sun			

# D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 4)			
Mon						
Tue						
Wed						
Thur			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)			
Fri						
Sat			<b><u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6)			
Sun						

E

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of live music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Mon					
Tue			<b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 5)		
Wed			<b><u>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6)		
Thur					
Fri					
Sat					
Sun					

# F

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
Day	Start	Finish			Both	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 4)			
Tue						
Wed			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)			
Thur						
Fri			<b>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</b> (please read guidance note 6)			
Sat						
Sun						

G

<b>Performances of dance</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)			
Mon						
Tue						
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 5)			
Thur						
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</b> (please read guidance note 6)			
Sat						
Sun						

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 5)		
Fri					
Sat			<b><u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6)		
Sun					

# I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>			
Mon			<u>Please give further details here</u> (please read guidance note 4)			
Tue						
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)			
Thur						
Fri			<u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u> (please read guidance note 6)			
Sat						
Sun						

**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	Y
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5) N/A		
Mon	8:00	18:00			
Tue	8:00	18:00			
Wed	8:00	18:00			
Thur	8:00	18:00	<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		
Fri	8:00	18:00			
Sat	8:00	18:00			
Sun	-	-			

**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 -	
Personal licence number (if known)	CN20092064
Issuing licensing authority (if known)	Merton

□□□□

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).**

There will be no entertainment or other matters that will raise concern in respect of children.

L

**Hours premises are open to the public**  
Standard days and timings (please read guidance note 7)

Day	Start	Finish
Mon	-	-
Tue	-	-
Wed	-	-
Thur	-	-
Fri	-	-
Sat	-	-
Sun	-	-

**State any seasonal variations** (please read guidance note 5)  
N/A

**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)  
N/A

**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)**

Staff training in relation to the premises licence will be logged and conducted on a regular basis.

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

CCTV installed at the premises & monitored. Challenge 25 in operation.

**c) Public safety**

No alcohol will be consumed on the premises.

**d) The prevention of public nuisance**

All deliveries will take place at a suitable reasonable time of day.

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

No alcohol will be served to anyone on the premises, including children.

**Checklist:**

**Please tick to indicate agreement**

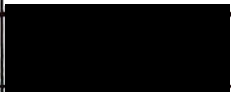
- I have made or enclosed payment of the fee. ☒
- I have enclosed the plan of the premises. ☒
- I have sent copies of this application and the plan to responsible authorities and others where applicable. ☒
- I have enclosed the consent form completed by the individual I wish to be designated premises 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.**

<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 her proof of entitlement to work, if appropriate (please see note 15)</li> </ul>
Signature	
Date	5 <sup>th</sup> April 2021
Capacity	Managing 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)			

#### 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:

**Consent of individual to being specified as premises supervisor**

[redacted]

I  
[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 licence

[type of application]

by

[redacted]

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

Rogell Limited  
Unit 5  
Airfield Approach Business Park  
Moor Lane  
Flookburgh  
Grange-Over-Sands  
LA11 7NG

[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

Rogell Limited  
Unit 5  
Airfield Approach Business Park  
Moor Lane  
Flookburgh  
Grange-Over-Sands  
LA11 7NG

*[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

CN20092064

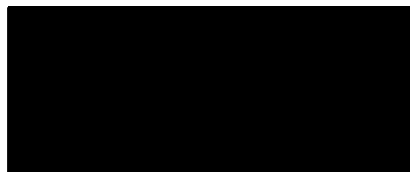
*[insert personal licence number, if any]*

Personal licence issuing authority

Licensing, London Borough of Merton, 1<sup>st</sup> Floor Civic Centre, London Road, Morden,  
SM4 5DX. 0208545 3969

