

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 Café Grange

(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 Unit 2 The Boulevard Windermere Road			
Post town	Grange over Sands	Postcode	La11 6eg

Telephone number at premises (if any)	015395 96337
Non-domestic rateable value of premises	£ 3.300 for year 2026

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		N/A			
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		N/A			
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 CAFÉ GRANGE LTD
Address 2 THE BOULEARD WINDEMERE ROAD GRANGE OVER SANDS ENGLAND LA11 6EG

Registered number (where applicable) 12221232
Description of applicant (for example, partnership, company, unincorporated association etc.) COMPANY
Telephone number (if any) 015395 96337
E-mail address (optional) gordontopp70gmail.com

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
0 1	0 5	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)

Café Grange is a small, food-led café located in a row of commercial units in Grange-over-Sands. It has seating for approximately 20 customers inside and 28 customers in a designated outdoor area. Alcohol will be limited to wine and beer, served only to customers seated at tables as an accompaniment to food. The premises are situated in a row of commercial unit opposite a spa shop currently under construction and a petrol station, and are also near a small hotel. The café has a kitchen, a counter for service, and a toilet for customer use. All seating areas are supervised by staff when alcohol is served. All licensable activities will be conducted in a responsible and low-risk manner. The external areas of the premises are covered by CCTV cameras to assist in the prevention of crime and disorder.

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)	No
b) films (if ticking yes, fill in box B)	No
c) indoor sporting events (if ticking yes, fill in box C)	No

d)	boxing or wrestling entertainment (if ticking yes, fill in box D)	NO
e)	live music (if ticking yes, fill in box E)	NO
f)	recorded music (if ticking yes, fill in box F)	NO
g)	performances of dance (if ticking yes, fill in box G)	NO
h)	anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)	NO

<u>Provision of late night refreshment</u> (if ticking yes, fill in box I)	NO
<u>Supply of alcohol</u> (if ticking yes, fill in box J)	YES NO

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			NONE	
Tue				
Wed			N/A	
Thur				
Fri			N/A	
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	
Day	Start	Finish		Outdoors	
			NONE	Both	
Mon				Please give further details here (please read guidance note 4)	
Tue			N/A		
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)		
Thur			N/A		
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			N/A		
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon			NONE
Tue			
Wed			State any seasonal variations for indoor sporting events (please read guidance note 5)
Thur			
Fri			N/A
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
			NONE		
Mon					
			N/A		
Tue					
			N/A		
Wed					
			N/A		
Thur					
Fri					
			N/A		
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) <p style="text-align: center;">NONE</p>	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read guidance note 4) <p style="text-align: center;">N/A</p>		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 5) <p style="text-align: center;">N/A</p>		
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) <p style="text-align: center;">N/A</p>		
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	
			NONE	
Day	Start	Finish	Please give further details here (please read guidance note 4)	
Mon			N/A	
Tue				
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 5)	
Thur			N/A	
Fri			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)	
Sat			N/A	
Sun				

G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	
Day	Start	Finis h		Outdoors	
Mon				NONE	Both
Tue					
Wed			N/A	<u>Please give further details here</u> (please read guidance note 4)	
Thur					
Fri			N/A	<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5).	
Sat					
Sun					
			N/A	<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> (please read guidance note 6)	

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 <p style="text-align: center;">NONE</p>		
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) <p style="text-align: center;">N/A</p>		
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					

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	
			NONE		
Mon			<u>Please give further details here</u> (please read guidance note 4) N/A		
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5) N/A		
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) N/A		
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		
Day	Start	Finish		Off the premises		
Mon	10.00	22.00	State any seasonal variations for the supply of alcohol (please read guidance note 5)	Both	<input checked="" type="checkbox"/>	
Tue	10.00	22.00				
Wed	10.00	22.00				
Thur	10.00	22.00		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	21.00				

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	JAMES RICHARD AARON AYRE	
Date of birth	[REDACTED]	
Address	[REDACTED]	
Postcode	[REDACTED]	
Personal licence number (if known)	PA029148	

Issuing licensing authority (if known)

SOUTH LAKE LAND DISTRICT

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).

L

Hours premises are open to the public
Standard days and timings (please read guidance note 7)

Day	Start	Finish
Mon	8.00	22.30
Tue	8.00	22.30
Wed	8.00	22.30
Thur	8.00	22.30
Fri	8.00	22.30
Sat	8.00	22.30

State any seasonal variations (please read guidance note 5)

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)

Sun	8.00	21.30	

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)

Operating Schedule: Promotion of the Licensing Objectives
 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

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.
 A dispersal policy will ensure customers leave safely and quietly.
 We also use a CCTV camera to monitor the seating areas outside .

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, and alarms tested regularly. Capacity controlled by means of a wait to be seated service during busy times
 Staff will be trained in evacuation, assembly points and crowd management.
 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.
 Glassware will be managed safely, with polycarbonate used where required.
 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 seated outside/smoking and/or leaving the premises.

Smoking areas will be managed to minimise disturbance.

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.

Any outdoor areas will be managed with limits on capacity, hours of use and noise minimisation.

A dispersal policy 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.

Open containers may only be consumed in delineated external licensed areas.

e) The protection of children from harm

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 (until alternative secure identification technology is adopted).

A refusals register will be maintained and checked regularly by management.

Children will only be permitted on the premises accompanied by a adult.

Staff will be trained to recognise signs of child sexual exploitation (CSE) and how to escalate concerns.

