

Application to vary a premises licence 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.

Name

[REDACTED]
(Insert name(s) of applicant)

being the premises licence holder, apply to vary a premises licence under section 34 of the Licensing Act 2003 for the premises described in Part 1 below

Premises licence number	[REDACTED]
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Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description NATIONAL TRUST, LOW WRAY CAMPSITE, LOW WRAY,			
Post town	AMBLESIDE	Postcode	LA22 0JA

Telephone number at premises (if any)	[REDACTED]
Non-domestic rateable value of premises	£ 51,500

Part 2 – Applicant details

Daytime contact telephone number	[REDACTED]		
E-mail address (optional)	[REDACTED]		
Current postal address if different from premises address			
Post town		Postcode	

Part 3 - Variation

Please tick as appropriate

Do you want the proposed variation to have effect as soon as possible?

Yes

No

If not, from what date do you want the variation to take effect?

DD	MM	YYYY

Do you want the proposed variation to have effect in relation to the introduction of the late night levy? (Please see guidance note 1) Yes No

Please describe briefly the nature of the proposed variation (Please see guidance note 2)

TO AMEND THE 'SUPPLY OF ALCOHOL' TIMES FROM 14.00 HRS (MONDAY TO SUNDAY) TO 8.00 AM (MONDAY TO SUNDAY)

REASON: THE LICENCE WAS APPLIED FOR ON THE BASIS THAT ALCOHOL WOULD BE SUPPLIED FROM BOTH OUR CAMPSITE SHOP (RETAIL OFFER) AND THE ADJACENT FOOD + BEVERAGE TRAILER/OUTLET. THE TIME OF 14.00 HRS WAS SET IN ALIGNMENT WITH THE OPERATING HOURS OF THE FOOD + BEVERAGE TRAILER. FOR THE TRAILER WE ARE STILL HAPPY WITH THIS ARRANGEMENT. OUR ISSUE IS THAT THE LICENCE RESTRICTS US FROM SELLING ALCOHOL FROM OUR CAMPSITE SHOP EARLIER THAN 14.00 HRS. WE WOULD LIKE TO ALLOW THE

If your proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend:

NO

.... SALE OF ALCOHOL (FOR RETAIL) FROM WHEN THE CAMPSITE SHOP OPENS AT 8.00 AM

Part 4 Operating Schedule

Please complete those parts of the Operating Schedule below which would be subject to change if this application to vary is successful.

- | Provision of regulated entertainment (Please see guidance note 3) | 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)

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 8)			Will the performance of a play take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 4)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 5)		
Mon					
			State any seasonal variations for performing plays (please read guidance note 6)		
Tue					
			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 (please read guidance note 7)		
Wed					
Thur					
Fri					
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 8)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 4)	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 5)					
Mon								
Tue								
Wed						<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 6)		
Thur								
Fri						<u>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</u> (please read guidance note 7)		
Sat								
Sun								

C

Indoor sporting events Standard days and timings (please read guidance note 8)			<u>Please give further details</u> (please read guidance note 5)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 6)
Wed			
Thur			<u>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</u> (please read guidance note 7)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 8)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 4)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here (please read guidance note 5)</u>		
Mon					
Tue			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 6)		
Wed					
Thur			<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 (please read guidance note 7)</u>		
Fri					
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 8)			Will the performance of live music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 4)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 5)		
Mon					
			State any seasonal variations for the performance of live music (please read guidance note 6)		
Tue					
			Non standard timings. Where you intend to use the premises for the <u>performance of live music at different times to those listed in the column on the left, please list</u> (please read guidance note 7)		
Wed					
Thur					
Fri					
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 8)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 4)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 5)		
Mon					
			State any seasonal variations for the playing of recorded music (please read guidance note 6)		
Tue					
			Non standard timings. Where you intend to use the premises for the <u>playing of recorded music at different times to those listed in the column on the left, please list</u> (please read guidance note 7)		
Wed					
Thur					
Fri					
Sat					
Sun					

G

Performances of dance Standard days and timings (please read guidance note 8)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 4)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 5)		
Mon					
Tue			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 6)		
Wed					
Thur			<u>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</u> (please read guidance note 7)		
Fri					
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 8)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 4)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 5)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 6)		
Fri					
Sat			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 (please read guidance note 7)		
Sun					

