

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 A DAY'S WALK 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 <u>LAKE DISTRICT FARM SHOP</u> <u>RADIO HOUSE</u> <u>CHURCH STREET</u> <u>AMBLESIDE</u>			
Post town	<u>AMBLESIDE</u>	Postcode	<u>LA22 0BU</u>
Telephone number at premises (if any)			
Non-domestic rateable value of premises		<u>£ 6,900</u>	

Part 2 - Applicant details

Please state whether you are applying for a premises licence as appropriate **Please tick as appropriate**

a)	an individual or individuals *		please complete section (A)
b)	a person other than an individual *		
<input checked="" type="checkbox"/>	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	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth		I am 18 years old or over		Please tick yes	
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)					

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Second individual applicant (if applicable)

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth or over		I am 18 years old		Please tick yes	
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service: (please see note 15 for information)					

(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	A DAY'S WALK LIMITED
Address	c/o FORBES WATSON THE OLD BAKERY GREEN STREET LYTHAM ST. ANNES, LANCs FY 8 5LG
Registered number (where applicable)	07704589

Registered number (where applicable)	07704589
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	[REDACTED]
	[REDACTED]

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
08	11	2022

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)

DOUBLE FRONTED RETAIL PREMISES SELLING EXCLUSIVELY LOCAL PRODUCE. RETAIL AREA ALL ON GROUND FLOOR. BASEMENT USED FOR STORAGE ONLY, NO PUBLIC ACCESS. ONE PUBLIC ENTRANCE. ADDITIONAL "STAFF ONLY" EXIT VIA BACK DOOR WHICH REMAINS LOCKED AT ALL TIMES. CCTV CAMERAS COVER WHOLE SALES AREA. STAFF IN ATTENDANCE ON SALES FLOOR AT ALL TIMES.

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)	
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)	

<u>Provision of late night refreshment</u> (if ticking yes, fill in box I)	
<u>Supply of alcohol</u> (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 7)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
Thur					
Fri			<u>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</u> (please read guidance note 6)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 7)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5)		
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 6)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Tue			
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 6)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)		
Thur					
Fri			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 6)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur					
Fri			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 (please read guidance note 6)		
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 7)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finis h			
Mon	10:00	17:30	<u>Please give further details here</u> (please read guidance note 4) LOW LEVEL BACKGROUND MUSIC ONLY TO ENTRANCE SHOP AMBIENCE		
Tue	10:00	17:30			
Wed	10:00	17:30	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Thur	10:00	17:30			
Fri	9:30 17:30	6:30 18:30	<u>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</u> (please read guidance note 6)		
Sat	9:30	18:30			
Sun	10:00	17:30			

G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 5)		
Thur					
Fri			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 (please read guidance note 6)		
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) 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	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	
Mon				Outdoors	
				Both	
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)		
Fri					
Sat			<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> (please read guidance note 6)		
Sun					

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
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

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	
				Off the premises	<input checked="" type="checkbox"/>
				Both	
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5) <p style="text-align: center;">NONE</p>		
Mon	10 AM 10:00	5:30 pm 17:30			
Tue	10 AM 10:00	5:30 pm 17:30			
Wed	10 AM 10:00	5:30 pm 17:30			
Thur	10 AM 10:00	5:30 pm 17:30			
Fri	9:30 AM 9:30	6:30 pm 18:30			
Sat	9:30 AM 9:30	6:30 pm 18:30			
Sun	10 AM 10:00	5:30 pm 17:30			
			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)		

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		[REDACTED]
Date of birth		
Address		
Postcode		
Personal licence number (if known)		PA 0423 00
Issuing licensing authority (if known)		SOUTH LAKELAND DISTRICT COUNCIL

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	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)
Mon	10:00	17:30	
Tue	10:00	17:30	
Wed	10:00	17:30	
Thur	10:00	17:30	
Fri	09:30	18:30	
Sat	09:30	18:30	
Sun	10:00	17:30	

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 TO ENSURE LICENSING OBJECTIVES ARE UNDERSTOOD & PROMOTED AND NO ILLEGAL SALES OF ALCOHOL ARE MADE.

b) The prevention of crime and disorder

SIGNAGE STATING NO SALES OF ALCOHOL TO PERSONS UNDER 18. STAFF TRAINING TO ENSURE THIS AND THAT NO SALES ARE MADE TO PERSONS UNDER THE INFLUENCE OF ALCOHOL.
ALCOHOL SHELVES IN FULL VIEW OF COUNTER.

c) Public safety

CCTV IN OPERATION. SIGNAGE TO INFORM PUBLIC ON DISPLAY.

d) The prevention of public nuisance

NO SALES TO UNDER 18'S AND INTOXICATED PEOPLE, STAFF TRAINING TO ENSURE THIS.

e) The protection of children from harm

NO SALES OF ALCOHOL TO UNDER 18'S, STAFF TRAINING TO ENSURE ID IS REQUIRED IF ANY DOUBT AT ALL. ALCOHOL DISPLAYED IN FULL VIEW & CLOSE TO COUNTER, STAFF IN ATTENDANCE AT ALL TIMES.

