

22 OCT 2014

Receipt No ..... 234090 .....

Initials ..... EME .....

Date ..... 22.10.14 .....



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**SOUTH LAKE LAND DISTRICT COUNCIL**  
Public Health & Licensing Group, South Lakeland House, Lowther Street,  
Kendal, Cumbria LA9 4UD

030932

Tel: 0845 050 4434 Fax: (01539) 740300

[www.southlakeland.gov.uk](http://www.southlakeland.gov.uk) e-mail: [licensing@southlakeland.gov.uk](mailto:licensing@southlakeland.gov.uk)

**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 AMY STEPHANIE BLEASDALE

(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			
POPPIES CAFE 4, UNION STREET ULVERSTON CUMBRIA			
Post town	ULVERSTON	Postcode	LA12 7HR
Telephone number at premises (if any)	01229 583134		
Non-domestic rateable value of premises	£ 4,800		

**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)

Mr <input type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname <b>BLEASDALE</b>			First names <b>AMY</b>		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		[REDACTED]			
Post town	[REDACTED]		Postcode	[REDACTED]	
Daytime contact telephone number <span style="background-color: black; color: black;">[REDACTED]</span>					
E-mail address (optional)		<b>POPPIESCAFE@aol.com</b>			

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	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>					

**(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.)
Telephone number (if any)
E-mail address (optional)

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY  
24 11 2014

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)

TOWN CENTRE CAFE & BISTRO  
TABLE LICENCE TO SERVE DRINK IN CAFE  
ALCOHOL KEPT IN CELLAR

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

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment 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					
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					



**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music 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		
Mon			<b>Please give further details here</b> (please read guidance note 3)	
Tue				
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)	
Thur				
Fri			<b>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</b> (please read guidance note 5)	
Sat				
Sun				

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" 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), <i>UNAMPLIFIED, EASY LISTENING MUSIC</i>		
Mon	<i>09.00</i>	<i>19.00</i>			
Tue	<i>09.00</i>	<i>19.00</i>	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4) <i>N/A</i>		
Wed	<i>—</i>	<i>—</i>			
Thur	<i>09.00</i>	<i>19.00</i>	<b>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</b> (please read guidance note 5) <i>N/A.</i>		
Fri	<i>09.00</i>	<i>20.00</i>			
Sat	<i>09.00</i>	<i>20.00</i>			
Sun	<i>—</i>	<i>—</i>			

**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		
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 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					


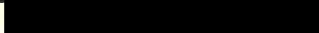
I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment 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 provision of late night refreshment</b> (please read guidance note 4)		
Wed					
Thur			<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)		
Fri					
Sat					
Sun					

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (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	09.00	<del>19.00</del> 19.00	N/A		
Tue	09.00	<del>19.00</del> 19.00			
Wed	—				
Thur	09.00	<del>21.00</del> 19.00	<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 5)		
Fri	09.00	<del>21.00</del> 21.00	N/A		
Sat	09.00	<del>21.00</del> 21.00			
Sun	—				

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

Name	AMY STEPHANIE BLEASDALE	
Address		
Postcode		
Personal licence number (if known)	(NOT YET KNOWN)	
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).

N/A

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	09.00	20.00	N/A
Tue	09.00	20.00 20.00	
Wed	—————		
Thur	09.00	20.00	
Fri	09.00	22.00	
Sat	09.00	22.00	
Sun	—————		

**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 5)

**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)**

ALL STAFF WILL BE TRAINED TO ALL  
4 LICENSING OBJECTIVES  
NO SELLING TO UNDERAGE / NO USE OF ILLEGAL DRUGS  
PROTECTION OF CHILDREN / NO ANTI SOCIAL BEHAVIOUR  
DRUNK + DISORDERLY

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

CCTV INSTALLED  
DUE TO NATURE OF PREMISES CRIME + DISORDER  
WILL NOT BE AN ISSUE. HOWEVER WE WILL NOT ACCEPT  
DISORDERLY CONDUCT AND WE WILL TAKE APPROPRIATE STEPS.

**c) Public safety**

THE PREMISES WILL COMPLY WITH ALL RELEVANT  
REGULATIONS AND REQUIREMENTS REQUIRED BY FIRE  
SAFETY, ENVIRONMENTAL HEALTH ETC.  
FIRST AID KIT / ACCIDENT BOOK

**d) The prevention of public nuisance**

REFUSE DISPOSED OF CORRECTLY AT A TIME  
WHEN ITS NOT LIKELY TO CAUSE A DISTURBANCE  
NOT SERVING FOOD LATE.

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

PERSONS UNDER 21 AGE  
(IF SOMEONE APPEARS TO BE UNDER 21 ID WILL  
BE REQUIRED AS PROOF OF AGE. IF A CITIZEN  
CARD IS UNAVAILABLE A PASSPORT WOULD DO.  
ALCOHOL TO BE STORED IN A CELLAR

**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.

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	[REDACTED]
Date	21/10/14
Capacity	OWNER

**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.

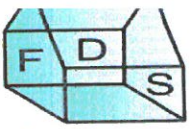
Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

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

**Notes for Guidance**

T.S.B



# F.D.S. Architectural

Providing all your planning & building regulation needs

Partners David Poole & Deborah Robinson

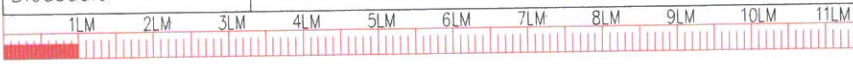
LOCATION: Poppies Cafe and Bistro, 4 Union Street, Ulverston LA12 7HR

DWG. TYPE: PROPOSED PLANS AND ELEVATIONS

DESCRIPTION: Proposed extension to commercial kitchen area

SCALE: 1:100 DWG REF.: FDS0162 No.: 5 REV: B DATE: 24/02/2014

Drawn for: Mr & Mrs Bleasdale  
If not an original copy on A2 paper then do not scale this drawing all dimensions to be checked on site.



