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**SOUTH LAKELAND DISTRICT COUNCIL**  
Public Health & Licensing Group, South Lakeland House, Lowther Street,  
Kendal, Cumbria LA9 4UD  
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**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 PHILIP G RHODES  
(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			
TERRAZZO - UNIT C7 K VILLAGE LOUND ROAD			
Post town	KENDAL	Postcode	LA9 7FH

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 75,000

**Part 2 - Applicant Details**

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

- a) an individual or individuals \*  please complete section (A)
- b) a person other than an individual \*
  - i. as a limited company  please complete section (B)
  - ii. as a partnership  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:

Please tick yes

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)

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Other Title (for example, Rev)
<b>Surname</b>			<b>First names</b>	
I am 18 years old or over				<input type="checkbox"/> Please tick yes
Current postal address if different from premises address				
Post town				Postcode
<b>Daytime contact telephone number</b>				
<b>E-mail address (optional)</b>				

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
Surname			First names	
I am 18 years old or over				<input type="checkbox"/> Please tick yes
Current postal address if different from premises address				
Post town		Postcode		
Daytime contact telephone number				
E-mail address (optional)				

**(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	CAFE TERRAZZO LTD
Address	UNIT 8 STATION YARD GRANGE-OVER-SANDS CUMBRIA, LA11 6DW
Registered number (where applicable)	9665073
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	015395 35688
E-mail address (optional)	[REDACTED]

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
24	08	2015

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)

TERRAZZO IS A CAFE, BAR AND RESTAURANT OPERATING A RIVERSIDE LOCATION. THE SALE OF ALCOHOL WILL BE FOR CONSUMPTION ON THE PREMISES ONLY. WE ARE OPERATING NON AMPLIFIED MUSIC PRIMARILY FOR VISITING COACH PARTIES WITH THE INTENTION TO GROW AND EXPAND TO LOCALS.

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any 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)

**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**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 4)		
Wed			<b><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></b> (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Wed					
Thur			<b>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</b> (please read guidance note 5)		
Fri					
Sat					
Sun					

C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	
Mon			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Tue			
Wed			<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 5)
Thur			
Fri			
Sat			
Sun			

D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)		
Wed					
Thur			<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 5)		
Fri					
Sat					
Sun					



E

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of live music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>		
Day				Start	Finish	Outdoors	<input type="checkbox"/>
						Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)				
Tue							
Wed			<b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 4)				
Thur							
Fri			<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 5)				
Sat							
Sun							

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>	
Day	Start	Finish		Outdoors	<input type="checkbox"/>	
Mon	0900	2359	Please give further details here (please read guidance note 3)  WE DO NOT INTEND TO AMPLIFY THE MUSIC.	Both	<input type="checkbox"/>	
Tue	/	/		State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Wed	/	/				
Thur	/	/				
Fri	/	/	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 5)			
Sat	/	/				
Sun	/	/				

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)			
Mon						
Tue						
Wed			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)			
Thur						
Fri			<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 5)			
Sat						
Sun						

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			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 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
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 4)		
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 5)		
Sun					

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input checked="" type="checkbox"/>
Mon	21.00	23.59	<p><b>Please give further details here</b> (please read guidance note 3)</p> <p>ONLY ON THE RARE OCCASION OF A PRIVATE HIRE.</p> <p><b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)</p> <p>POSSIBLY NEW YEARS EVE.</p> <p><b>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</b> (please read guidance note 5)</p> <p>* UNTIL 22.00 HRS ONLY.</p>	Both	<input type="checkbox"/>
Tue	-11-	-11-			
Wed	-11-	-11-			
Thur	-11-	-11-			
Fri	-11-	-11-			
Sat	-11-	-11-			
Sun	-11-	-11-			

\*

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption</b> - please tick (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	0900	2359			
Tue	-11	-11			
Wed	-11	-11			
Thur	-11	-11			
Fri	-11	-11			
Sat	-11	-11			
Sun	-11	-11			
			<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 5)		

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:

Name	PHILIP G RHODES
Address	[REDACTED]
Postcode	[REDACTED]
Personal licence number (if known)	PA0016
Issuing licensing authority (if known)	SLDC

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 8).

