

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 Long Valley Yurts Coniston Ltd
(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 Moss howe Farm Witherslack LA11 6SA			
Post town	Witherslack	Postcode	LA11 6SA

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 2,000

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/limited liability partnership	✓ please complete section (B)
	ii	as a partnership (other than limited liability)	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 (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	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth		I am 18 years old or over		Please tick yes	
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)					

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Second individual applicant (if applicable)

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth or over		I am 18 years old		Please tick yes	
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service: (please see note 15 for information)					

(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 John Maddy
Address Long Valley Yurts Coniston Ltd Middleshaw Head, Middleshaw, Old Hutton. LA8 0LZ
Registered number (where applicable) Ltd company number 07538405

Description of applicant (for example, partnership, company, unincorporated association etc.) Limited company
Telephone number (if any) 01539 267030
E-mail address (optional) john@long-valley.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
0 1	0 3	2 0 2 6

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) Farm Campsite Barn undercroft, giving way to and outside area and a covered timber frame structure. Also, a shop selling campsite essentials.
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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)	

<u>Provision of late night refreshment</u> (if ticking yes, fill in box I)	
<u>Supply of alcohol</u> (if ticking yes, fill in box J)	✓

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 5)		
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 6)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)		
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 6)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Tue			
Wed			<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> (please read guidance note 6)
Thur			
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
Thur					
Fri			<u>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</u> (please read guidance note 6)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon	-----		Please give further details here (please read guidance note 4)		
Tue	-----				
Wed	-----		State any seasonal variations for the performance of live music (please read guidance note 5)		
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 6)		
Sat	-----				
Sun	-----				

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
Tue			State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Wed					
Thur			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 (please read guidance note 6)		
Fri					
Sat					
Sun					

G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon				Please give further details here (please read guidance note 4)	Both
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 5)		
Thur					
Fri			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 (please read guidance note 6)		
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			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 (please read guidance note 3)	Indoors	
Mon				Outdoors	
				Both	
Tue			Please give further details here (please read guidance note 4)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Fri					
Sat			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 (please read guidance note 6)		
Sun					

I

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon			<u>Please give further details here</u> (please read guidance note 4)	Both	
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Thur					
Fri			<u>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</u> (please read guidance note 6)		
Sat					
Sun					

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	
				Off the premises	
Day	Start	Finish		Both	✓
Mon	12:00	23:00	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Tue	12:00	23:00			
Wed	12:00	23:00			
Thur	12:00	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 6)		
Fri	12:00	23:00			
Sat	12:00	23:00			
Sun	12:00	23:00			

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	John Maddy
Date of birth	
Address	
Postcode	PA4258
Issuing licensing authority (if known)	Westmorland and Furness Council

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).

None

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	12:00	23:30	<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 6)</p>
Tue	12:00	23:30	
Wed	12:00	23:30	
Thur	12:00	23:30	
Fri	12:00	23:30	
Sat	12:00	23:30	
Sun	12:00	23:30	

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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)

Personal Licence holder on the premises at all times
 Designated Premises Supervisor nominated;
 Sufficient number of staff on the premises to cover
 Regular training of staff.
 Adherence to 4 objectives as below

b) The prevention of crime and disorder

CCTV

1a A digital colour, cctv system will be installed to cover the premises and recorded coverage will include all internal and external areas to where the public have access to consume alcohol.

- b. It will be maintained, working and recording at all times when the premises are open.
- c. The recordings should be of good evidential quality to be produced in Court or other such hearing and of sufficient quality to permit the facial identification of all individuals entering the premises.
- d. Copies of the recordings will be kept available for any Responsible Authority for 28 days Subject to Data Protection requirements.
- e. Copies of the recordings shall be made available to any Responsible Authority within 48 hours upon request Subject to Data Protection requirements.
- f. Copies of the recordings will display the correct time and date of the recording.
- g. It is the responsibility of the management to ensure that there are sufficient members of staff available during the hours of operation to be able to download evidence from the cctv system at the request of the police or responsible authority.

Staff Training

2. Documented staff training will be given to all staff at commencement of their employment regarding staff's obligation under the Licensing Act in respect of the: -

- Retail sale of alcohol
- Age verification policy
- Conditions attached to the Premises License
- Permitted Licensable activities
- The Licensing objectives and
- The Opening Times of the venue.

3. With such training (condition 2) documented records shall be kept for a minimum of one year and will be made available immediately upon a reasonable request from any Responsible Authority. Documented training shall be refreshed at intervals no greater than 12-month intervals.

4. A Refusals Register and Incident Report Register will be kept. Such documents will record incidents of staff refusals of alcohol sales to under-age or drunk people, as well as incidents of any anti-social behaviour and ejections from the premises. Any seizure of drugs/weapons or fake identification

5. Both Refusals and Incident Report registers shall be kept for at least 1 year and they will be made available immediately upon a reasonable request from any Responsible Authority. [For the avoidance of doubt, the one-year period relates to each respective entry in the logbook and runs from the date of that particular entry]:

Premises will actively participate in the local pub watch scheme where one exists.

