

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 HEFT & CO LTD

(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 | | | |
| Heft Newton in Cartmel | | | |
| Post town | Grange-over-Sands | Postcode | LA11 6JH |

| | |
|---|----------------|
| Telephone number at premises (if any) | |
| Non-domestic rateable value of premises | £21,250 |

Part 2 - Applicant details

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

| | | | |
|----|-------------------------------------|--|---|
| a) | an individual or individuals * | | please complete section (A) |
| b) | a person other than an individual * | | |
| | i | as a limited company/limited liability partnership | <input checked="" type="checkbox"/> 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 | | 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 | 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) | | | | | |

| |
|--|
| |
|--|

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: HEFT & CO LTD |
| Address Heft, Newton In Cartmel, Grange-Over-Sands, LA11 6JH |

| |
|--|
| Registered number (where applicable) 14652731 |
| 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 |
| 05 | 08 | 2023 |

If you wish the licence to be valid only for a limited period, when do you want it to end?

| | | |
|----|----|------|
| DD | MM | YYYY |
| | | |

| |
|--|
| <p>Please give a general description of the premises (please read guidance note 1)</p> <p>The premises is a 17th century Inn with guest bedrooms, a bar and high-end restaurant serving modern British food.</p> <p>A premises licence had been in place but lapsed.</p> |
|--|

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) | 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) | Indoors | |
|---|-------|------------|---|--|------|
| Day | Start | Finis h | | Outdoors | |
| Mon | | | | <u>Please give further details here</u> (please read guidance note 4) | Both |
| 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 | |
| Day | Start | Finish | | Both | |
| 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 | | | |
| | | | |
| Tue | | | <u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5) |
| | | | |
| 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) | | | <u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3) | Indoors | |
|--|-------|--------|--|----------|--|
| Day | Start | Finish | | Outdoors | |
| Mon | | | | Both | |
| | | | <u>Please give further details here</u> (please read guidance note 4) | | |
| | | | | | |
| | | | <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5) | | |
| | | | | | |
| | | | <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> (please read guidance note 6) | | |
| | | | | | |
| | | | | | |

E

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

G

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

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 | X |
|--|-------|--------|---|--|---|
| Day | Start | Finish | | Outdoors | |
| Mon | 2300 | 0100 | | <u>Please give further details here</u> (please read guidance note 4) | |
| Tue | 2300 | 0100 | | | |
| Wed | 2300 | 0100 | <u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5) | | |
| Thur | 2300 | 0100 | | | |
| Fri | 2300 | 0100 | <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 | 0100 | | | |
| Sun | 2300 | 0100 | | | |

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 | 00:00 | 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 | | ██████████ |
| Date of birth | | |
| Address | | |
| ██████████ | | |
| ██████████ | | |
| Postcode | ██████████ | |
| Personal licence number (if known) PA040704 | | |
| Issuing licensing authority (if known) South Lakeland 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).

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

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)

Alcohol will be only sold to customers of the bar/restaurant between 11:00 and 00:30. After that time sales of alcohol will only be made to over-night residents.

b) The prevention of crime and disorder

All staff employed at the premises will receive training on the Licensing Act 2003 including input on preventing underage sales, preventing sales of alcohol to people who are drunk and any other relevant matters.

c) Public safety

This objective has been risk assessed and no measures are deemed necessary, due to the existence of other legislation.

d) The prevention of public nuisance

An incident & refusals register will be maintained at the premises and made available to the authorities on request.

e) The protection of children from harm

The premises will adopt a 'Challenge 25' policy. 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.

The only forms of identification that will be accepted will bear their photograph, date of birth and a holographic mark and/or ultraviolet feature. Examples of appropriate identification include a passport, photocard driving licence, military ID, and Home Office approved proof of age ID card bearing the PASS hologram.

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). | |

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 | 07.07.23 |
| Capacity | Authorised agent |

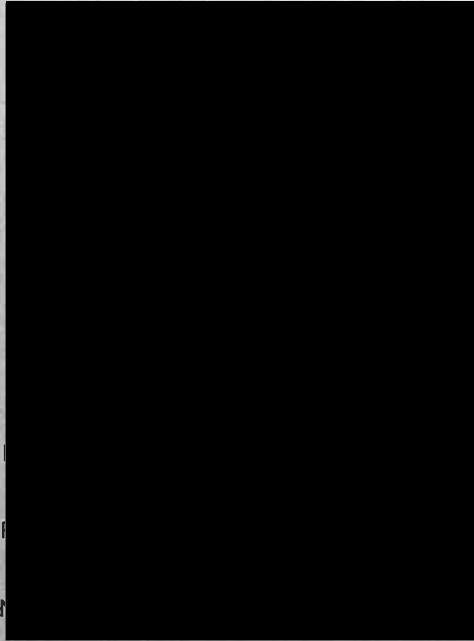
For joint applications, signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent (please read guidance note 13). **If signing on behalf of the applicant, please state in what capacity.**

| | |
|-----------|--|
| 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@naphens.co.uk

Consent of individual to being specified as premises supervisor



hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

~~Very~~ DPS

A PREMISES LICENCE

by

HEFT + CO LIMITED

relating to a premises licence

for

HEFT INN + RESTAURANT
NEWTON IN CARTMEL
GRANIE OVER SANDS
LA11 6JH

and any premises licence to be granted or varied in respect of this application made by