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

Signed

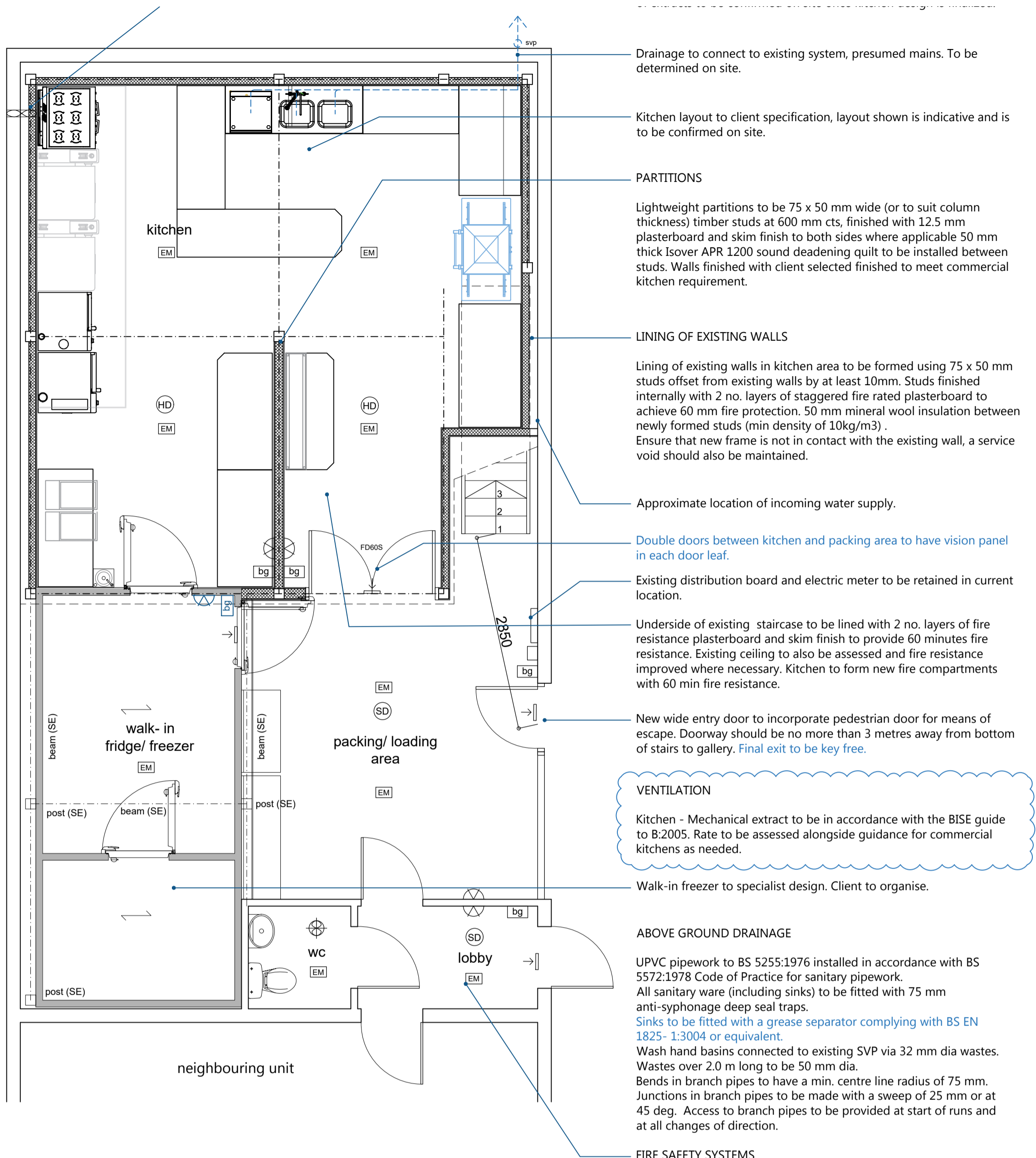


Name (please print)



