

Receipt No 235651 (CH10)

Initials RP

Date 16/4/15 (£100.00)

[Insert name and address of relevant licensing authority and its reference number (optional)]

Application for a premises licence to be granted under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

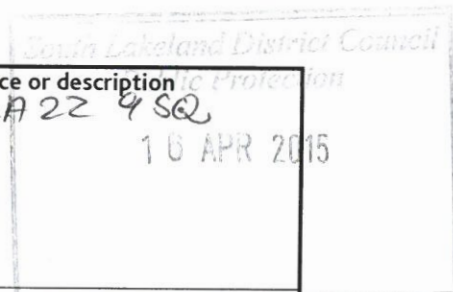
Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

CODREANU FLORINA

I/We 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 CUMBRIA, GRASMERE TOWN ENA, LA 22 9SQ	
Post town GRASMERE	Post code LA22 9SQ



Telephone number at premises (if any)

015394 35528

Non-domestic rateable value of premises

£ 3,081.25

Part 2 - Applicant details

Please state whether you are applying for a premises licence as

Please tick ✓ yes

- 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 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 Mrs Miss Ms Other title (for example, Rev)

Surname

First names

I am 18 years old or over Please tick yes

Current postal address if different from premises address

Post Town **Postcode**

Daytime contact telephone number

E-mail address (optional)

SECOND INDIVIDUAL APPLICANT_(if applicable)

Mr

Mrs

Miss

Ms

Other title
(for example, Rev)

Surname

First names

Please tick
✓ yes

I am 18 years old or over

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	CODREANU FLORINA ENE VIOREL MARIN RAZWAN > BROSIS
Address	[REDACTED] [REDACTED]
Registered number (where applicable)	
Description of applicant (for example partnership, company, unincorporated association etc)	PARTNERSHIP
Telephone number (if any)	[REDACTED]
E-mail address (optional)	[REDACTED]

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
4	5	05 20 15

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

Day	Month	Year

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

Please give a general description of the premises (please read guidance note 1)

THE BUILDING IS USED AS A CAFE FOR THE DAY TIME AND A BISTRO FOR SOME EVENINGS .
IS SITUATED ON A LARGE CAR PARK
THERE IS A SMALL AMOUNT OF TABLES FOR OUTSIDE WHEN THE WEATHER IS GOOD
DELIVERIES ARE MADE AT THE BACK DOOR, ENTRANCE FROM THE CAR PARK
WE WANT TO SELL SMALL RANGE OF BEERS, SPIRITS AND WINES . THE ALCOHOL DISPLAY WILL BE PLACED AT THE BACK OF THE COUNTER AREA AT THE REACH OF STAFF ONLY . THE ALCOHOL WILL BE KEPT IN TO A WALKIN FRIDGE .
ANYONE RECEIVING UNDER 18 WILL BE ASKED FOR A CHECK ID .
IN FRONT OF THE ENTRANCE YOU SEE KESWICK ROAD ON THE OTHER SIDE IS DAFFODIL HOTEL AND WE HAVE ADVE COTTAGE MUSEUM ON OUR RIGHT AND FEW HOUSES TO A CONSIDERABLE DISTANCE WE ARE GOING TO SUPPLY ALCOHOL ON THE PREMISES ONLY .

What licensable activities do you intend to carry on from the premises?
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Please tick yes

Provision of regulated entertainment

- 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 entertainment facilities for:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K)

Provision of late night refreshment (if ticking yes, fill in box L)

