

**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 Heckworth limited

(Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description The Estuary Main Street Grange Over Sands Cumbria			
Post town	Grange Over Sands	Postcode	LA11 6DY

Telephone number at premises (if any)	NA under construction
Non-domestic rateable value of premises	£9243.75

Part 2 - Applicant details

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

- | | | |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i as a limited company/limited liability partnership | <input checked="" type="checkbox"/> | please complete section (B) |
| ii as a partnership (other than limited liability) | <input type="checkbox"/> | please complete section (B) |
| iii as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | please complete section (B) |

- e) the proprietor of an educational establishment please complete section (B)
- f) a health service body please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England please complete section (B)
- h) the chief officer of police of a police force in England and Wales please complete section (B)

* If you are applying as a person described in (a) or (b) please confirm (by ticking yes to one box below):

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a statutory function or
- a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

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

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		

Date of birth		I am 18 years old or over <input type="checkbox"/> Please tick yes	
Nationality			
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 Heckworth Limited
Address Crook Foot Cottage Crook Kendal Cumbria LA8 8LW
Registered number (where applicable) 7239225
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
2	0	0 20 19

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

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please give a general description of the premises (please read guidance note 1)
Small Cafe bar with 35/40 Seats serving brunch, lunch breakfast and on the weekends dinner. Our main income will be food sales the wet sales will make up 30% of the business.

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

What licensable activities do you intend to carry on from the premises?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

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

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>			
				Off the premises	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)					
Mon	10.00	18.00						
Tue	10.00	18.00						
Wed	10.00	18.00						
Thur	10.00	18.00				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 6)		
Fri	10.00	22.00						
Sat	10.00	22.00						
Sun	10.00	18.00						

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name Faye Ramsey	
Date of birth	
Address	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known) SLDC PA1554	

□□□□

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 9).

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	10.00	18.00	<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 6)</p>
Tue	10.00	18.00	
Wed	10.00	18.00	
Thur	10.00	18.00	
Fri	10.00	22.00	
Sat	10.00	22.00	
Sun	10.00	18.00	

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 10)

TO PROMOTE ALL FOUR LICENSING OBJECTIVES WE WILL KEEP:
Strong management controls and effective training of all staff so that they are aware of the premises licence and the requirements to meet the four licensing objectives with particular attention to:
a/ no selling of alcohol to underage people
b/ no drunk and disorderly behaviour on the premises area
c/ no violent and anti-social behaviour
d/ no any harm to children
- Clear "Challenge 25" information to prevent the supply of alcohol to under-age drinkers.
- CCTV system installed with recording option available
Ongoing staff training and qualifications, policies, and strategic partnerships with other agencies).

b) The prevention of crime and disorder

CCTV System installed to monitor entrances, exits, and other parts of the premises in order to address the prevention of crime objective.
A clear and legible notice outside the premises indicating the normal hours under the terms of the premises licence during which licensable activities are permitted.
Prevention and vigilance in illegal drug use in the premises.

c) Public safety

Training and implementation of underage ID checks.
A log book or recording system shall be kept upon the premises in which shall be entered particulars of inspections made;
The log book shall be kept available for inspection when required by persons authorised by the Licensing Act 2003 or associated legislation.

d) The prevention of public nuisance

Prominent, clear and legible notices will be displayed at the exit requesting the public to respect the needs of nearby neighbours and residents and to leave the premises and the area quietly.
Deliveries of goods necessary for the operation of the business will be carried out at such a time or in such a manner as to not disturb the neighbours and in line with planning permission.

e) The protection of children from harm

Operate and follow the "Challenge 25" scheme
Acceptable ID (a card bearing the PASS hologram, a photographic driving license or a passport) if they wish to buy alcohol.
All the details provided in Training Record Book available the cafe.
Log Book will be kept upon the premises all the time.

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.
 -
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15).

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Declaration	<ul style="list-style-type: none"> [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15). The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)
Signature	
Date	6/12/2018
Capacity	Applicant/DPS / DIRECTOR OF HECKWOOD LTD.

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

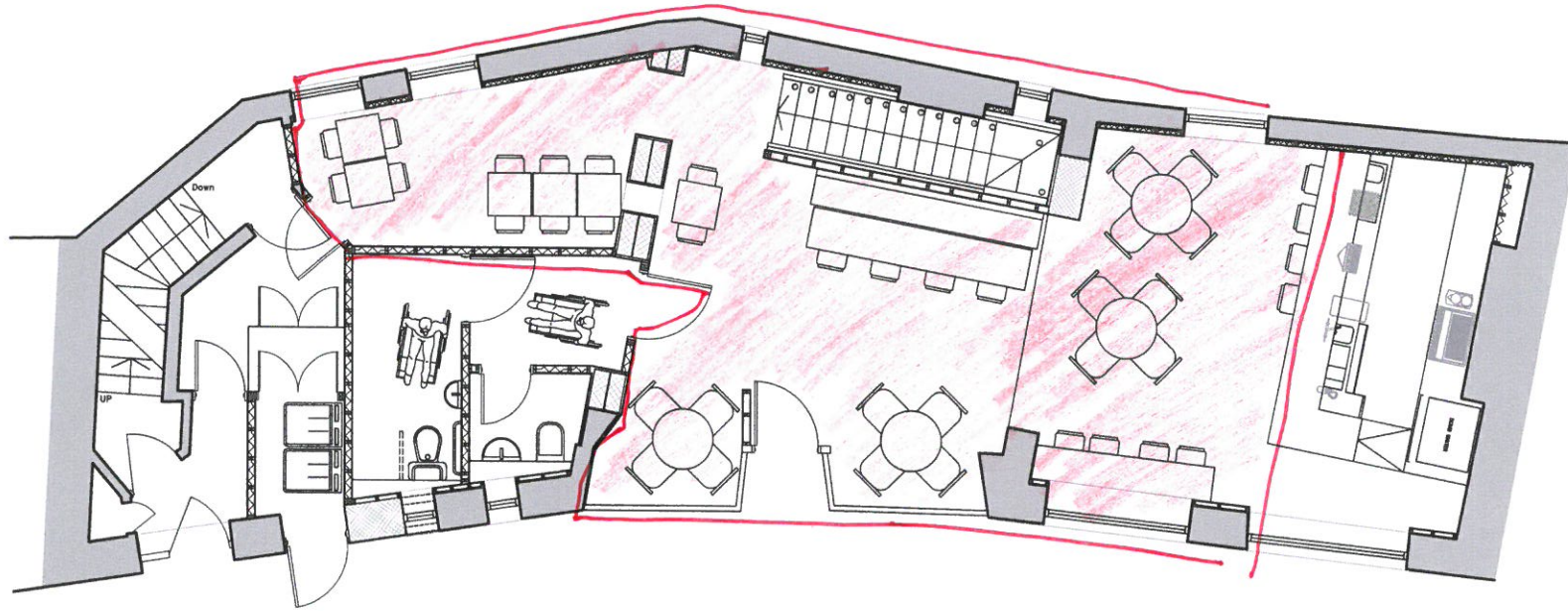
Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)	
Post town	Postcode
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) fayeramsey11@gmail.com	

Notes for Guidance

- 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.
- In terms of specific regulated entertainments please note that:

Ground Floor Area



Scale: 1/100 @ A4

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Drawing Title:

Grange Pharmacy
Plans