

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			
The Lylmere Estate			
Killington			
Post town	Sedbergh	Postcode	LA10 5EJ

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ not known

Part 2 - Applicant details

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

a)	an individual or individuals *	x	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; **YES**
- 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 X	Miss	Ms	Other Title (for example, Rev)	
Surname █			First names █		
Date of birth		I am 18 years old or over		Please tick YES	
Nationality		British			
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)

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:

Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
1	5	062023

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 premises consist of 1,500 acres of private estate incorporating a 36 acre lake, woodland, moorland, cottages, boathouses and a main residence. It is private and secluded with no nearby neighbours or residents.

The estate is already used by businesses for photo shoots and the owners are allowing it to be used for wedding and other celebrations. The premises licence is to facilitate those events.

The application is for 24 hours to give maximum flexibility and as there can be no disturbance caused.

The estate can be seen here:

<https://lilymere.co.uk/locations>

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

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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)	x
b)	films (if ticking yes, fill in box B)	x
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)	x
f)	recorded music (if ticking yes, fill in box F)	x
g)	performances of dance (if ticking yes, fill in box G)	x
h)	anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)	x

<u>Provision of late night refreshment</u> (if ticking yes, fill in box I)	x
<u>Supply of alcohol</u> (if ticking yes, fill in box J)	X

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)	
Day	Start	Finish	Indoors	
			Outdoors	
			Both	x
Mon	00:00	24:00	<u>Please give further details here</u> (please read guidance note 4)	
Tue	00:00	24:00		
Wed	00:00	24:00	<u>State any seasonal variations for performing plays</u> (please read guidance note 5)	
Thur	00:00	24:00		
Fri	00:00	24:00	<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	00:00	24:00		
Sun	00:00	24:00		

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
				Both	x
Mon	00:00	24:00	<u>Please give further details here</u> (please read guidance note 4)		
Tue	00:00	24:00			
Wed	00:00	24:00	<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5)		
Thur	00:00	24:00			
Fri	00:00	24:00	<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	00:00	24:00			
Sun	00:00	24:00			

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			<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)
Thur			
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)	
Day	Start	Finish	Indoors	
			Outdoors	
			Both	x
Mon	0000	2400	Please give further details here (please read guidance note 4)	
Tue	0000	2400		
Wed	0000	2400		
Thur	0000	2400	State any seasonal variations for the performance of live music (please read guidance note 5)	
Fri	0000	2400		
Sat	0000	2400	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)	
Sun	0000	2400		

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
Day	Start	Finish	Both	X
Mon	0000	2400	Please give further details here (please read guidance note 4)	
Tue	0000	2400		
Wed	0000	2400	State any seasonal variations for the playing of recorded music (please read guidance note 5)	
Thur	0000	2400		
Fri	0000	2400	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 (please read guidance note 6)	
Sat	0000	2400		
Sun	0000	2400		

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	
Day	Start	Finish		Outdoors	
					Both
Mon	0000	2400	Please give further details here (please read guidance note 4)		
Tue	0000	2400			
Wed	0000	2400	State any seasonal variations for the performance of dance (please read guidance note 5)		
Thur	0000	2400			
Fri	0000	2400	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	0000	2400			
Sun	0000	2400			

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	0000	2400		Outdoors	
				Both	X
Tue	0000	2400	<u>Please give further details here</u> (please read guidance note 4)		
Wed	0000	2400			
Thur	0000	2400	<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	0000	2400			
Sat	0000	2400	<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	0000	2400			

I

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	
Day	Start	Finish		Both	X
Mon	2300	0500	<u>Please give further details here</u> (please read guidance note 4)		
Tue	2300	0500			
Wed	2300	0500	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Thur	2300	0500			
Fri	2300	0500	<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	2300	0500			
Sun	2300	0500			

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	
Day	Start	Finish		Both	X
Mon	0000	2400	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Tue	0000	2400			
Wed	0000	2400			
Thur	0000	2400	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	0000	2400			
Sat	0000	2400			
Sun	0000	2400			

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 None named	
Date of birth	
Address	
Postcode	
Personal licence number (if known)	
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).

NONE

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) <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)
Day	Start	Finish	
Mon	0000	2400	
Tue	0000	2400	
Wed	0000	2400	
Thur	0000	2400	
Fri	0000	2400	
Sat	0000	2400	
Sun	0000	2400	

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)

Conditions to be forwarded

b) The prevention of crime and disorder

Conditions to be forwarded

c) Public safety

Conditions to be forwarded

d) The prevention of public nuisance

Conditions to be forwarded

e) The protection of children from harm

Conditions – Lilymere Estate

In circumstances where licensable activities are conducted by a third party, an event management plan shall be prepared by the third party and approved by the premises licence holder.

The event management plan shall include (but not be limited to):

- Details of the location of the event within the estate & where alcohol will be sold.
- Details of the people who will be present and in positions of responsibility at the event.
- A risk assessment relating to the four licensing objectives.
- Details of the number of people expected to attend the event.
- Confirmation that all staff employed at the premises to make sales of alcohol will receive training on underage sales, sales of alcohol to people who are drunk and any other relevant matters.
- Confirmation that the 'Challenge 25' policy will be in operation. This means that if a customer purchasing alcohol appears to be under the age of 25, they will be asked for proof of their age, to prove that they are 18 years or older.

A copy of the event management plan shall be held at the premises at the time of the event and made available to authorised officers of the council and police.