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.	✓
• 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 or my share code issued by the Home Office online right to work checking service (please read note 15).	✓

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, 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	08/03/2026
Capacity	owner

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)			
Mr James Richard Aaron Ayre 2 THE BOULEARD WINDEMERE ROAD ENGLAND			
Post town	GRANGE OVER SANDS	Postcode	LA11 6EG
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

Consent of individual to being specified as premises supervisor

James Richard Aaron Ayre

[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

Premises Licence Application

[type of application]

by

----- Café Grange LTD

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

for Café Grange

Unit 2

The Boulevard

Windermere Road

Grange Over Sands

LA11 6EG-----

[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

Café Grange LTD

[name of applicant]

concerning the supply of alcohol at

Café Grange

Unit 2

The Boulevard

Windermere Road

Grange Over Sands

LA11 6EG

[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

PA029148

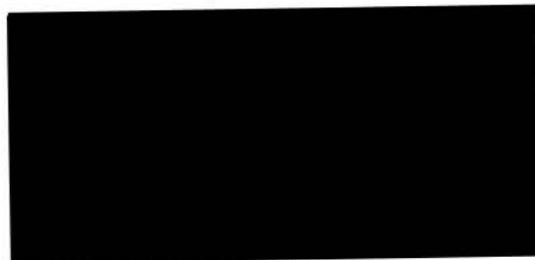
[insert personal licence number, if any]

Personal licence issuing authority

South Lakeland District Council

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

Signed



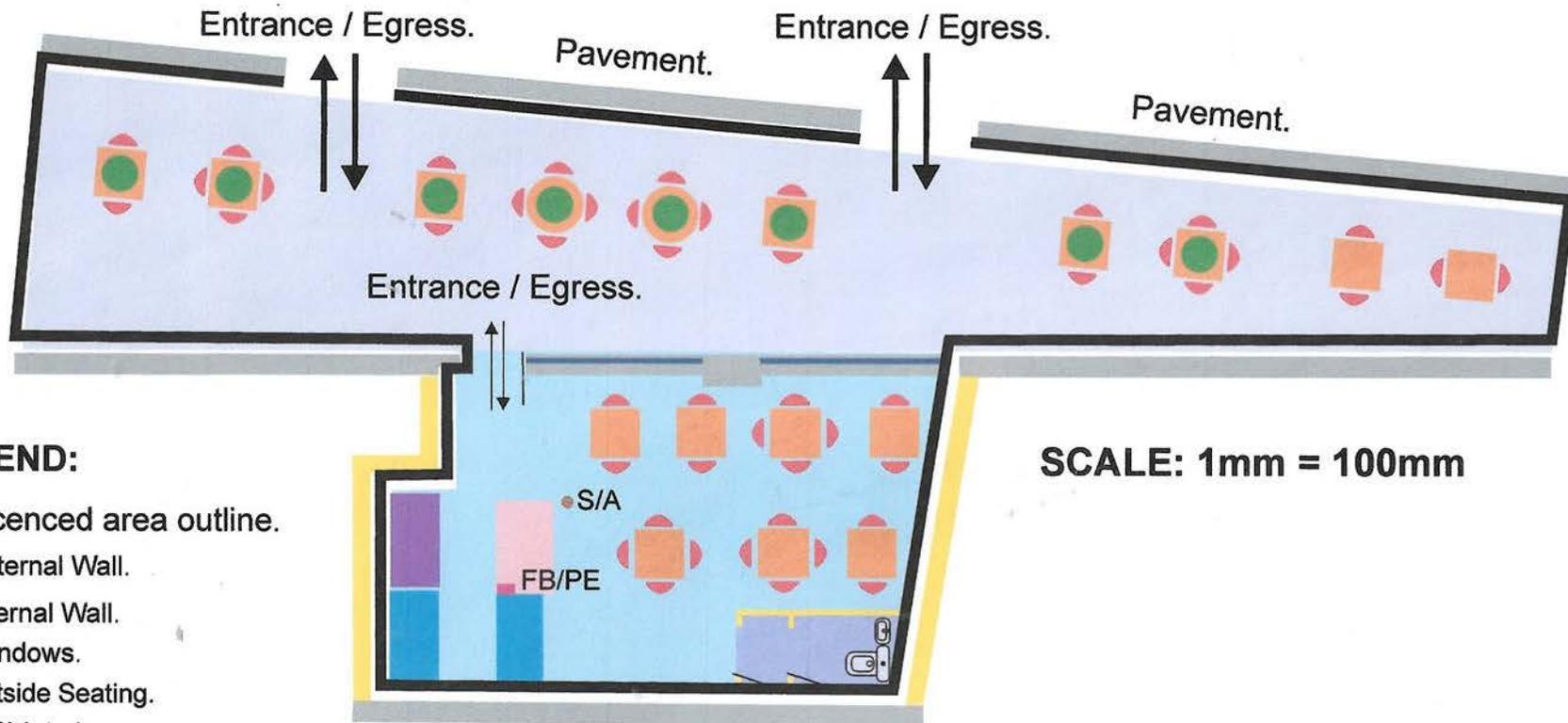
Name (please print)

James Richard Aaron Ayre

Date

09/03/2026

Plan view of Café Grange, proposed licencing area.



LEGEND:

- Licenced area outline.
- External Wall.
- Internal Wall.
- Windows.
- Outside Seating.
- Café Interior.
- Kitchen.
- Customer Toilet.
- Barista Counter.
- Bakery Display and Till.
- Tables.
- Chairs.
20 Inside, 28 Outside.
- Parasols.
- S/A: Smoke Alarm.
- FB/PE: Fire Blanket / Powder Extinguisher

SCALE: 1mm = 100mm