I

Late night refreshment Standard days and timings (please read guidance note 8)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 4)			
			Indoors	<input type="checkbox"/>		
			Outdoors	<input type="checkbox"/>		
			Both	<input type="checkbox"/>		
Day	Start	Finish	Please give further details here (please read guidance note 5)			
Mon						
Tue						
Wed					State any seasonal variations for the provision of late night refreshment (please read guidance note 6)	
Thur						
Fri						
Sat					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 (please read guidance note 7)	
Sun						

J

Supply of alcohol Standard days and timings (please read guidance note 8)			Will the supply of alcohol be for consumption – please tick (please read guidance note 9)	On the premises	<input type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	8.00	20.30	State any seasonal variations for the supply of alcohol (please read guidance note 6)	Both	<input checked="" type="checkbox"/>
Tue	8.00	20.30		N/A	
Wed	8.00	20.30			
Thur	8.00	20.30		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 7)	
Fri	8.00	21.30			
Sat	8.00	20.30			N/A
Sun	8.00	20.30			

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 10).

N/A

L

Hours premises are open to the public Standard days and timings (please read guidance note 8)			State any seasonal variations (please read guidance note 6)
Day	Start	Finish	
Mon	00.00	23.59	N/A
Tue	00.00	23.59	
Wed	00.00	23.59	
Thur	00.00	23.59	
Fri	00.00	23.59	N/A
Sat	00.00	23.59	
Sun	00.00	23.59	

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 7)

Please identify those conditions currently imposed on the licence which you believe could be removed as a consequence of the proposed variation you are seeking.

NONE

Please tick as appropriate

- I have enclosed the premises licence
- I have enclosed the relevant part of the premises licence

If you have not ticked one of these boxes, please fill in reasons for not including the licence or part of it below

Reasons why I have not enclosed the premises licence or relevant part of premises licence.

M Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 11)

NO 'ADDITIONAL' STEPS.
CONTINUE TO PROMOTE THE FOUR OBJECTIVES AS BEFORE.

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; or
- I have not made or enclosed payment of the fee because this application has been made in relation to the introduction of the late night levy.
- I have sent copies of this application and the plan to responsible authorities and others where applicable.
- I understand that I must now advertise my application.
- I have enclosed the premises licence or relevant part of it or explanation.
- I understand that if I do not comply with the above requirements my application will be rejected.

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.

Part 5 – Signatures (please read guidance note 12)

Signature of applicant (the current premises licence holder) or applicant’s solicitor or other duly authorised agent (please read guidance note 13). **If signing on behalf of the applicant, please state in what capacity.**

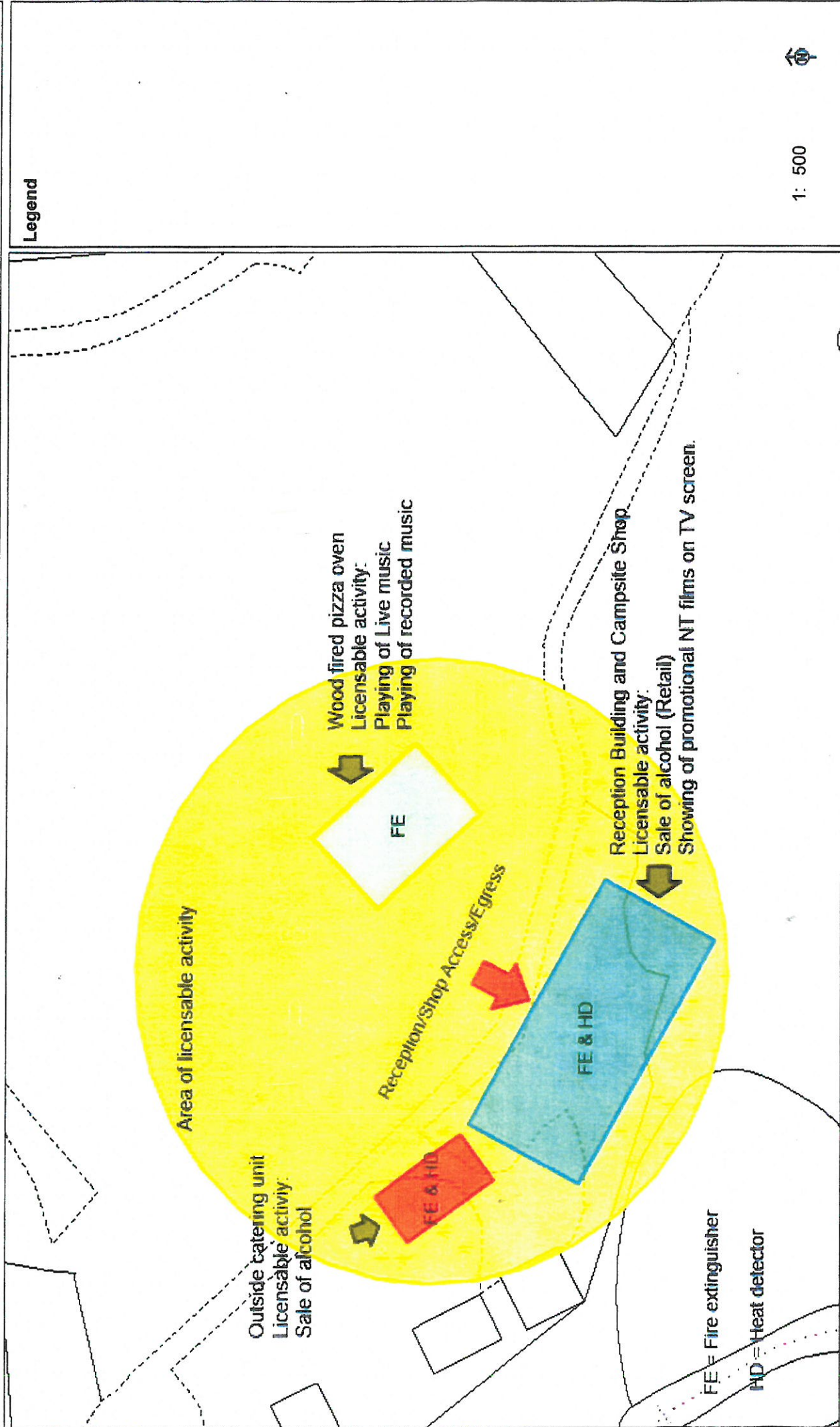
Signature	[REDACTED]
Date	26 / 1 / 2022
Capacity	HOLIDAYS OPERATIONS MANAGER