4 UNION STREET  
MAIN ENTRANCE

CCTV

Seating area  
(25 COVERS)

Landing Fire Extinguisher  
And Emergency lights.

CCTV

COFFEE PRIVATE

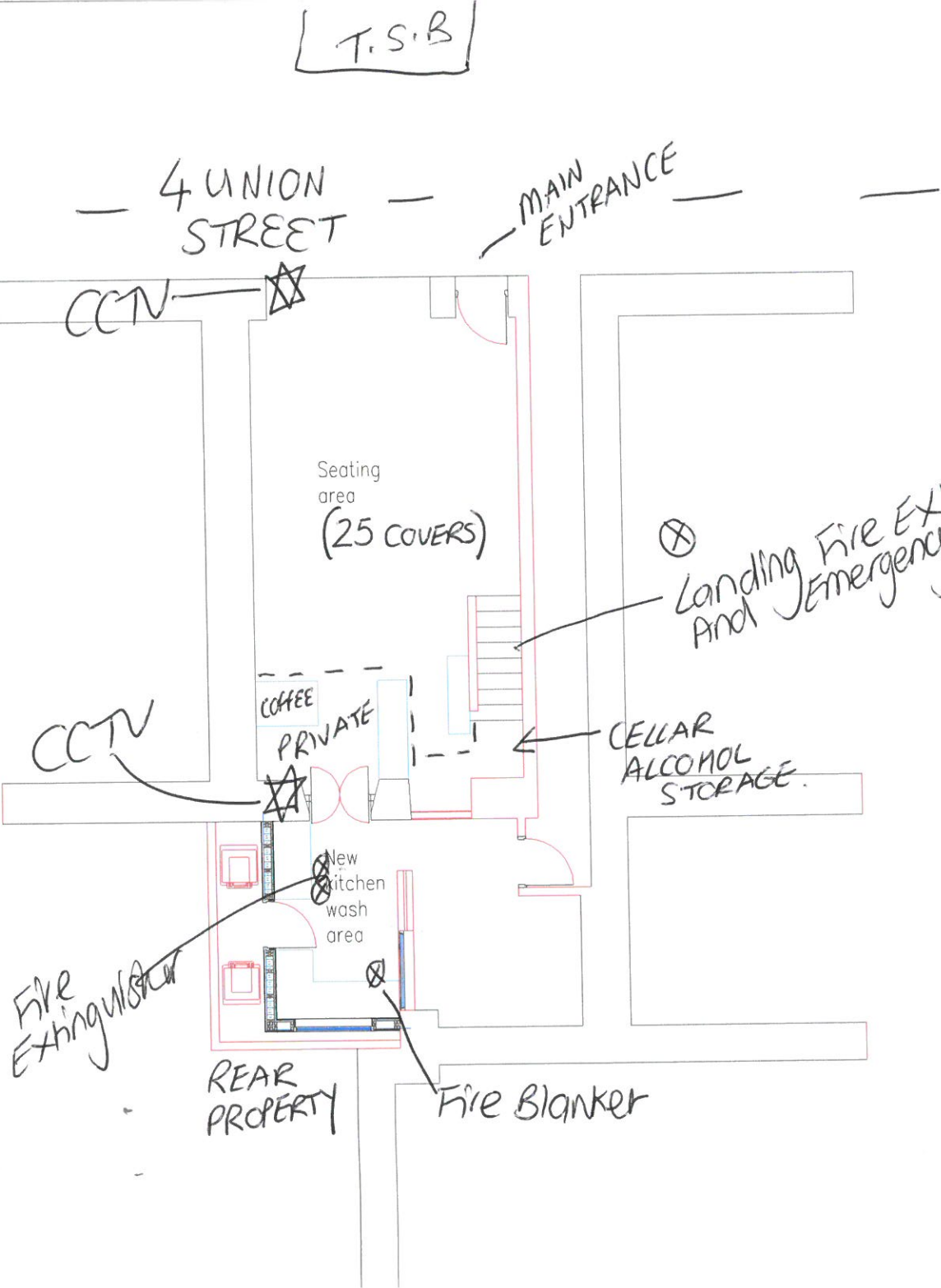
CELLAR ALCOHOL STORAGE

Fire Extinguisher

New kitchen wash area

REAR PROPERTY

Fire Blanket



**SOUTH LAKELAND DISTRICT COUNCIL**

Licensing Section, South Lakeland House, Lowther Street, Kendal, Cumbria, LA9 4UD

Tel: 0845-050-4434 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 AMY BLEASDALE [full name of prospective premises supervisor]  
of 4, UNION STREET, ULVERSTON  
CUMBRIA LA12 7HR [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 ..... [name of applicant]  
relating to the premises licence ..... [number of existing licence, if  
any]  
for POPPIES CAFE, 4, UNION STREET, ULVERSTON  
CUMBRIA ..... [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 MRS. AMY BLEASDALE ..... [name of applicant]  
concerning the supply of alcohol at 4, UNION STREET, ULVERSTON  
CUMBRIA ..... [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 ..... [insert personal licence number, if any]  
Personal licence issuing authority .....  
[insert name and address and telephone number of personal licence issuing  
authority, if any]

Amy Bleasdale signed  
AMY BLEASDALE name (please print)  
13/10/14 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