Supply of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

A

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

B

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

C

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

D

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

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors		
Day	Start	Finish		Outdoors		
Mon			Please give further details here (please read guidance note 3)	Both		
Tue						
Wed				State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur						
Fri				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 (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 [Y] (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>	
Day	Start	Finish		Outdoors		
Mon	9 ⁰⁰	17 ⁰⁰	Please give further details here (please read guidance note 3) BACKGROUND MUSIC CLOSED DECEMBER AND JANUARY	Both		
Tue	9 ⁰⁰	17 ⁰⁰				
Wed	9 ⁰⁰	17 ⁰⁰		State any seasonal variations for playing recorded music (please read guidance note 4)		
Thur	9 ⁰⁰	22 ⁰⁰				
Fri	9 ⁰⁰	22 ⁰⁰		Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat	9 ⁰⁰	22 ⁰⁰				
Sun	9 ⁰⁰	22 ⁰⁰				

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors		
Day	Start	Finish		Outdoors		
Mon			Please give further details here (please read guidance note 3)	Both		
Tue						
Wed				State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur						
Fri						
Sat				Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sun						

H

Anything of a similar description to that falling within (e), (f) or (g) 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	Will this entertainment take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoor	
Mon				Please give further details here (please read guidance note 3)	Outdoor
Tue			Both		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Fri					

Sat			Non standard timings. Where you intend to use the premises for the entertainment of similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list (please read guidance note 5)
Sun			

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing	
			Will the facilities for making music be indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors
				Outdoors
Day	Start	Finish	Both	
Mon			Please give further details here (please read guidance note 3)	
Tue				
Wed				
Thur			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)	
Fri			Non standard timings. Where you intend to use the premises for provision of facilities for making music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)	
Sat				
Sun				

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick [Y] (see guidance note 2)	
			Indoors	
			Outdoors	
Day	Start	Finish	Both	
			Please give a description of the facilities for dancing you will be providing	

Mon			Please give further details here (please read guidance note 3)
Tue			
Wed			State any seasonal variations for providing dancing facilities (please read guidance note 4)
Thur			
Fri			Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

K

Provision of facilities for entertainment of a similar description to that falling within I or J Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing	
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoor
Mon				Outdoor
Tue				Both
Wed				
Thur			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within j or k (please read guidance note 4)	
Fri				
Sat			Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within I or J at different times to those listed in the column on the left, please list (please read guidance note 5)	
Sun				

L

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 [Y] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed				State any seasonal variations for the provision of late night refreshment (please read guidance note 4)	
Thur	9 ⁰⁰	23 ⁰⁰			
Fri	9 ⁰⁰	23 ⁰⁰		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 (please read guidance note 5)	
Sat	9 ⁰⁰	23 ⁰⁰			
Sun	9 ⁰⁰	23 ⁰⁰			

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption (Please tick box Y) (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
Day	Start	Finish		Off the premises	
Mon	9 ⁰⁰	17 ⁰⁰	State any seasonal variations for the supply of alcohol (please read guidance note 4)	Both	
Tue	9 ⁰⁰	17 ⁰⁰			
Wed	9 ⁰⁰	17 ⁰⁰			
Thur	9 ⁰⁰	23 ⁰⁰	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 5)		
Fri	9 ⁰⁰	23 ⁰⁰			
Sat	9 ⁰⁰	23 ⁰⁰			

~~DECEMBER, JANUARY MAY CLOSE FOR AT LEAST 1 MONTH~~

Sun	9 ⁰⁰	23 ⁰⁰	
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State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name... [REDACTED]

Address... [REDACTED]

Postcode... [REDACTED]

Personal Licence number (if known) [REDACTED]

Issuing licensing authority (if known) SOUTH LAKELAND DISTRICT COUNCIL

N

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)

O

Hours premises are open to the public Standard timings (please read guidance note 6)			State any seasonal variation (please read guidance note 4)
Day	Start	Finish	
Mon	9 ⁰⁰	17 ⁰⁰	<p>DECEMBER JANUARY MAY CLOSE 1 MONTH AT LEAST</p>
Tue	9 ⁰⁰	17 ⁰⁰	
Wed	9 ⁰⁰	17 ⁰⁰	
Thur	9 ⁰⁰	23 ⁰⁰	
Fri	9 ⁰⁰	23 ⁰⁰	
Sat	9 ⁰⁰	23 ⁰⁰	
Sun	9 ⁰⁰	23 ⁰⁰	
Non standard timings. Where you intend to use 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)			<p>→ SEE ALLOWED times!</p>

