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Council  
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**SOUTH LAKELAND DISTRICT COUNCIL**  
Public Health & Licensing Group, South Lakeland House, Lowther Street,  
Kendal, Cumbria LA9 4UD  
Tel: 0845 050 4434 Fax: (01539) 740300  
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Received  
01 MAR 2013  
LICENSING

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 Nicola Swindlehurst on behalf of Southern District Young Farmers

*(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 <b>Esp Ford Farm Crosthwaite Nr Kendal Cumbria</b>			
Post town	Kendal	Postcode	LA8 8BS

Telephone number at premises (if any)	<b>015395 68381</b>
Non-domestic rateable value of premises	<b>£2000</b>

**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 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		N/A			
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

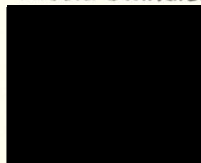



**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<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		N/A			
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.

<b>Name</b> Southern District Young Farmers Clubs	
<b>Address</b> Young Farmers County Office Newton Rigg Penrith Cumbria	Nicola Swindlehurst 
<b>Registered number (where applicable)</b>	
<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b> Charity	
<b>Telephone number (if any)</b> 01768 866550 County Office  Nicola Swindlehurst	
<b>E-mail address (optional)</b> swindlehurst.nicola@hotmail.co.uk	

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
1	8	05 2013

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

DD	MM	YYYY
1	9	05 2013

Please give a general description of the premises (please read guidance note 1)  
 Farm buildings in an isolated rural location.  
 The building is a silage pit with a roof & door. It was last cleaned & disinfected & free from silage in December 2012.

*450 max extending premises 450-850 capacity as approved by fire service.*

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

N/A
-----

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)  | <input type="checkbox"/>   |
| b) films (if ticking yes, fill in box B)  | <input type="checkbox"/>   |
| c) indoor sporting events (if ticking yes, fill in box C)   | <input type="checkbox"/>   |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)  | <input type="checkbox"/>   |
| 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)  | <input type="checkbox"/>   |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/>   |
| <b><u>Provision of late night refreshment</u></b> (if ticking yes, fill in box I)                           | X                          |
| <b><u>Supply of alcohol</u></b> (if ticking yes, fill in box J)   | X                          |

**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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3) N/A		
Mon					
Tue			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Wed					
Thur			<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)		
Fri					
Sat					
Sun					

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b><u>Will the exhibition of films 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"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 3) N/A		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 4)		
Thur					
Fri			<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 5)		
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) N/A
Day	Start	Finish	
Mon			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
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			N/A		
Tue					
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)		
Thur			<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)		
Fri					
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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3) Amplified live music as a one off event not annually at this venue		
Mon					
Tue			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Wed					
Thur			<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)		
Fri					
Sat					
	19	00			
Sun	02	30			

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	X
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 playing of recorded music</u></b> (please read guidance note 4)		
Thur					
Fri			<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 5)		
Sat					
	19	00			
Sun	02	30			



**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"/>
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) N/A		
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 N/A		
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					

1

<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	X
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3)		
Mon			Burger van.		
Tue					
Wed			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
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					
	23	00			
Sun	02	30			



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 type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	X
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
	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)		
Sun	01	30			

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

Name Mr S Procter	
Address [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) PA1048	
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			<p><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 5)</p>
Tue			
Wed			
Thur			
Fri			
Sat			
	19	00	
Sun	02	30	

**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)**

See Event Management Plan.

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

See Event Management Plan

**c) Public safety**

The building will be surrounded by security fencing to keep people away from the rest of the farmyard. All drinks will be served in non glass recepticals.

And see Event Management plan.

Capacity levels 800.  
(As approved by fire service)

**d) The prevention of public nuisance**

The music will be monitored outside the building & turned down as necessary.  
Written records will be made of times monitoring took place & any actions that were taken at these times.

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

There will be no persons under the age of 16 allowed into the function. ID will be checked & wrist bands attached. Wrist bands will be one colour for under 18's & a different colour for over 18's. Wrist bands will be single use wrist bands only & will be put on securely.

**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

**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	Nicola Swindlehurst 
Date	11 <sup>th</sup> February 2013
Capacity	Field Day Dance Secretary



**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	Stephen Procter
Date	11 <sup>th</sup> February 2013
Capacity	Southern District Young Farmers President

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

Nicola Swindlehurst



Post town	<b>Kendal</b>	Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) Swindlehurst.nicola@hotmail.co.uk			

**Notes for Guidance**

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.



SL2



**SOUTH LAKELAND DISTRICT COUNCIL**  
Licensing Group, South Lakeland House, Lowther Street, Kendal, Cumbria, LA9 4UD  
Tel: (01539) 733333 Ext. 7481/7484 Fax: (01539) 737659  
[www.southlakeland.gov.uk](http://www.southlakeland.gov.uk) e-mail: [licensing@southlakeland.gov.uk](mailto:licensing@southlakeland.gov.uk)

**Form of consent given by the person whom the applicant wishes to be the Premises Supervisor**

I, ...MR STEPHEN PROCTER.....(full name of prospective premises supervisor)

Of ... [redacted]  
... (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 SL06 PREMISES LICENCE. (type of application)  
By NICOLA SWINDLEHURST ON BEHALF OF SOUTHERN DISTRICT YOUNG FARMERS.(name of applicant)  
Relating to a premises licence .....N/A.....(number of existing licence, if any)

For ESP FORD FARM, CROSTHWAITE, KENDAL, CUMBRIA, LA8 8BS  
(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  
NICOLA SWINDLEHURST ON BEHALF OF SOUTHERN DISTRICT YOUNG FARMERS (name of applicant)

Concerning the supply of alcohol at ESP FORD FARM, CROSTHWAITE, KENDAL, CUMBRIA LA8 8BS....  
(name and address of premises to which the 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 PA1048. (insert personal licence number, if any)

Personal Licence issuing authority SLDC, LOWTHER STREET, KENDAL, CUMBRIA, LA94UD...  
(insert name and address and telephone number of personal licence issuing authority, if any)

Signed S PROCTER..

Name: (Please print) S PROCTER  
Dated: 11<sup>TH</sup> FEBRUARY 2013...



**SOUTH LAKELAND DISTRICT COUNCIL**

Licensing Section, South Lakeland House, Lowther Street, Kendal, Cumbria, LA9 4UD  
Tel: (01539) 733333 Ext 7481/7484 Fax: (01539) 737659  
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**Part A**

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

I STEPHEN PROCTER [full name of prospective premises supervisor]  
of [redacted]

[redacted] [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 SLC Licence [type of application]

by Nicola Swindhurst on behalf of South Lakeland District Young Farmers [name of applicant]  
relating to a premises licence [number of existing licence, if any]

for ESP FORD FARM, CEASTUNWATE, KENDAL, CUMBRIA, LA8 8BS [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 Nicola Swindhurst on behalf of South Lakeland District Young Farmers [name of applicant]

concerning the supply of alcohol at ESP FORD FARM, CEASTUNWATE, Kendal, LA8 8BS [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 PA1048 [insert personal licence number, if any]

Personal licence issuing authority SLDC, LOWTHER ST, MENZAP, CUMBRIA LA9 4UD [insert name and address and telephone number of personal licence issuing authority, if any]

[redacted] signed  
S PROCTER name (please print)  
11 FEB 2013 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].

[redacted] signed  
name (please print)  
dated