Checklist:

Please tick to indicate agreement

• I have made or enclosed payment of the fee.	<input checked="" type="checkbox"/>
• I have enclosed the plan of the premises.	<input checked="" type="checkbox"/>
• I have sent copies of this application and the plan to responsible authorities and others where applicable.	<input checked="" type="checkbox"/>
• I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.	<input checked="" type="checkbox"/>
• I understand that I must now advertise my application.	<input checked="" type="checkbox"/>
• 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 or my share code issued by the Home Office online right to work checking service (please read note 15).	<input checked="" type="checkbox"/>

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
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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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)

Signature

Date

9/10/22

Capacity

DIRECTOR

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

to respond with your

address (optional)



Notes for Guidance

Consent of individual to being specified as premises supervisor

I [REDACTED]

[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

I PREMISES LICENCE

[type of application]

by

I A DAY'S WALK LIMITED

[name of applicant]

I

relating to a premises licence

[number of existing licence, if any]

for

I LAKE DISTRICT FARM SHOP
RADIO HOUSE
CHURCH STREET
AMBLESIDE LAZZ OBU

[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

I A DAY'S WALK LIMITED

[name of applicant]

concerning the supply of alcohol at

I LAKE DISTRICT FARM SHOP
RADIO HOUSE
CHURCH STREET
AMBLESIDE LAZZ OBU

☐ [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

☐ PA 642300

[insert personal licence number, if any]

Personal licence issuing authority

☐ SOUTH LAKELAND DISTRICT COUNCIL 01539 733333

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

☐

Signed

☐

Name (please print)


















☐

Date

I

9/10/22

Key

-  Light Switch
-  Wall Socket
-  Isolator Switch
-  Alarm Sounder
-  Break Glass Alarm
-  Fire Alarm Panel
-  Smoke Detector
-  Motion Detector
-  Electric Radiator
-  Data Socket
-  Extract Fan
-  Emergency Light
-  Pendant Rose
-  Bulkhead Light
-  Directional Spot light
-  Illuminated Sign
-  Strip Light

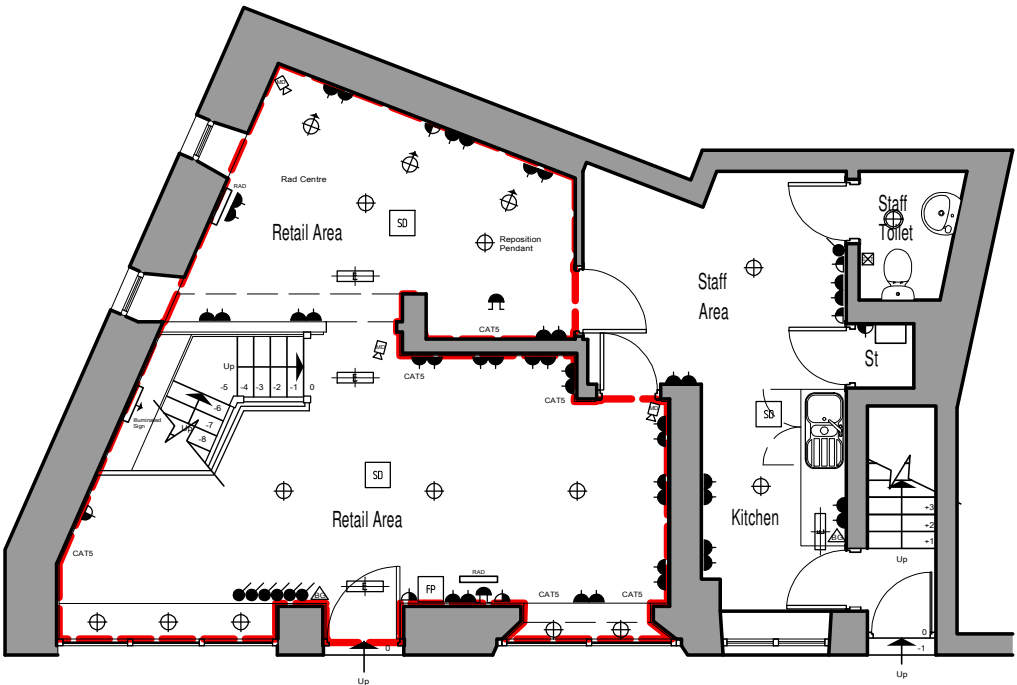


Licensing Note:

