

## 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 The Trustees of the Heron Theatre Charity

*(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 Heron Theatre Stanley Street Beetham			
<b>Post town</b>	Milnthorpe	<b>Postcode</b>	LA7 7AS

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 3250

### 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	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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over		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>					

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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b> or over		I am 18 years old		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>					
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 The Trustees of the Heron Theatre

Address: The Heron Theatre, Stanley Street, Beetham, Milnthorpe, Cumbria LA7 7AS
Registered number (where applicable) 501134
Description of applicant (for example, partnership, company, unincorporated association etc.)  Registered Charity
Telephone number (if any) secretary: 01524 419252
E-mail address (optional) secretary@theherontheatre.com

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY

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)  
A theatre with and auditorium seating 81 people, a stage with ancillary rooms, toilets, foyer and bar area. There is a small garden on the south side and a car park on the north side.

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)	

<b><u>Provision of late night refreshment</u></b> (if ticking yes, fill in box I)	
<b><u>Supply of alcohol</u></b> (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)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	✓
Day	Start	Finish		Outdoors	
Mon	08:00	23:00		<b>Please give further details here</b> (please read guidance note 4)	
Tue	08:00	23:00			
Wed	08:00	23:00	<b>State any seasonal variations for performing plays</b> (please read guidance note 5)		
Thur	08:00	23:00			
Fri	08:00	23:00	<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	08:00	23:00			
Sun	08:00	23:00			

**B**

<b>Films</b> Standard days and timings (please read guidance note 7)			<b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	✓
Day	Start	Finish		Outdoors	
Mon	08:00	23:00		<b><u>Please give further details here</u></b> (please read guidance note 4)	
Tue	08:00	23:00			
Wed	08:00	23:00	<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 5)		
Thur	08:00	23:00			
Fri	08:00	23:00	<b><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></b> (please read guidance note 6)		
Sat	08:00	23:00			
Sun	08:00	23:00			

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 7)			<b><u>Please give further details</u></b> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 5)
Wed			
Thur			<b><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></b> (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	
Day	Start	Finish		Outdoors	
Mon				<b><u>Please give further details here</u></b> (please read guidance note 4)	Both
Tue					
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)		
Thur					
Fri			<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)		
Sat					
Sun					

**E**

Live music 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	✓
				Outdoors	
Day	Start	Finish		Both	
Mon	08:00	23:00		<b><u>Please give further details here</u></b> (please read guidance note 4)	
Tue	08:00	23:00			
Wed	08:00	23:00	<b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 5)		
Thur	08:00	23:00			
Fri	08:00	23:00	<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)		
Sat	08:00	23:00			
Sun	08:00	23:00			

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	✓
Day	Start	Finish		Outdoors	
				Both	
Mon	08:00	23:00	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue	08:00	23:00			
Wed	08:00	23:00	<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 5)		
Thur	08:00	23:00			
Fri	08:00	23:00	<b><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></b> (please read guidance note 6)		
Sat	08:00	23:00			
Sun	08:00	23:00			

**G**

Performances of dance Standard days and timings (please read guidance note 7)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	✓
Day	Start	Finish		Outdoors	
				Both	
Mon	08:00	23:00	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue	08:00	23:00			
Wed	08:00	23:00	<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 5)		
Thur	08:00	23:00			
Fri	08:00	23:00	<b><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></b> (please read guidance note 6)		
Sat	08:00	23:00			
Sun	08:00	23:00			

# 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	
Mon				Outdoors	
				Both	
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	
				Outdoors	
Day	Start	Finish		Both	
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue					
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)		
Thur					
Fri			<b><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></b> (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 checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)		
Mon	10:00	23:00			
Tue	10:00	23:00			
Wed	10:00	23:00			
Thur	10:00	23:00			
Fri	10:00	23:00			
Sat	10:00	23:00			
Sun	11:00	23:00			
			<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)		

**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):**

<b>Name</b> [REDACTED]	
[REDACTED]	
<b>Address</b> [REDACTED]	
[REDACTED]	[REDACTED]
<b>Personal licence number (if known)</b> LAPA3814	
<b>Issuing licensing authority (if known)</b> Lancaster City Council	