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Checklist:

Please tick to indicate agreement

•	I have made or enclosed payment of the fee.	X
•	I have enclosed the plan of the premises.	X
•	I have sent copies of this application and the plan to responsible authorities and others where applicable.	X
•	I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.	X
•	I understand that I must now advertise my application.	X
•	I understand that if I do not comply with the above requirements my application will be rejected.	X
•	[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).	X

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)

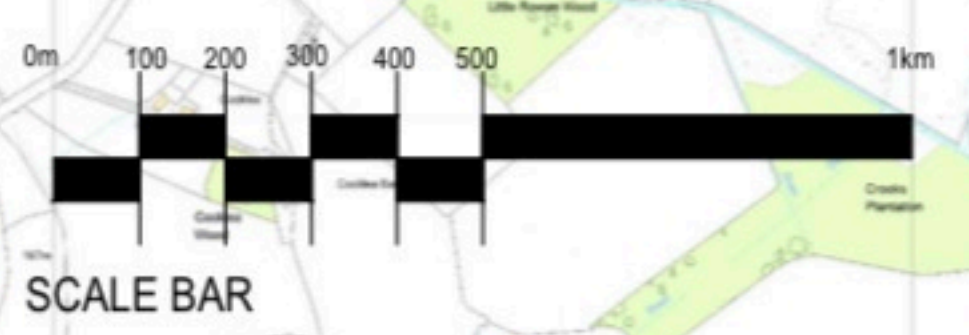
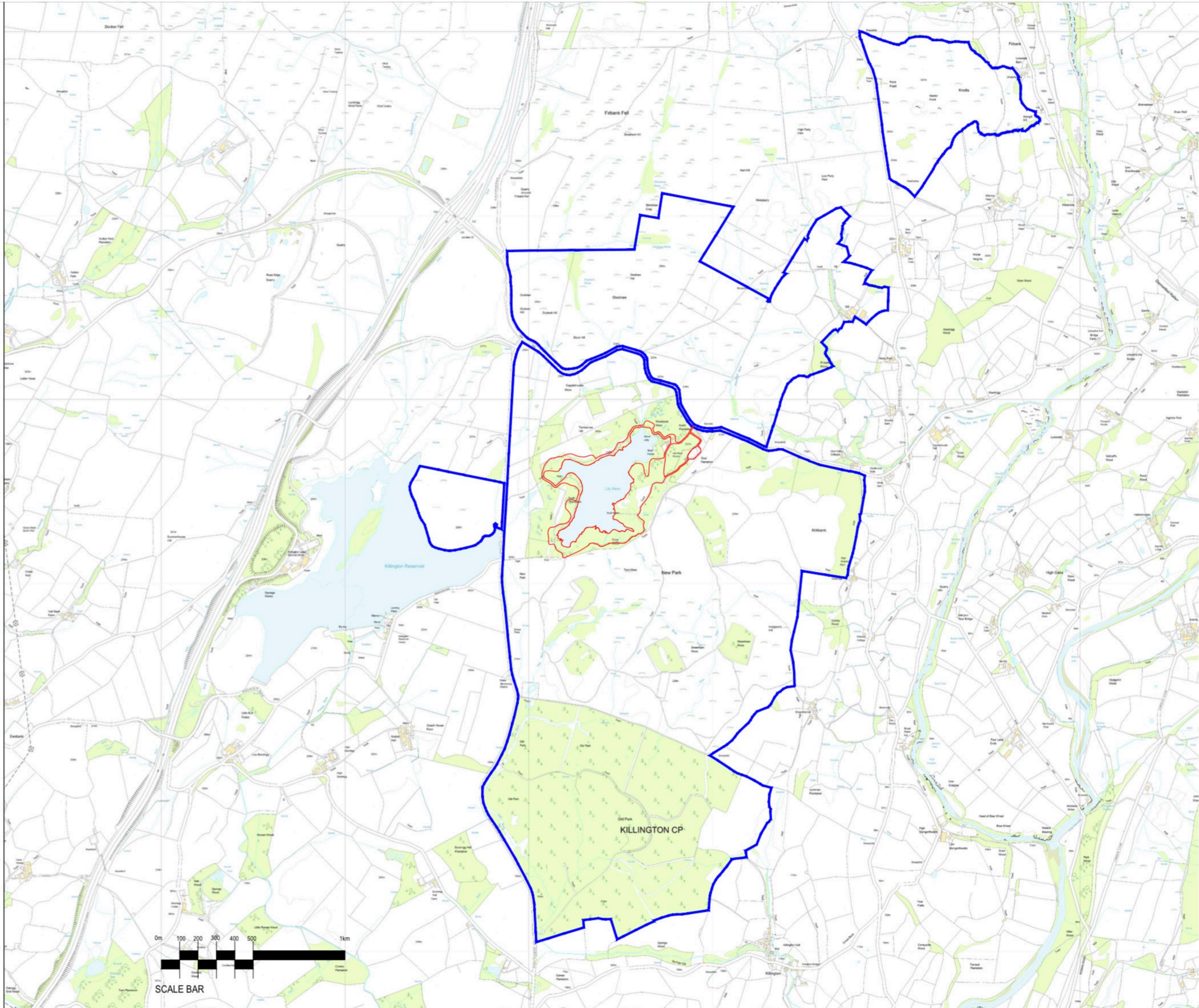
Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

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, 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	G Sherratt
Date	17.05.2023
Capacity	Authorised agent

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)			
Naphthens LLP			
Darwen House			
Walker Office Park			
Walker Road			
Post town	Blackburn	Postcode	BB1 2QE
Telephone number (if any)	01254 686211		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
gill.sherratt@naphthens.co.uk			



KILLINGTON CP