P

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 9)

MANAGEMENT CONTROL + STAFF TRAINING
NO VIOLENT OR ANTSOCIAL BEHAVIOUR ALLOWED
NO SELLING OF ALCOHOL TO UNDER 18
NO DRUNK OR DISORDERLY PERSON TO BE SERVED
THERE WILL BE A DESIGNATED SUPERVISOR TO PROVIDE TRAINING.

b) The prevention of crime and disorder

STAFF TRAINING TO PREVENT SALES OF ALCOHOL TO INTOXICATED CUSTOMERS
DUE TO THE NATURE OF THE PLACE THIS HASN'T BEEN AN ISSUE.

c) Public safety

ELECTRICAL SAFETY TESTING ONCE A YEAR
IMPLEMENTATION OF UNDER AGE I.D. CHECKS
IMPLEMENTATION OF HEALTH AND SAFETY CHECKS
RECORDS KEEPING.
ROUTINE INSPECTION OF FIRE EXTINGUISHERS
AND FIRE ALARM / FIRST AID KIT

d) The prevention of public nuisance

RESTAURANT IS SITUATED AT A CONSIDERABLE DISTANCE FROM ANY HOUSES -
DELIVERIES ARE CARRIED OUT AT TIMES TO PREVENT NUISANCE TO NEIGHBOURS.

e) The protection of children from harm

STAFF TRAINING TO ENSURE NO ALCOHOL IS BEING SOLD TO UNDER 18 AND THIS TO BE ENFORCED AT ALL TIMES.
ALL ALCOHOL DRINKS TO BE STOCKED AT SUPERVISED LOCATION.

Please tick yes

- 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 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 CONVICTION TO A FINE UP TO 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 Signature]

Date

14.04.2015

Capacity

Partner Nam

For joint applications signature of 2nd applicant or 2nd 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)	
Codreanu Florina	
Dave Cottage Tea Rooms,	
Post town Grasmere	Post code LA22 9SQ
Telephone number (if any) [Redacted]	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	

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, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. 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, 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, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

SOUTH LAKELAND DISTRICT COUNCIL

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

Tel: (01539) 733333 Ext 7481/7484 Fax: (01539) 737659

www.southlakeland.gov.uk e-mail: licensing@southlakeland.gov.uk



Part A

Consent of individual to being specified as premises supervisor

I, BAZVIAN MARIN [full name of prospective premises supervisor]

[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 PREMISES LICENCE [type of application]

by DOVE COTTAGE TEA ROOMS (CORREANU FLORINA) [name of applicant]

relating to a premises licence [number of existing licence, if any]

for DOVE COTTAGE TEA ROOMS, GRASMERE, TOWN ENDS, LA22 9SQ

DOVE COTTAGE TEA ROOMS [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 DOVE COTTAGE TEA ROOMS (CORREANU FLORINA) [name of applicant]

concerning the supply of alcohol at GRASMERE, TOWN ENDS, LA22 9SQ

[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 PA032548 [insert personal licence number, if any]

Personal licence issuing authority SOUTH LAKELAND DISTRICT COUNCIL [insert name and address and telephone number of personal licence issuing authority, if any]

[redacted]

signed

BAZVIAN MARIN name (please print)