Date

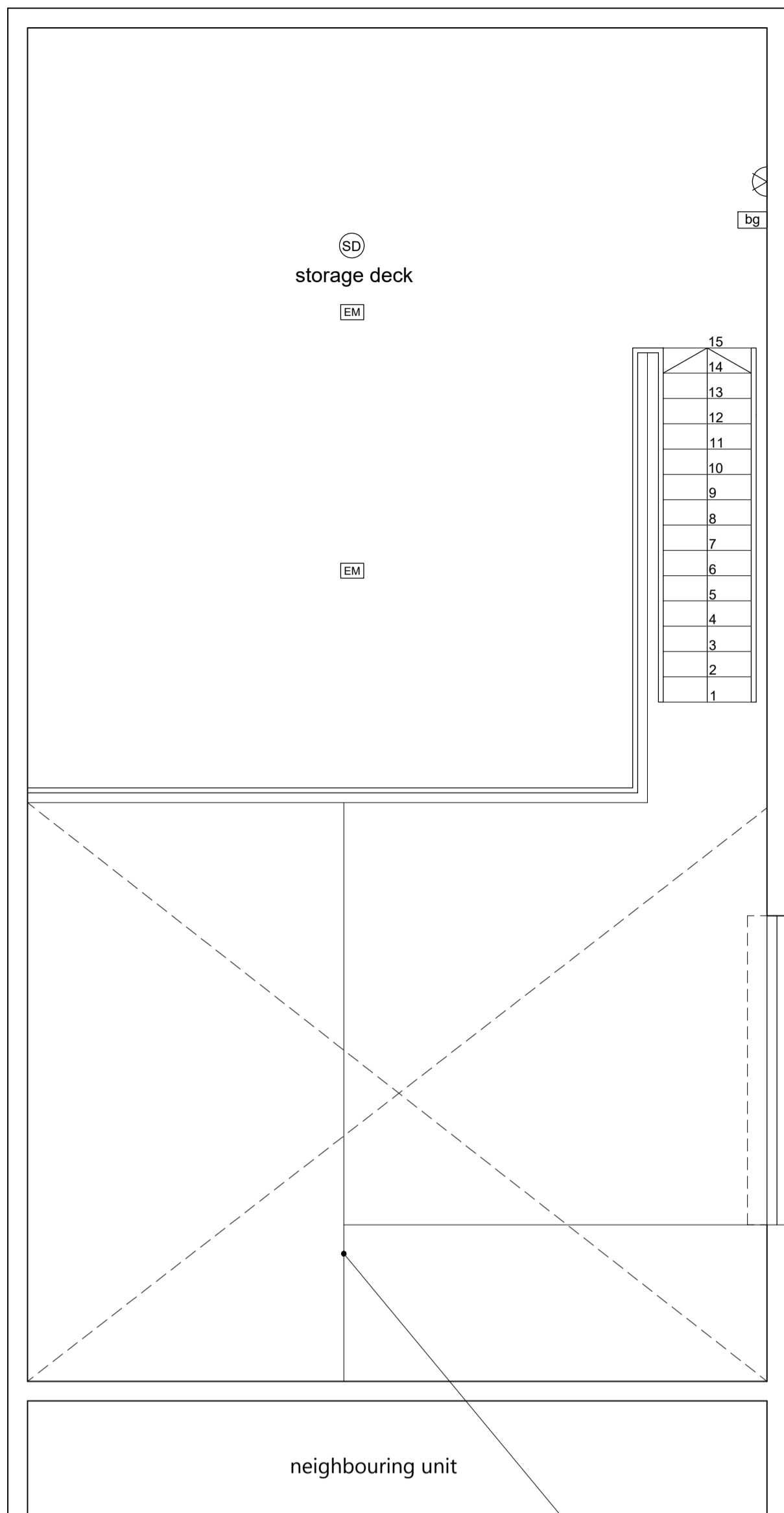
5<sup>th</sup> April 2021



ground floor plan  
scale 1:50



location plan  
scale 1:1250



first floor plan  
scale 1:50

New ceiling over walk-in fridge/ freezer at height to suit. 18mm thick P5 particle finishing board with glued t&g edges screw fixed to 47 x 170 mm C16 timber joists at 400 mm cts. Strutting to be installed at mid span of joists with spans between 2.5 -4.5 m. Joists supported on new steel beams and posts to SE design where required. Partition walls to be installed around fridge-freezer where services are required seek fridge freezer manufacturer guidance prior to installation to ensure appropriate ventilation is achieved.

NOTE

Position of drainage from sink units to be determined on site.

NOTE

Make reference to Conditional Planning Approval notice and comply with all conditions. Where conditions require the supply of information / materials etc for approval then this must be approved by the Planning Authority prior to carrying out.

CDM2015 - Designer Risk Assessment	
Significant Hazard	Control
Manual handling	Manual handling tasks eliminated by mechanism where practicable, all workers trained in basic safe manual handling operations, safe handling based on assessment of risk from manual handling operations, organise scaffolding to make block laying easier, for example providing tables or half lifts to minimise bending and twisting.
Respirable crystalline silica (RCS)	Dust suppression or local extract ventilation to be used whilst cutting masonry, concrete & plasters. Areas to be cleaned with vacuum rather than broom and if face masks are required they should be face fit tested.
Craning steels	Comply with LOLER and PUWER regulations, with proper planning by a competent person and is properly supervised in a safe manner
Maintenance of fascias & barge boards & cleaning of gutters.	Provide safe method of roof access, such as MEWP or scaffold tower, carry out maintenance works from ground level via extendable cleaning tools where possible.

LEGEND	
	mains powered heat detector with battery back-up, interlinked
	mains powered smoke detector with battery back-up, interlinked
	ceiling mounted mechanical extract fan
	fire door to be either 60 min fire door with intumescent smoke seals and self closer to LABC approval.
	sounder with beacon
	emergency light
	break glass
	non- illuminated exit pictogram

B	Building control vetting (see redouts and blue highlighted text)	cb	22/03/21
A	kitchen layout amended	cb	05/03/21
REV	COMMENT	BY	DATE

THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS ON THE JOB BEFORE STARTING WORK OR PREPARING SHOP DRAWINGS. ANY DISCREPANCIES MUST BE REFERRED TO THE ARCHITECT. DO NOT SCALE FROM THIS DRAWING.

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PROJECT

CHANGE OF USE  
Unit 5 Airfield Approach  
Flookburgh

CLIENT  
Rogell Ltd

TITLE  
Building Regulations

SCALE/ A1	DRAWN	CHECKED	DATE
1:50	cb	-	January '21
JOB NO	DRAWING NO	REVISION	
18055	05		B