

## 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 Petit Four 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 <b>Petit Four The Institute The Square</b>			
<b>Post town</b>	Hawkshead	<b>Postcode</b>	<b>LA22 0NZ</b>

Telephone number at premises (if any)	<b>[REDACTED]</b>
Non-domestic rateable value of premises	<b>£ 8500.00</b>

### Part 2 - Applicant details

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

a)	an individual or individuals *		please complete section (A)
b)	a person other than an individual *		
x	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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over		Please tick yes	
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b> or over		I am 18 years old		Please tick yes	
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
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 Petit Four
Address The Institute  The Square Hawkshead LA22 0NZ

Registered number (where applicable) 16772404
Description of applicant (for example, partnership, company, unincorporated association etc.) Company
Telephone number (if any) 07713448069
E-mail address (optional) harriet@thepetitfour.co.uk

**Part 3 Operating Schedule**

When do you want the premises licence to start? DD MM YYYY

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

<p>Please give a general description of the premises (please read guidance note 1)</p> <p>Small Restaurant and café. Serving breakfast, lunch and dinner. It seats around 30 people and the main concept is to be a sweet little café during the day and a slightly more up market restaurant in the evening.</p> <p>We are thinking more wines and cocktails, a bit more sophisticated with alcohol as part of the experience rather than a main event. We would like it to be a case of once the guests are in, it will be their table for the night, and while we won't turn down groups, our main demographic will likely be couples for date night or special occasions.</p>
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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)	<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)	
e)	live music (if ticking yes, fill in box E)	
f)	recorded music (if ticking yes, fill in box F)	x
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)	

<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

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

**B**

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

**C**

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

**D**

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

**E**

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			<b>Please give further details here</b> (please read guidance note 4)		
Tue					
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)		
Thur					
Fri			<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 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	x
Day	Start	Finish		Outdoors	
				Both	
Mon	08:00	23:00		<b>Please give further details here</b> (please read guidance note 4) Music to be played through small speakers throughout the restaurant.	
Tue	08:00	23:00			
Wed	08:00	23:00	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)		
Thur	08:00	23:00			
Fri	08:00	23:00	<b>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</b> (please read guidance note 6)		
Sat	08:00	23:00			
Sun	08:00	23:00			

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon				Both	
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue					
Wed			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 5)		
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 6)		
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 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	
Mon				Outdoors	
				Both	
Tue			<b><u>Please give further details here</u></b> (please read guidance note 4)		
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 5)		
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 6)		
Sun					

I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	x
				Outdoors	
Day	Start	Finish		Both	
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4) Nights we'll be running the restaurant where people may wish to sit longer, music through small speakers inside the restaurant		
Tue					
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)		
Thur	23:00	23:45			
Fri	23:00	23:45	<b><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></b> (please read guidance note 6)		
Sat	23:00	23:45			
Sun					

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	
				Off the premises	
Day	Start	Finish		Both	x
Mon	08:00	23:00	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)		
Tue	08:00	23:00			
Wed	08:00	23:00			
Thur	08:00	23:45	<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 6)		
Fri	08:00	23:45			
Sat	08:00	23:45			
Sun	08:00	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):**

<b>Name</b>	Harriet Armstrong
<b>Date of birth</b>	██████████
<b>Address</b>	██████████ t ██████████ ██████████
<b>Postcode</b>	██████████
<b>Personal licence number (if known)</b>	022728

**Issuing licensing authority (if known)**  
Barrow Borough 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).

No Adult entertainment or services, activities will be used at the premise other than sale of alcohol.

**L**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5)
Day	Start	Finish	
Mon	08:00	23:15	
Tue	08:00	23:15	
Wed	08:00	23:15	
Thur	08:00	00:00	
Fri	08:00	00:00	
			<b><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></b> (please read guidance note 6)

Sat	08:00	00:00	
Sun	08:00	23:15	

## 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)

- The premises will operate under a nominated Designated Premises Supervisor.
- A sufficient number of trained staff will be on duty at all times to ensure safe and compliant operation.
- The premises will be managed in full adherence to the four licensing objectives as set out below.

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

### CCTV

I will install Video/CCTV equipment inside the premises and ensure that it is maintained in working order.

I will set Video/CCTV equipment to record from the time that the premises open to the public until the premises close and all members of the public have left.

### Staff Training

All staff will receive documented training at the commencement of employment covering:

- retail sale of alcohol,
- age verification
- licence conditions
- permitted activities
- licensing objectives
- opening times
- conflict management
- drug awareness
- vulnerability
- emergency procedures
- legal responsibilities.

Training will be refreshed at least annually and recorded.

Training records will be kept for at least one year and made available to Responsible Authorities.

### Incident & Refusals Recording

- A documented incident log will record refusals, ejections, disturbances, anti-social behaviour, seizures, and police interactions.
- Logs will be retained for at least one year.

### Drugs Policy

- A zero-tolerance approach to drugs will be adopted, with regular toilet checks, signage, and cooperation with police.