# M

**Describe the steps you intend to take to promote the four licensing objectives:**

a) **General – all four licensing objectives (b, c, d, e)** (please read guidance note 10)

Designated Premises Supervisor appointed.  
Sufficient number of volunteers on the premises.  
Regular training of staff.  
Adherence to 4 objectives as below

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

Volunteer training  
Documented staff training will be given to all volunteers including their obligation under the Licensing Act in respect of the:-  
Retail sale of alcohol  
Age verification policy  
Conditions attached to the Premises License  
Permitted Licensable activities  
The Licensing objectives and  
The Opening Times of the venue.  
The safeguarding policy

Records of the training will be kept

A Refusals Register and Incident Report Register will be kept. Such documents will record incidents of staff refusals of alcohol sales to under-age or drunk people, as well as incidents of any anti-social behaviour and ejections from the premises. Any seizure of drugs/weapons or fake identification

Both Refusals and Incident Report registers shall be kept for at least 1 year and they will be made available immediately upon a reasonable request from any Responsible Authority.

c) **Public safety**

The number of people entering and leaving the premises will be checked ensuring that once the maximum occupancy is reached, no further persons are admitted.

The licence holder or people authorised by them will check the premises before it opens to the public to ensure there are no risks to patrons and that all safety precautions are in place.

The licence holder will ensure that all staff receive appropriate training about emergency and general safety precautions and procedures.

The licence holder will ensure that all staff are aware of their social and legal obligations and their responsibilities regarding the sale of alcohol.

All bottles and glasses and rubbish removed from public areas on a regular and frequent basis.

The fire safety measures provided on the premises maintained in good working order, and their adequacy will be determined on a regular basis, by the carrying out of a fire risk assessment as required by, and in accordance with the Regulatory Reform (Fire Safety) Order 2005.

An adequate and appropriate supply of first aid equipment and materials available on the premises.

**d) The prevention of public nuisance**

Suitable and conspicuous notices shall be displayed at entrances and exits requesting patrons to minimize noise and when smoking and/or leaving.

Alcoholic drinks purchased are for consumption on the premises only.

All windows and external doors shall be kept closed at any time when regulated entertainment takes place, except for the immediate access and egress or persons.

No noise shall emanate from the premises nor vibration be transmitted through the structure of the premises that gives rise to a nuisance.

Where live/recorded music takes place, the premises shall undertake regular monitoring of noise levels at the nearest noise sensitive locations. A record shall be kept of any monitoring, including date, time, location, name of the person conducting the check and any remedial action taken. Records shall be kept for at least 6 months and made available on request to Police or an Authorised officer.

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

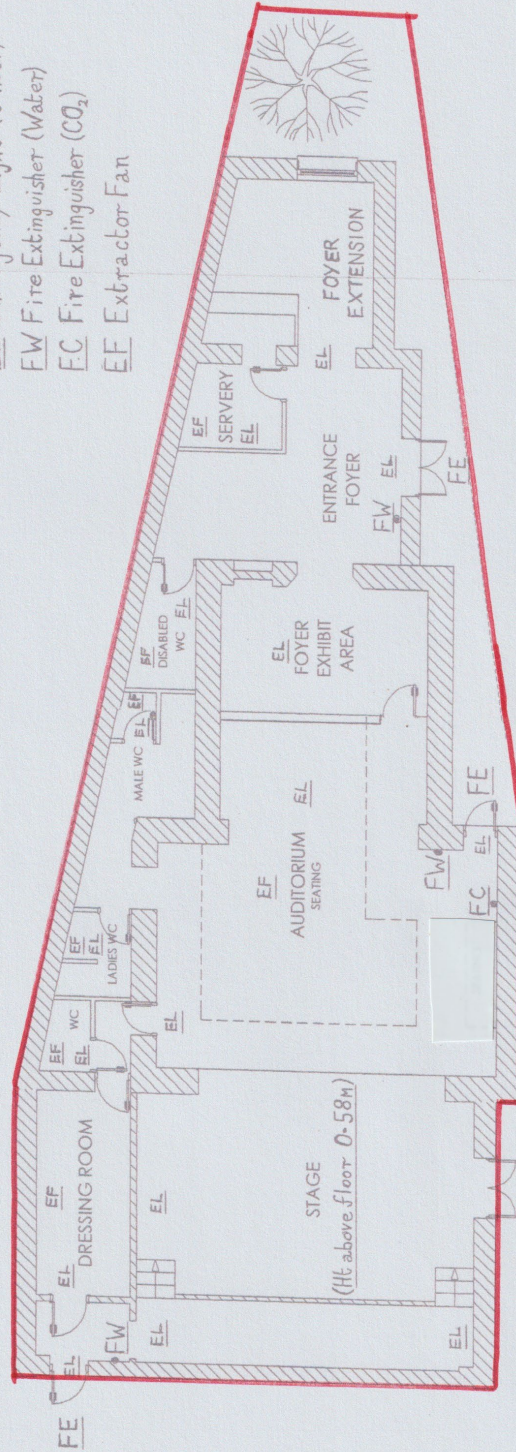
The licence holder will operate a Challenge 25 Age Verification Policy and display prominent signage at the point of sale indicating that the Challenge 25 scheme is in operation.