HEFT + CO LIMITED

(name of applicant)

concerning the supply of alcohol at

HEFT INN + RESTAURANT
NEWTON IN CARTHOL
GRANGE OVER SANDS
LA11 6JH

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

PA040704

Personal licence issuing authority

SOUTH LAKELAND DISTRICT COUNCIL

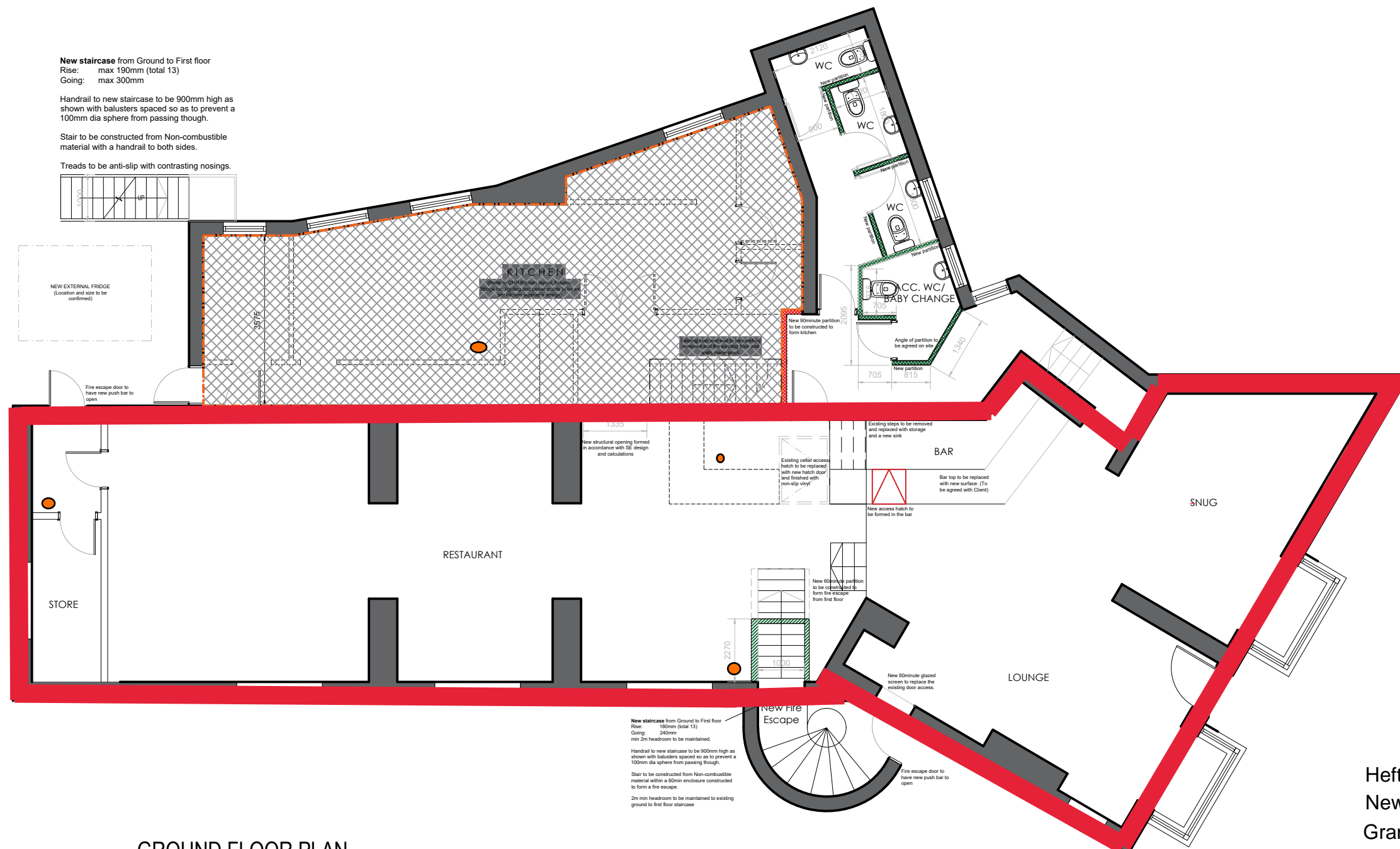
Signed

Name (please print)

Date

06/07/2023

- Area for licensable activities
- Fire equipment



GROUND FLOOR PLAN
Existing

Heft
 Newton in Cartmel
 Grange Over Sands
 LA11 6JH

Notes:
 Unless indicated, this drawing is for information only.
 Do not scale, use figured dimensions only.
 All dimensions to be checked on site

0 Drwg. original size: A3

| Revisions: | | | |
|------------|------|-------|--------|
| Date: | Rev: | Note: | Check: |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

elevens2architects

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 Pudsey
 Leeds LS28 7RE

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 E: leeds@elevens2architects.co.uk
 W: elevens2architects.co.uk

Project: **THE CROWN
High Newton**

Drawing Title: Proposed Ground Floor Plan

Scale: 1:100@A3

Drwg. Created: 02.08.2020

| | |
|-----------|---------------|
| Drwg. No: | 0179_CRWN_103 |
| Status: | Planning (*) |
| Revision: | C |

HEFT
Newton in Cartmel
Grange Over Sands
LA11 6JH



Area for licensable activities

Fire equipment