NONE

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	0900	2359	<p><b>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</b> (please read guidance note 5)</p>
Tue	11	11	
Wed	11	11	
Thur	11	11	
Fri	11	11	
Sat	11	11	
Sun	11	11	

**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 9)**

WE WILL MAINTAIN STRONG MANAGEMENT CONTROLS AND EFFECTIVE STAFF TRAINING OF ALL STAFF TO KEEP THEM AWARE OF THE FOUR LICENSING OBJECTIVES PAYING PARTICULAR ATTENTION TO:  
a/ NO ALCOHOL SALES TO UNDERAGE PEOPLE.  
b/ NO DRUNK & DISORDERLY BEHAVIOUR ON THE PREMISES.  
c/ VIGILANCE IN PREVENTING THE USE/SALE OF ILLEGAL DRUGS.  
d/ NO VIOLENT/ANTISOCIAL BEHAVIOUR & NO HARM TO ANY CHILDREN.

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

CCTV SYSTEM INSTALLED TO MONITOR ALL AREAS OF THE PREMISES TO ADDRESS THE PREVENTION OF CRIME OBJECTIVE.  
A CLEAR AND LEGIBLE NOTICE OUTSIDE THE PREMISES INDICATING NORMAL OPENING HOURS FOR LICENSABLE ACTIVITIES.  
NOT SELLING ALCOHOL TO DRUNK OR INTOXICATED CUSTOMERS.  
CLEAR AND CONSPICUOUS NOTICES WARNING OF POTENTIAL CRIMINAL ACTIVITY SUCH AS THEFT.

**c) Public safety**

INTERNAL AND EXTERNAL LIGHTING FIXED TO PROMOTE THE PUBLIC SAFETY OBJECTIVE.  
WELL TRAINED STAFF ADHERENCE TO E.H. REQUIREMENTS.  
TRAINING AND IMPLEMENTATION OF UNDERAGE ID CHECKS.  
ALL PARTS OF THE PREMISES AND ALL FIXTURES AND FITTINGS TO BE MAINTAINED AND A LOG RECORD KEPT.

**d) The prevention of public nuisance**

NOISE REDUCTION MEASURES TO ADDRESS THE PUBLIC NOISE OBJECTIVE.  
PROMINENT CLEAR NOTICES DISPLAYED ASKING THE PUBLIC TO RESPECT LOCAL RESIDENTS WHEN LEAVING.  
DELIVERIES WILL NOT BE OUT OF HOURS / LATE EVENING.  
OUTDOOR LIGHTING WILL BE POSITIONED / SCREENED TO SUIT.

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

A 'CHALLENGE 25' SIGN WHICH IS A RETAINING STRATEGY THAT ENCOURAGES ANYONE OVER 18 BUT WHO LOOKS UNDER 25 TO CARRY ACCEPTABLE ID, IF THE WISH TO BUY ALCOHOL.  
WELL TRAINED STAFF REGARDING PERSONAL ID & AGE VERIFICATION.  
A LOG BOOK WILL BE KEPT ON THE PREMISES AT ALL TIMES.  
ALL DETAILS PROVIDED IN THE TRAINING RECORD BOOK WILL BE AVAILABLE AT ALL TIMES.

Checklist:



Please tick to indicate agreement


- 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.

**APPLICANT**

**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.**

**Part 4 – Signatures** (please read guidance note 10)

**Signature of applicant or applicant’s solicitor or other duly authorised agent** (see guidance note 11). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	25 July 2015
Capacity	DIRECTOR.

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant’s solicitor or other authorised agent** (please read guidance note 12). **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 13)

AS APPLICANT.

Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

**Notes for Guidance**

**SOUTH LAKELAND DISTRICT COUNCIL**

Licensing Section, South Lakeland House, Lowther Street, Kendal, Cumbria, LA9 4UD  
Tel: 01539 733333 Fax: 01539 740300  
[www.southlakeland.gov.uk](http://www.southlakeland.gov.uk) email: [licensing@southlakeland.gov.uk](mailto:licensing@southlakeland.gov.uk)



