

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 ALSTON OLD HALL FARM
(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 <u>LOWTHER BARN CAFE</u> <u>BECKSIDE FARM</u> <u>SANDWICK</u> <u>MARWADACE</u>	
Post town <u>PENRITH</u>	Postcode <u>CA10 2NF</u>
Telephone number at premises (if any)	<u>OFFICE: 01768 486996</u>
Non-domestic rateable value of premises	£

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 | <input type="checkbox"/> please complete section (B) |
| ii. as a partnership | <input checked="" 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 ☐ 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)	
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)					

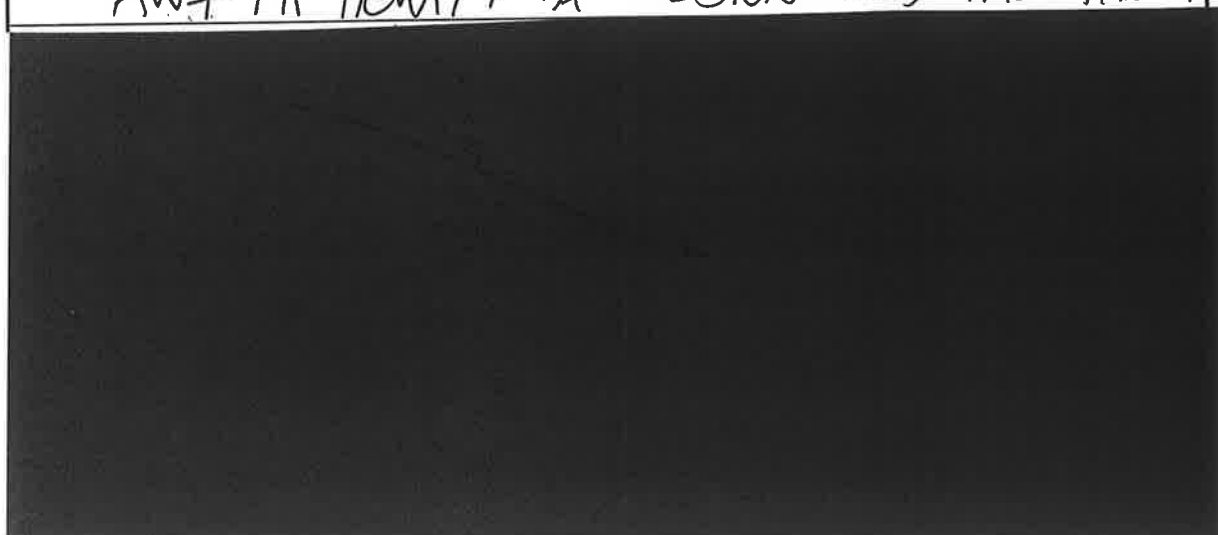
SECOND INDIVIDUAL APPLICANT (if applicable)

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	AW + MP HEWITT T/A ALSTON OLD HALL FARM
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Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	07	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)

SMALL CAFE FACILITY 6 TABLES INSIDE +
6 TABLES OUTSIDE, ON A PRIVATE FARM,
PROVIDING REFRESHMENT TO WAITERS
ON THE SANDWICH TO PATERDALE
BRIDGE PATH.

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

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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)

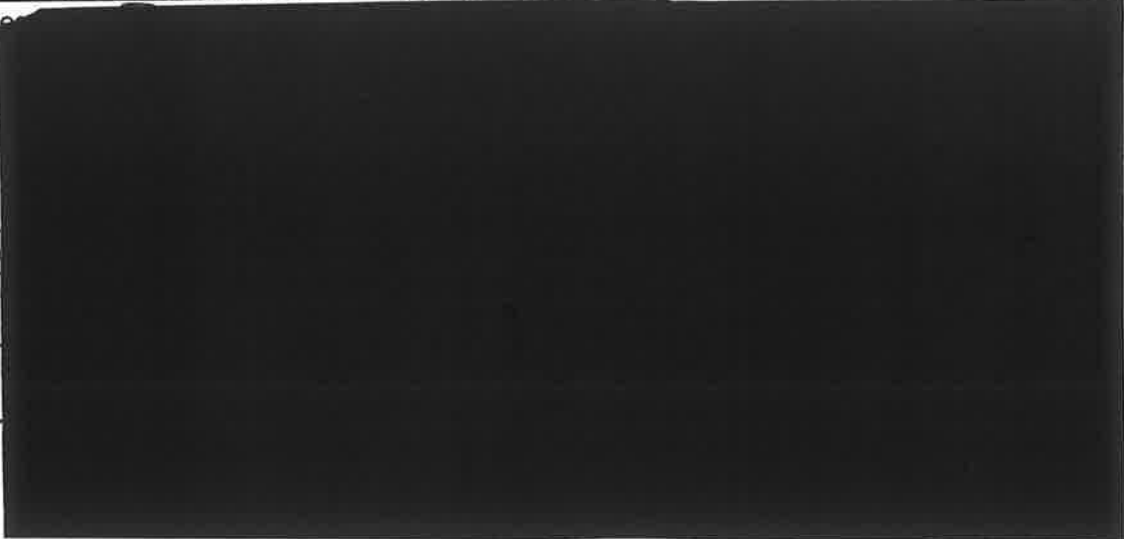
☒

In all cases complete boxes K, L and M

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – 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	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	10:00	16:00	THE HOURS STATED ARE WINTER TIMES DURING ^{BRING} SUMMERTIME WE WISH TO EXTEND THE TERMINAL HOUR TO 21:00 EVERY DAY		
Tue	10:00	16:00			
Wed	10:00	16:00			
Thur	10:00	16:00	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	10:00	16:00			
Sat	10:00	16:00			
Sun	10:00	16:00			

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

Name	HEATHER JAMES
Address	
Post	
Pers	
Issui	

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	09:00	17:00	<p>THE HOURS STATED ARE WINTER TIMES, DURING SUMMERTIME WE WISH TO EXTEND THE FORMER HOUR TO 21.30 EVERY DAY.</p>
Tue	09:00	17:00	
Wed	09:00	17:00	
Thur	09:00	17:00	
Fri	09:00	17:00	
Sat	09:00	17:00	
Sun	09:00	17:00	
			<p>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)</p>

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)

THERE ARE ONLY 3 STAFF AND ONE MANAGER WHO WORK AT THE CAFE THEY WILL ALL COMPLETE A TRAINING MODULE "LICENSING + SOCIAL RESPONSIBILITY" WITH FLOW HOSPITALITY TRAINING.

b) The prevention of crime and disorder

THE VENUE IS A SMALL WAITERS CAFE WITH NO VEHICLE ACCESS THERE IS NO EXPECTATION FOR ANY DISORDER, AS THE CLIENTELE IS RAMBLERS + WAITERS. THE BUILDING IS SECURE WITH SHUTTERS OVER ALL WINDOWS + DOORS WHEN CLOSED

c) Public safety

THERE ARE 6 INSIDE TABLES, ALL OF WHICH CAN BE SEEN FROM THE CAFE COUNTER.

d) The prevention of public nuisance

THERE ARE NO NEIGHBOURING PROPERTIES THERE WILL BE NO LITTERING ISSUES AS THIS APPLICATION IS FOR AN "ON" LICENSE ONLY.

e) The protection of children from harm

A CHALLENGE 25 APPROACH WILL BE ADOPTED.

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	<i>MR. A. H.</i>
Date	<i>3/8/15</i>
Capacity	<i>AGENT TO MR AW + MRS MP HOWITT.</i>

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	