14.04.2015 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



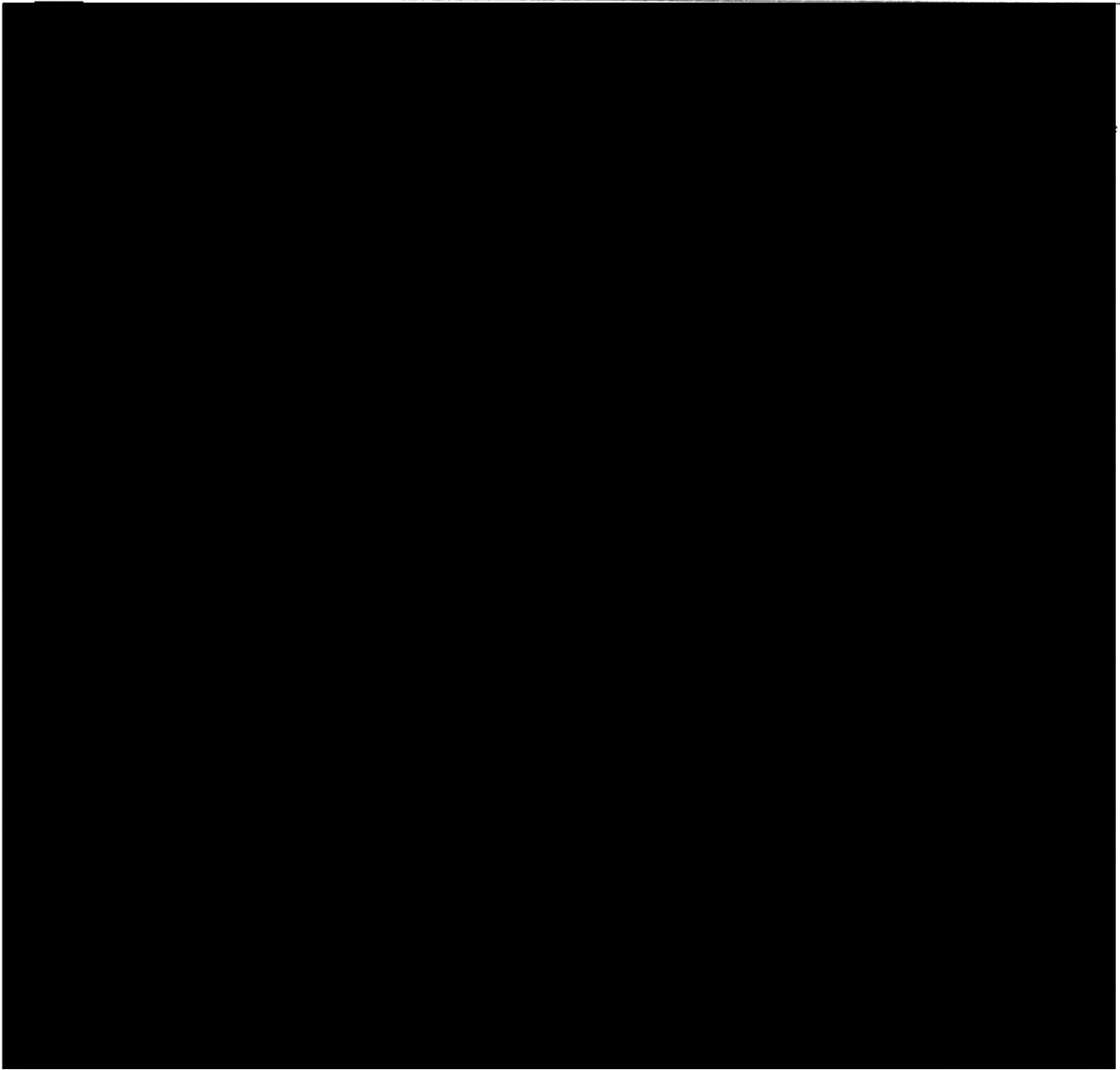
SOUTH LAKELAND
Licensing Act 2003
Personal Licence Number: PA00000000

Name: Mr Razvan Marin

Address: [REDACTED]