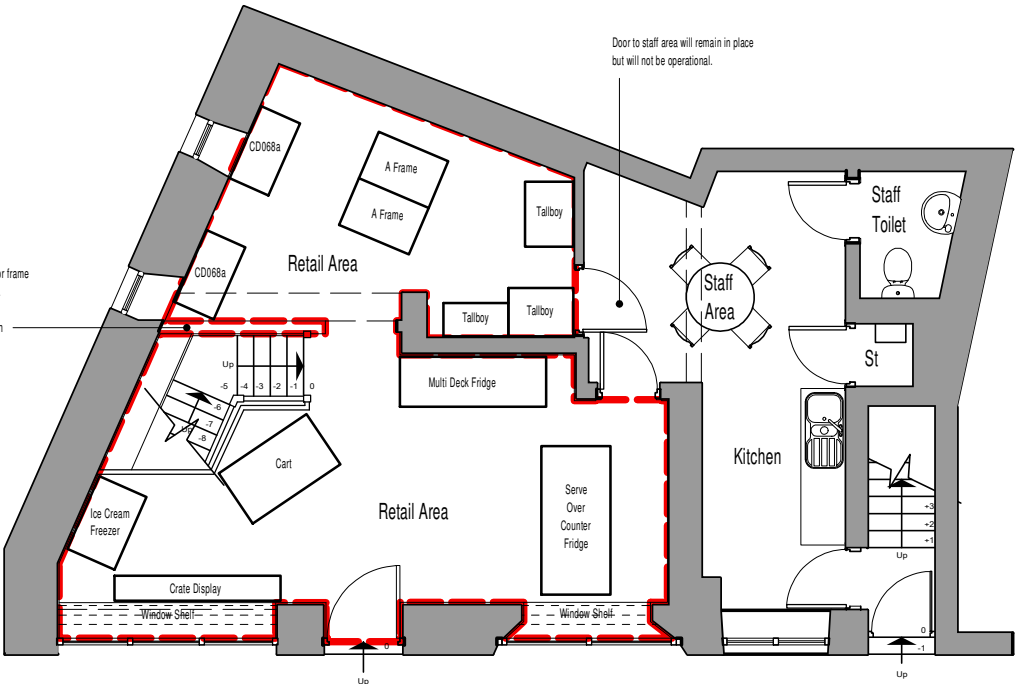
Any detail shown on the plan that is not required by the licensing plans regulations is indicative only and subject to change at any time.

Area edges red used for the supply of alcohol.

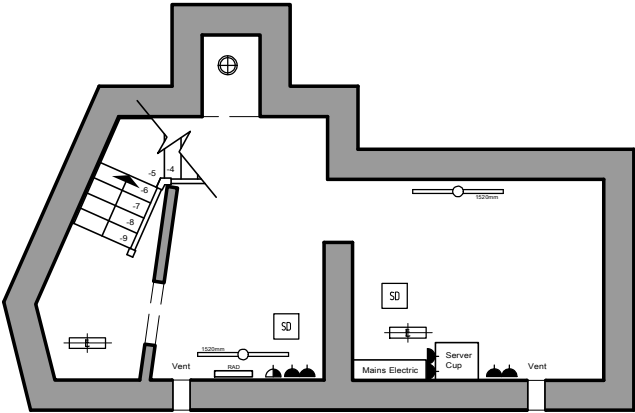
Locations of fire safety and other safety equipment subject to change in accordance with the requirements of the Responsible Authorities.



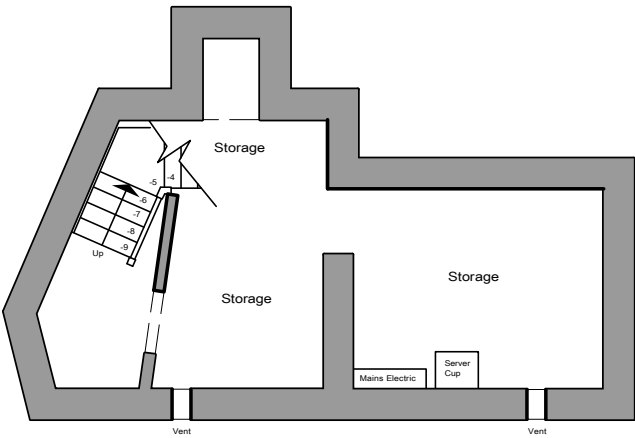
Ground Floor
Electrical and Fire Safety



Ground Floor
General Arrangement



Basement
Electrical and Fire Safety



Basement
General Arrangement

Notes:			Client	Drawing Title	Drawing No.
F					
E			Job Title A Days Walk Retail Unit Radio House Church Street Ambleside Cumbria LA22 0BU	Scale	Date
D				1:100 @ A3	06.07.2022
C				Drawn by	Rev.
B					
A					
REV.	DATE			SPK	
No part of this drawing may be reproduced whatsoever without written permission of Keenan Able					
All dimensions to be checked on site before any work commences. Any discrepancies to be reported to Keenan Able as soon as possible					



keenanable

DESIGN | BUILD | REFURBISHMENT

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