The only acceptable proof of age identification shall be a current Passport, photo card Driving Licence or identification carrying the PASS logo or military id (until other effective identification technology e.g. thumb print or pupil recognition, is adopted by the Premises Licence Holder)

**Checklist**

•	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 or my share code issued by the Home Office online right to work checking service (please read note 15).	

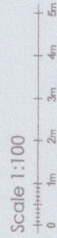
- LEGEND**
- FE Designated & signed Fire Exit
  - EL Emergency Light (3-hour)
  - FW Fire Extinguisher (Water)
  - FC Fire Extinguisher (CO<sub>2</sub>)
  - EF Extractor Fan



- Notes**
1. An approved Fire Alarm System is installed.
  2. Alcohol is to be served at the Servery

The Heron Theatre

GROUND FLOOR PLAN, PREPARED JUNE 2005



Carr Humphreys  
architecture

Park Road, Mirthorpe  
Cumbria LA7 7AD  
Tel: 015395 64455

**Licensing Team Westmorland & Furness Council**  
South Lakeland House, Lowther Street, Kendal LA9 4DQ  
Tel: 0300 373 3300 Email: [licensing@westmorlandandfurness.gov.uk](mailto:licensing@westmorlandandfurness.gov.uk)

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

-----  
I   
*[full name of prospective premises supervisor]*


-----  
*[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

The trustees of the Heron Theatre

-----  
*[name of applicant]*

relating to a premises licence

-----  
*[number of existing licence, if any]*

for The Heron Theatre

Stanley Street

Beetham

Milnthorpe

LA7 7AS

*[name and address of premises to which the application relates]*

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

The Trustees of the Heron Theatre

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*[name of applicant]*

concerning the supply of alcohol at

The Heron Theatre

Stanley Street

Beetham

Milnthorpe

LA4 6HB

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*[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

LAPA3814

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*[insert personal licence number, if any]*

Personal licence issuing authority

Lancaster City Council

Morecambe Town Hall

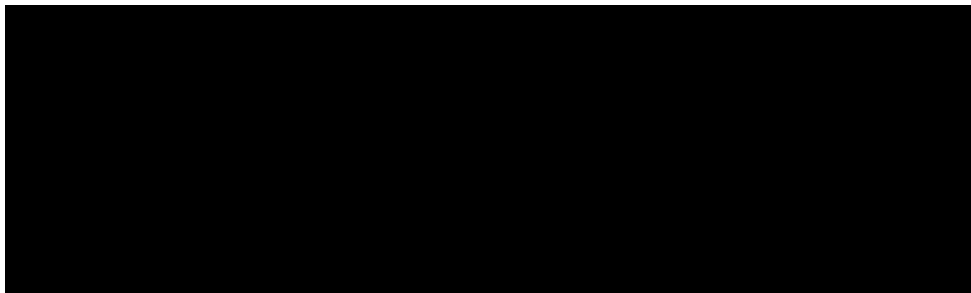
Morecambe

LA4 5AF

01524 582030

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



Signed



Name (please print)

Date

28/09/23

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