**c) Public safety**

- The premises will be checked before opening to ensure safety measures are in place.
- A full fire risk assessment will be maintained, with extinguishers, alarms, and emergency lighting tested regularly.
- Capacity limits will be adhered to.
- Staff will be trained in evacuation, assembly points.
- Electrical and gas installations will be inspected at required intervals.
- First aid kits will be available, with trained first aiders on duty at peak times.
- Clear access/egress routes and unobstructed fire exits will be maintained.
- A documented maintenance schedule will be kept.
- Bottles, glasses, and rubbish will be removed regularly.

**d) The prevention of public nuisance**

- Suitable and conspicuous notices will be displayed at entrances and exits requesting patrons to minimise noise when smoking and/or leaving the premises.
- Deliveries, waste collections, and bottle disposal will occur at reasonable hours to avoid disturbance.
- External lighting will be positioned to avoid glare or light spill onto neighbouring properties.
- I will encourage customers to leave quietly, supported by staff presence at closing time and signage requesting considerate behaviour.
- Alcohol may only be taken off-site in sealed containers.

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

- The licence holder will operate a Challenge 25 Age Verification Policy.
- Prominent signage will be displayed at the point of sale indicating that Challenge 25 is in operation.
  - Acceptable forms of ID will include passport, photo-card driving licence, PASS-accredited cards, and military ID
  - A refusals register will be maintained and checked regularly by management.
  - Children will only be permitted on the premises during specified hours and in designated areas, subject to risk assessment.
  - Alcohol will not be sold for consumption by anyone under 18.
  - Soft drinks will be clearly distinguished from alcoholic products.

**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

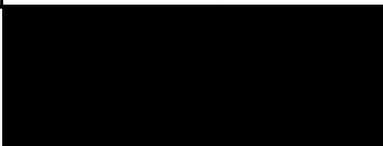
	[Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15).	x
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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)

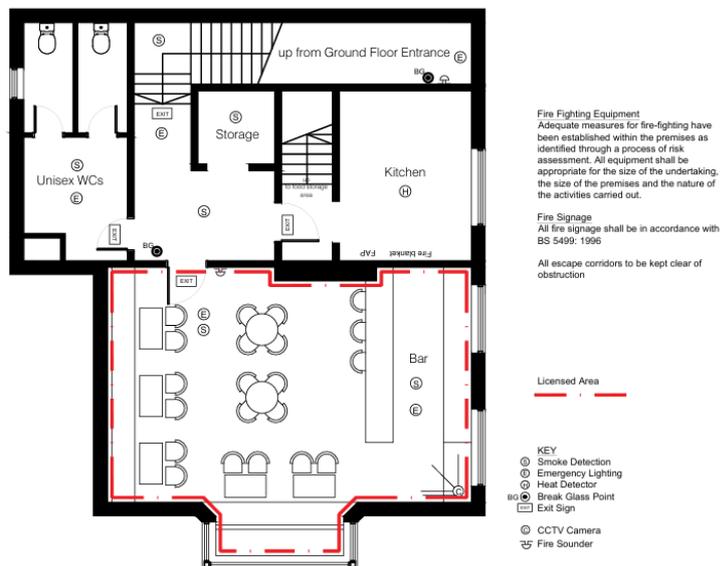
**Signature of applicant or applicant’s solicitor or other duly authorised agent** (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

<b>Declaration</b>	<ul style="list-style-type: none"> <li>[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).</li> <li>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)</li> </ul>
Signature	
Date	5.02.2026
Capacity	Director

**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 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) Harriet@thepetitfour.co.uk	



**Fire Fighting Equipment**  
Adequate measures for fire-fighting have been established within the premises as identified through a process of risk assessment. All equipment shall be appropriate for the size of the undertaking, the size of the premises and the nature of the activities carried out.

**Fire Signage**  
All fire signage shall be in accordance with BS 5499: 1996

All escape corridors to be kept clear of obstruction

Licensed Area

- KEY**
- ⊙ Smoke Detection
  - ⊕ Emergency Lighting
  - ⊙ Heat Detector
  - ⊙ Break Glass Point
  - EXIT Exit Sign
  - ⊙ CCTV Camera
  - ⊕ Fire Sounder

First Floor Plan



**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**

Harriet Laura Armstrong

I

*[full name of prospective premises supervisor]*

Of



*[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

New Premises Licence

*[type of application]*

by

Petit Four Limited

*[name of applicant]*

relating to a premises licence **046756**  
*[number of existing licence, if any]*

for Petit Four  
The Institute  
The Square  
Hawkshead  
LA22 0NZ

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*[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

Petit Four Limited

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*[name of applicant]*

concerning the supply of alcohol at

Petit Four  
The Institute  
The Square  
Hawkshead  
LA22 0NZ

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*[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

022728

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*[insert personal licence number, if any]*

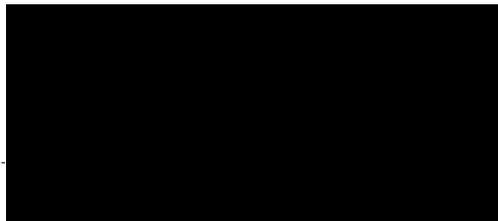
Personal licence issuing authority

Westmorland and Furness Council

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

Signed



Name (please print)

Harriet Armstrong

Date

06.02.2026