Where the premises licence is jointly held, signature of 2nd applicant (the current premises licence holder) or 2nd applicant’s solicitor or other authorised agent (please read guidance note 14). **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 15)			
NATIONAL TRUST, LOW WRAY CAMP SITE, LOW WRAY			
Post town	AMBLEIDE	Post code	LA22 0JA
Telephone number (if any)	[REDACTED]		

Low Wray Campsite - Area of licensable activity



Legend

1: 500

Notes

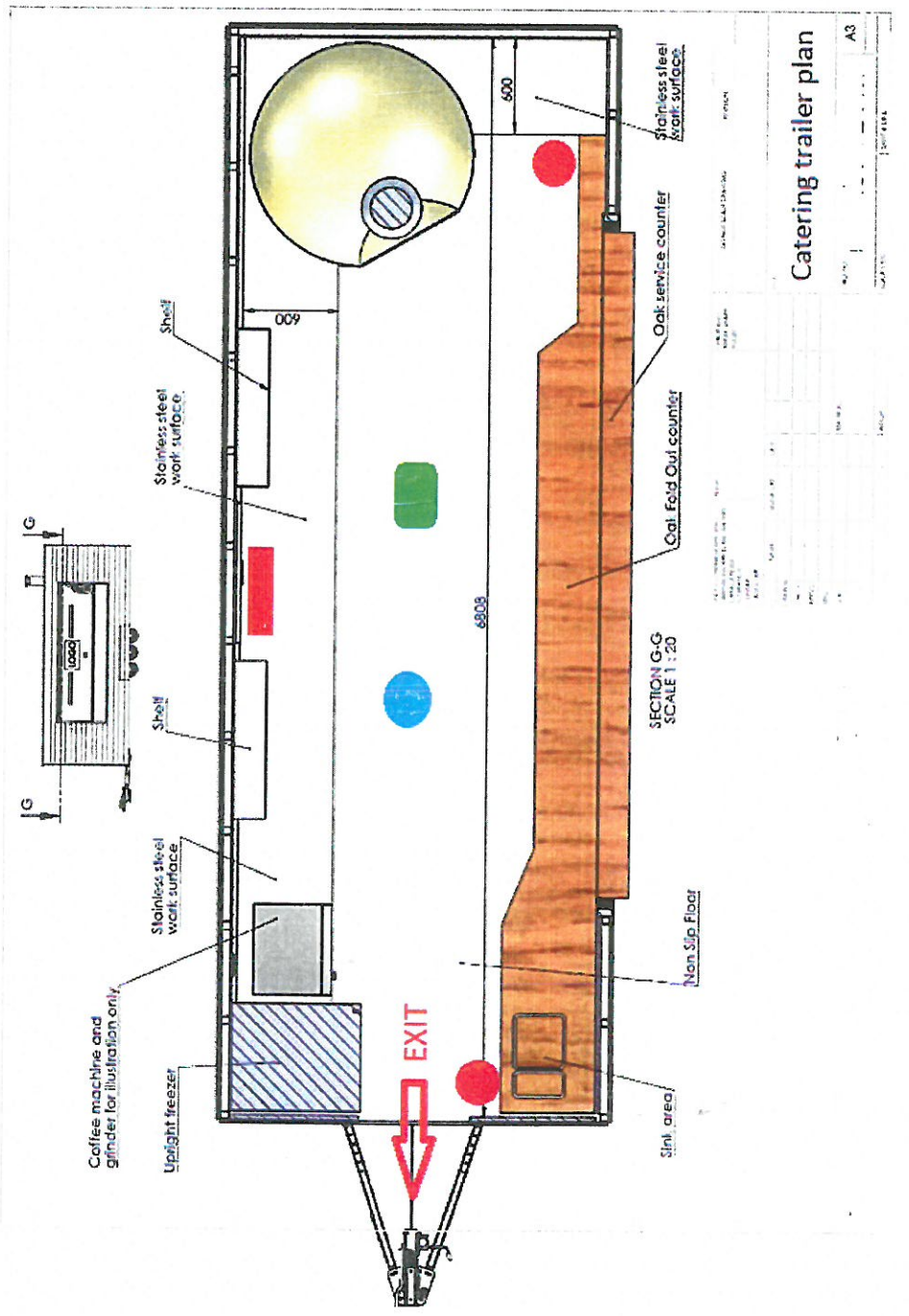
This map is a user generated static output from an Intranet mapping site and is for reference only. Data layers that appear on this map may or may not be accurate, current, or otherwise reliable.
 THIS MAP IS NOT TO BE USED FOR NAVIGATION