**Part A**

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

I PHILIP G RHODES [full name of prospective premises supervisor]  
of [redacted]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for TERRAZZO [type of application] by CAFE TERRAZZO LTD [name of applicant] relating to the premises licence [number of existing licence, if any] for UNIT 7, K VILLAGE, LOUND RD, KENDAL LA9 7FH [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 CAFE TERRAZZO LTD [name of applicant] concerning the supply of alcohol at UNIT 7, K VILLAGE, LA9 7FH [name and address of premises to which application relates]. I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number PA0016 [insert personal licence number, if any]  
Personal licence issuing authority SADC  
[insert name and address and telephone number of personal licence issuing authority, if any]

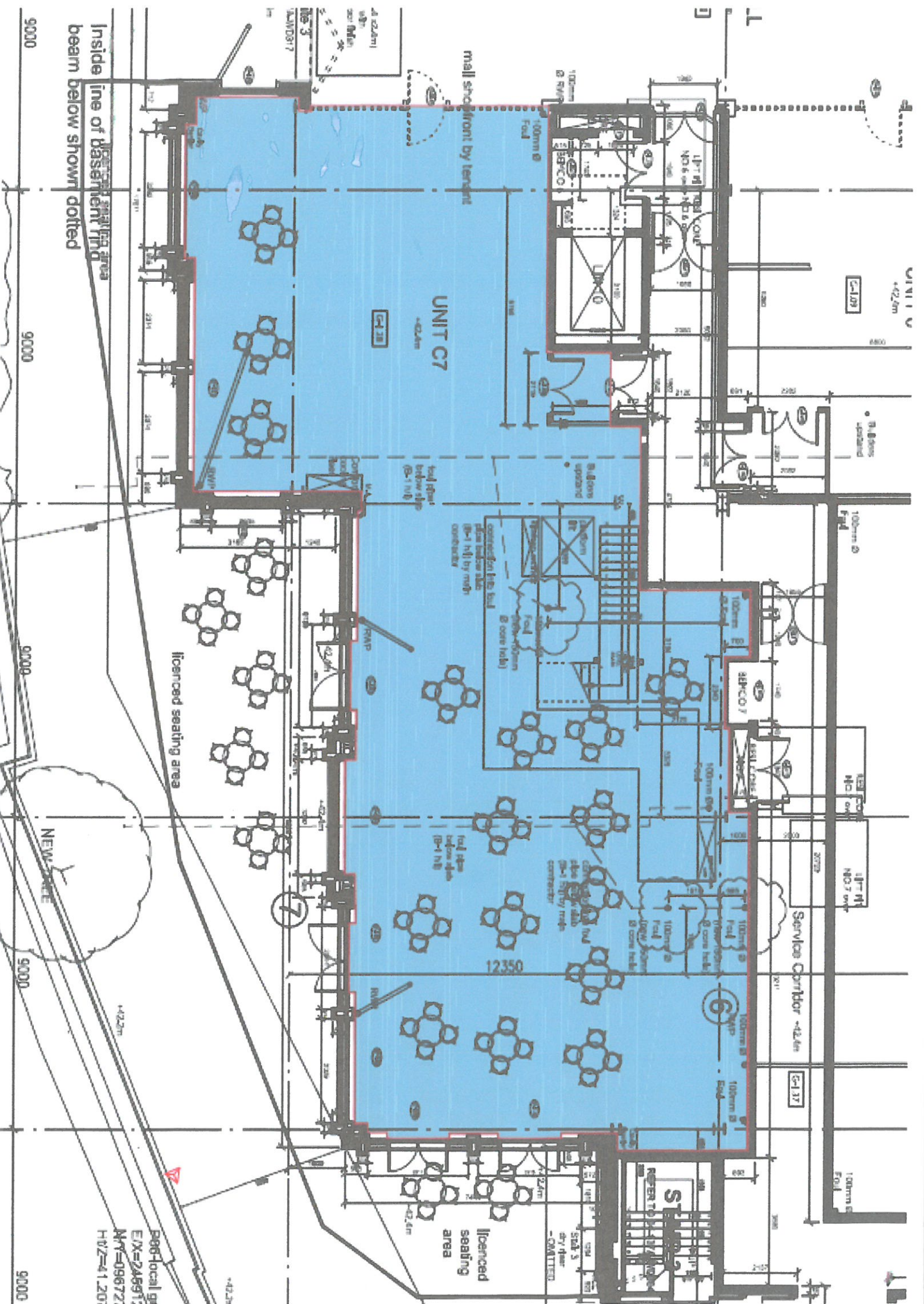
[redacted signature] signed  
PHILIP G RHODES name (please print)  
26 JULY 2015 dated