There will be a written drugs policy agreed with Cumbria Constabulary for the premises relating to drugs found on persons or on the premises. The premises will operate a lockable drugs box, and the contents should be passed to Cumbria Police at the earliest opportunity.

c) Public safety

Checking the number of people entering and leaving the premises and ensuring that once the maximum occupancy is reached, no further persons are admitted.

The licence holder or people authorised by them will check the premises before it opens to the public to ensure there are no risks to patrons and that all safety precautions are in place.

The licence holder will ensure that all staff receive appropriate training about emergency and general safety precautions and procedures.

The licence holder will ensure that all staff are aware of their social and legal obligations and their responsibilities regarding the sale of alcohol.

All bottles and glasses and rubbish removed from public areas on a regular and frequent basis.

The fire safety measures provided on the premises maintained in good working order, and their adequacy will be determined on a regular basis, by the carrying out of a fire risk assessment as required by, and in accordance with the Regulatory Reform (Fire Safety) Order 2005.

An adequate and appropriate supply of first aid equipment and materials available on the premises.

d) The prevention of public nuisance

Suitable and conspicuous notices shall be displayed at entrances and exits requesting patrons to minimise noise and when smoking and/or leaving.

Alcoholic drinks purchased on the premises may only be taken off the premises in sealed containers.

Open containers of alcohol shall not be removed from the premises, except for consumption in any delineated external area (licensed area) onto the pavement or highway.

All windows and external doors shall be kept closed between the hours of 23.30pm and 11:59am or at any time when regulated entertainment takes place, except for the immediate access and egress or persons.

No noise shall emanate from the premises nor vibration be transmitted through the structure of the premises that gives rise to a nuisance.

e) The protection of children from harm

The licence holder will operate a Challenge 25 Age Verification Policy and display prominent signage at the point of sale indicating that the Challenge 25 scheme is in operation.

The only acceptable proof of age identification shall be a current Passport, photo card Driving Licence or identification carrying the PASS logo or military id (until other effective identification technology e.g. thumb print or pupil recognition, is adopted by the Premises Licence Holder)

Checklist:

	<ul style="list-style-type: none"> ● I have made or enclosed payment of the fee. 	
	<ul style="list-style-type: none"> ● I have enclosed the plan of the premises. 	
	<ul style="list-style-type: none"> ● I have sent copies of this application and the plan to responsible authorities and others where applicable. 	
	<ul style="list-style-type: none"> ● I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. 	
	<ul style="list-style-type: none"> ● I understand that I must now advertise my application. 	
	<ul style="list-style-type: none"> ● 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 or my share code issued by the Home Office online right to work checking service (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
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	<p>the UK (please read guidance note 15).</p> <ul style="list-style-type: none"> 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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	
Date	5.2.2026
Capacity	Director

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	

<p>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)</p> <p>John Maddy</p> <p>email John@long=Valley.co.uk</p>			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			



Premises Name:
Long Valley Yurts
Coniston Ltd

Address: Moss
Howe farm,
Witherslack. LA11
6SA

Scale: 1:500

Legend Symbols:

- = Licensed Area Boundary
- X1 = Point of Sale (Bar)
- X2 = Point of sale (onsite Shop)
- FE = Fire Extinguisher
- Exit = Emergency Exit/Entrance



Licensing Team Westmorland & Furness Council
South Lakeland House, Lowther Street, Kendal LA9 4DQ
Tel: 0300 373 3300 Email: licensing@westmorlandandfurness.gov.uk

Consent of individual to being specified as premises supervisor

John Maddy

I
[full name of prospective premises supervisor]

[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

Long Valley Yurts Coniston Ltd

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

Moss howe Farm
Witherslack
LA11 6SA

[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

Long Valley Yurts

[name of applicant]

concerning the supply of alcohol at

Moss howe Farm
Witherslack
LA11 6SA

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

PA4258

[insert personal licence number, if any]

Personal licence issuing authority

Westmorland and Furness Council
South Lakeland House
Lowther Street
Kendal
LA9 4DQ

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

Name (please print)

John Maddy

Date

05.02.2026

Kendal

Kendal

*** COPY RECEIPT ***

Transaction Date: 11/02/2026 13:57:09

Operator: PN128

Machine: PN001

Account Details

CAN	Reference	Payment of	Transaction Amt	VAT Amt	Rate
14727	GMD2452881	04 - Miscellaneous	£100.00	£0.00	0%
Licensing - PREMISES LICENCES moss howe farm					

Payment Details

MOP	Payment Ref	Payment Amt
05 - Debit Card		£100.00

APACS Payment Details

** Customer Copy **

Sale	PLEASE DEBIT MY ACCOUNT		
Transaction Type:	Telephone Order (Keyed)		
Date / Time:	11/02/2026 13:57:09	Auth Code:	474452
Card Number:	*****7010	Seq Auth No:	13949
Card Type:	MCDB	Ref:	12MOFP311111
		MID:	***93764
		TID:	****1153
		Card Amount:	£100.00

Please keep this copy for your records

Total Amt Paid: £100.00

VAT Number: 434 5488 78