0.0 0 0.01 0.0 Kilometers

British_National_Grid

This map was automatically generated using the National Trust GIS Browser

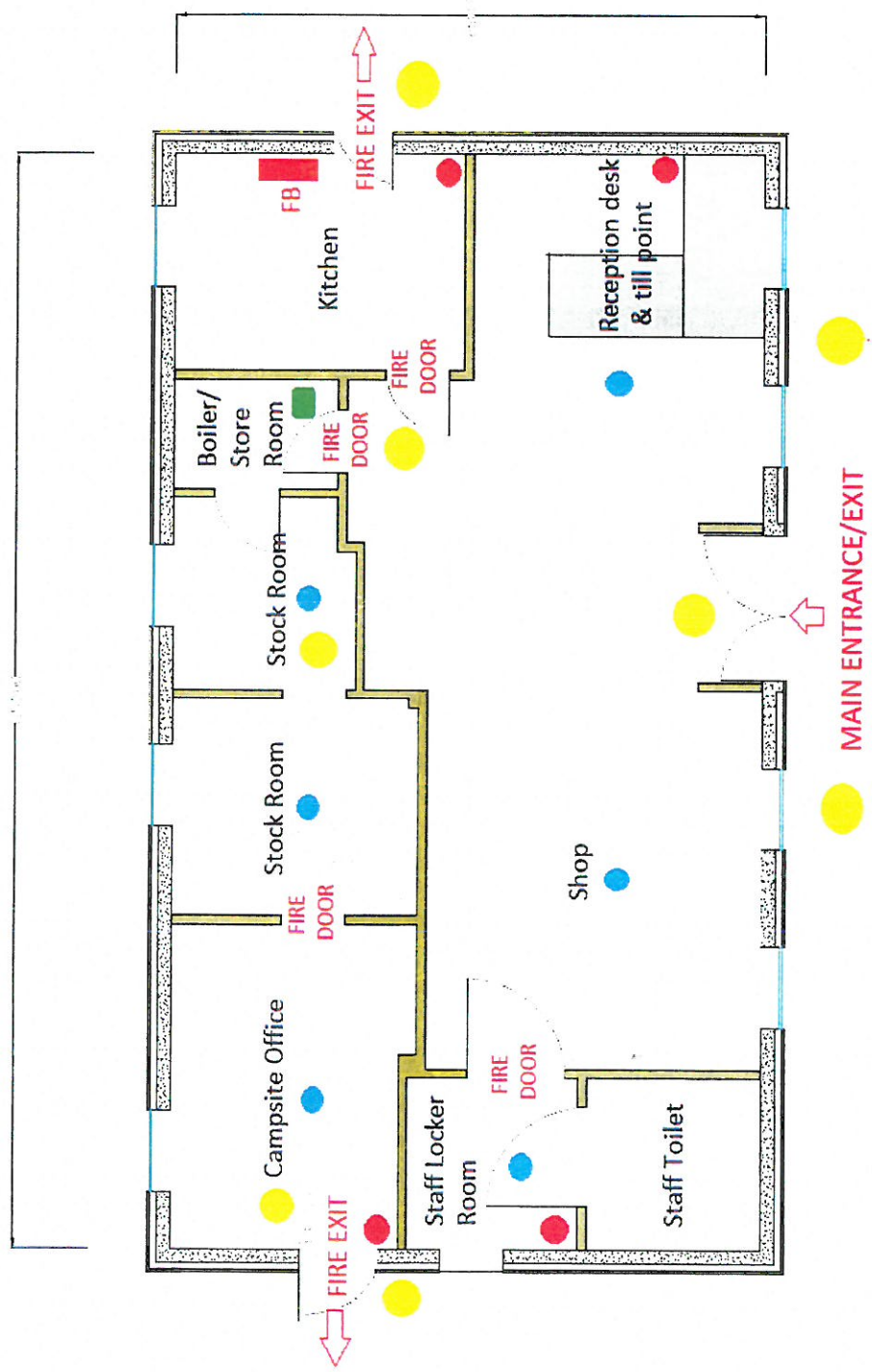
- Fire extinguisher
- Carbon Monoxide detector
- Heat detector
- Fire blanket