**Part B**

**Consent of premises licence holder to transfer**

I/we [full name of premises licence holder(s)]  
the premises licence holder of premises licence number [insert premises licence number] relating to [name and address of premises to which the application relates] hereby give my consent for the transfer of premises licence number [insert premises licence number] to [full name of transferee].

signed  
name (please print)  
dated



UNIT C  
+42.2m

C-109

100mm Ø  
Foil

100mm Ø  
Foil

100mm Ø  
Foil

100mm Ø  
Foil

100mm Ø  
Foil

Service Corridor +42.4m

C-137

UNIT C7  
+42.4m

wall structure by tenant

licensed seating area

licensed seating area

Inside line of basement find beam below shown dotted

POB Local by  
E/X=24691;  
N/V=09672;  
H/W=41.20;

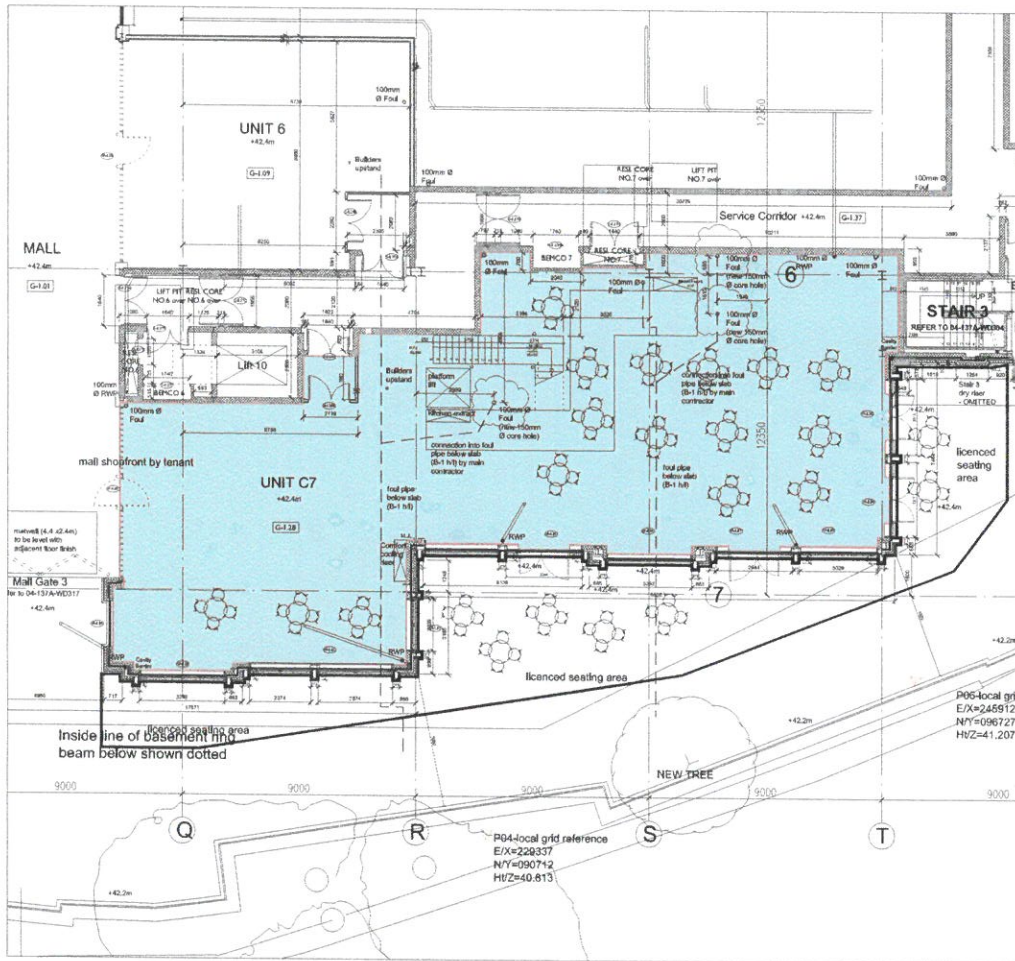
9000 9000 9000 9000 9000 9000 9000 9000 9000 9000