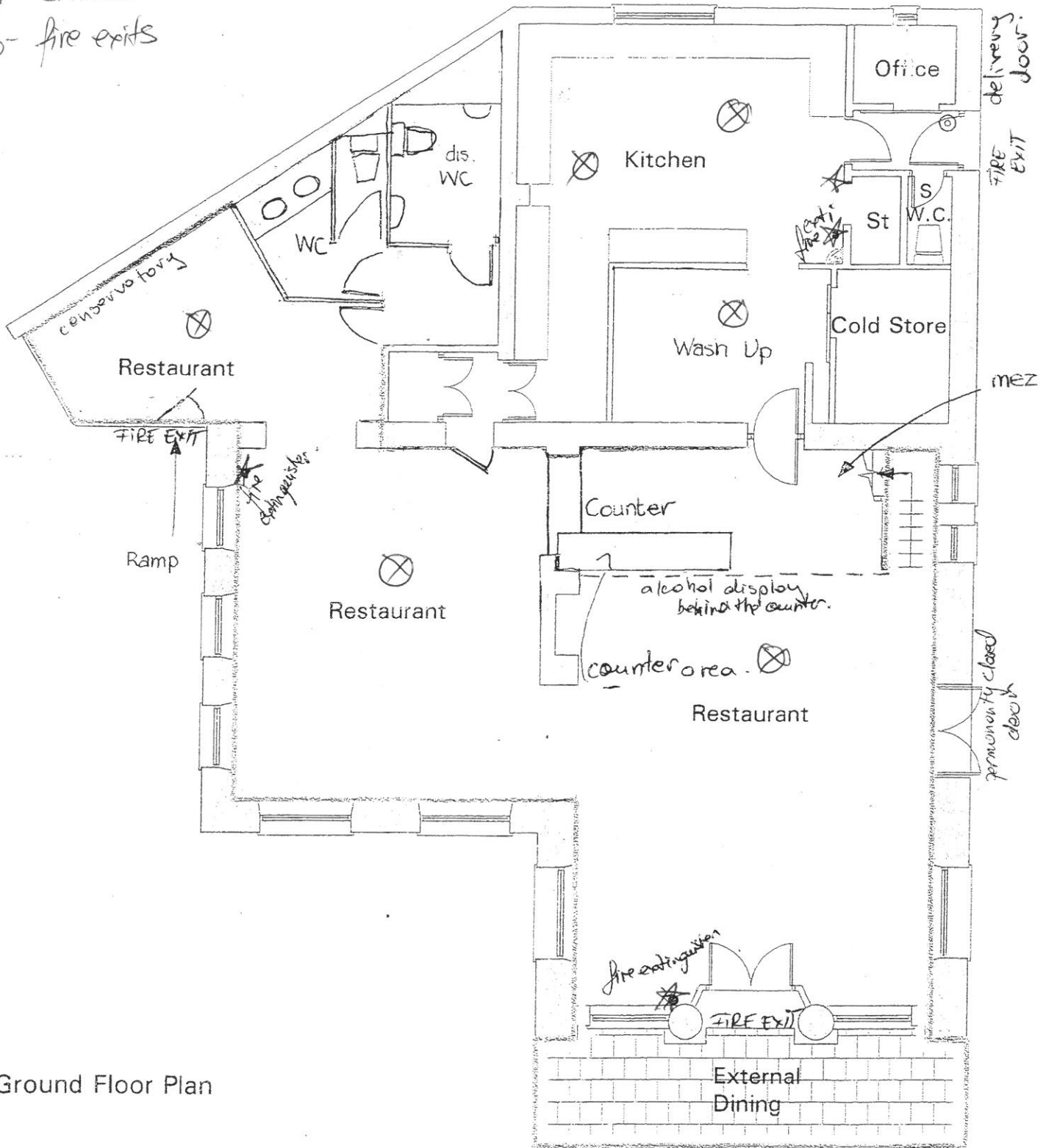
Expires: 26 March 2025





020206306641

- ★ - fire extinguishers
- ⊗ - smoke detectors
- 3 - fire exits



Ground Floor Plan



SCALE 1:100