THIS DRAWING IS A PRELIMINARY DESIGN AND SHOULD NOT BE USED FOR CONSTRUCTION WITHOUT THE WRITTEN CONSENT OF ARROW ENERGY. DO NOT SCALE THIS DRAWING - IT IS NOT TO SCALE.

1. ALL DIMENSIONS TO BE CHECKED ON SITE PRIOR TO INSTALLATION WORK COMMENCEMENT.

- Emergency Lighting
- Fire Extinguishers
- Heat Detectors
- Carbon Monoxide Detector
- Fire Blanket



Room	Area (m ²)	Volume (m ³)	Height (m)	Notes
Reception	15	150	10	
Shop	10	100	10	
Staff Locker	5	50	10	
Staff Toilet	2	20	10	
Stock Room	10	100	10	
Boiler/Store	5	50	10	
Kitchen	5	50	10	
Campsite Office	10	100	10	

PROJECT	ARROW ENERGY LIMITED
CLIENT	ARROW ENERGY LIMITED
DATE	22/01/2024
SCALE	1:100
DESIGNER	ARROW ENERGY LIMITED
CHECKED	ARROW ENERGY LIMITED
DATE	22/01/2024
PROJECT TYPE	RECEPTION
LOCATION	ARROW ENERGY LIMITED
TITLE	Campsite Reception & Shop Plan
DATE	22/01/2024
SCALE	1:100
PROJECT NO.	ARROW ENERGY LIMITED
CLIENT NO.	ARROW ENERGY LIMITED





Kendal

Kendal

*** COPY RECEIPT ***

Transaction Date: 31/01/2022 12:30:46

Operator: PN057

Machine: PN057

Account Details

CAN Reference	Payment of	Transaction Amt	VAT Amt	Rate
05779 GMD2452881	04 - Miscellaneous	£315.00	£0.00	0%
Licensing - PREMISES LICENCES National Trust Low Wray campsite				

Payment Details

MOP	Payment Ref	Payment Amt
06 - Credit Card		£315.00

APACS Payment Details

** Customer Copy **

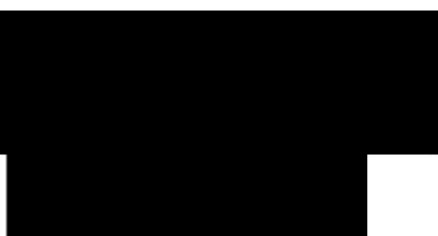
Sale PLEASE DEBIT MY ACCOUNT

Transaction Type: Telephone Order (Keyed)

Date / Time: 31/01/2022 12:30:46

Card Number:

Card Type:



Card Amount: £315.00

Please keep this copy for your records

Total Amt Paid: £315.00

VAT Number: 155 6863 35