NEW WALL

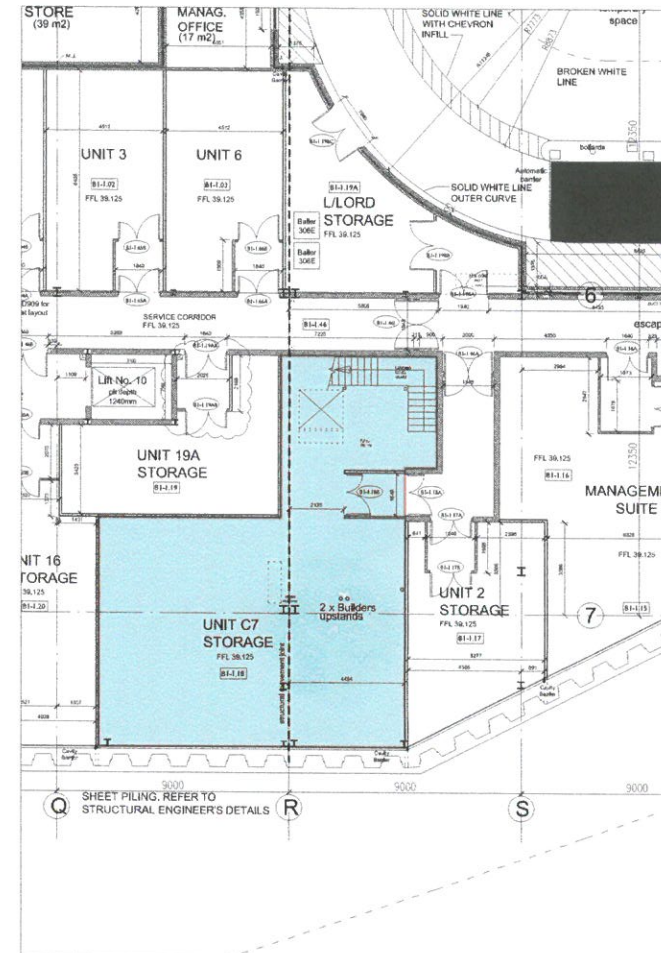
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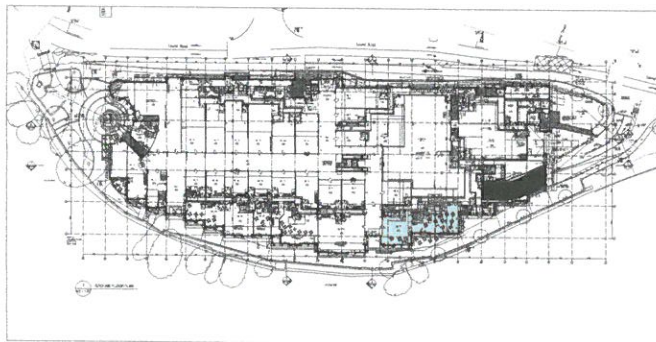
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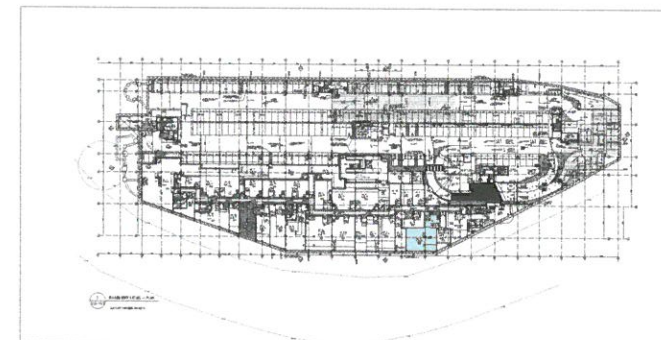
UNIT C7 GROUND FLOOR PLAN SCALE 1:200 @ A3



UNIT BASEMENT C7 LEVEL -1 (STORAGE PLAN) SCALE 1:200 @ A3



BASEMENT LEVEL -1 (STORAGE PLAN) LOCATION PLAN 1:2000 @ A3



GROUND FLOOR LOCATION PLAN SCALE 1:2000 @ A3



RIVERSIDE PLACE KENDAL  
UNIT C7

PLAN 3



WJR & RT TAGGART