

**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 S Dida 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			
3-4 Cheapside			
<b>Post town</b>	Ambleside	<b>Postcode</b>	LA22 0AB

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 14,750

**Part 2 - Applicant details**

Please state whether you are applying for a premises licence as **appropriate** **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	x 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; **YES**
- 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	
<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	S Dida Ltd
Address	57 Limethwaite Road, Windermere LA23 2DT

Registered number (where applicable) 15784531
Description of applicant (for example, partnership, company, unincorporated association etc.)  Private Limited Company
Telephone number (if any)
E-mail address (optional) contact@sdida.co.uk

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
03	06	2026

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><b>This premises had the benefit of a premises licence previously under very similar terms to the ones sought with this application, but it was surrendered when that business closed.</b></p> <p><b>The applicant has been in the restaurant trade for many years and currently owns Opa Greek Restaurant in Windemere. She has extensive experience and has never had any issues.</b></p> <p><b>The premises is to be a relaxed neighbourhood, family-friendly pizzeria serving not only pizza but other mediterranean food from the grill and burgers.</b></p> <p><b>The restaurant will close at 23:00 and the additional hours to 01:00 on Friday &amp; Saturday are for delivery of food and drink only.</b></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)	

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)	

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

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 7)			<b>Please give further details</b> (please read guidance note 4)
Day	Start	Finish	
Mon	.....	.....	<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 5)
Tue	.....	.....	
Wed	.....	.....	<b>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</b> (please read guidance note 6)
Thur	.....	.....	
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	.....	.....			
Wed	.....	.....	<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 5)		
Thur	.....	.....			
Fri	.....	.....	<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)		
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	
Day	Start	Finish		Outdoors	
Mon	.....	.....	<b>Please give further details here</b> (please read guidance note 4)		
Tue	.....	.....			
Wed	.....	.....	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)		
Thur	.....	.....			
Fri	.....	.....	<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	.....	.....			
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	.....	.....	<b>Please give further details here</b> (please read guidance note 4)	Both	
Tue	.....	.....			
Wed	.....	.....	<b>State any seasonal variations for the performance of dance</b> (please read guidance note 5)		
Thur	.....	.....			
Fri	.....	.....	<b>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</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	
				Outdoors	
Day	Start	Finish		Both	x
Mon	.....	.....	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue	.....	.....	The hours are for delivery only.		
Wed	.....	.....	<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)		
Thur	.....	.....			
Fri	2300	0100	<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	2300	0100	New Year's Eve (both inside premises and delivery) until 01:00		
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	1100	2300	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)		
Tue	1100	2300			
Wed	1100	2300			
Thur	1100	2300			
Fri	1100	0100	<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)  New Year's Eve until 01:00		
Sat	1100	0100			
Sun	1100	2300			

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>	Hristina Todorova Hristova
<b>Date of birth</b>	██████████
<b>Address</b>	██████████ ██████████
<b>Postcode</b>	██████████
<b>Personal licence number (if known)</b>	PA4122
<b>Issuing licensing authority (if known)</b>	Westmorland 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**

<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)           <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)  New Year's Eve until Midnight
Day	Start	Finish	
Mon	1100	2300	
Tue	1100	2300	
Wed	1100	2300	
Thur	1100	2300	
Fri	1100	0100	
Sat	1100	0100	
Sun	1100	2300	

## 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)

1. On Friday & Saturday the hours from 23:00 to 01:00 are for the delivery of late-night refreshment & alcohol for consumption off the premises only.
2. All staff whose responsibilities include the retail sale of alcohol shall receive training on induction and thereafter annually on:
  - a) the terms, conditions, and restrictions of the premises licence:
  - b) the prevention of unlawful sales of alcohol, the operation of the “Challenge 25” scheme, types of acceptable ID, refusing sales of alcohol to persons who may be drunk and any other relevant matters.
3. Such training shall be recorded, and these records shall be kept on the premises and shall, on request, be made available on request to the Police and / or an Authorised Officer of the Licensing Authority (as defined by Section 13 of the Licensing Act 2003):
  - a) in the case of on-line training: within 48 hours.
  - b) in all other cases: immediately upon request.

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

4. The Premises Licence Holder shall install and operate a CCTV system at the premises, capable of providing coverage of all entry points and areas to which customers have access.
5. The CCTV system shall continuously record whilst the premises are open to members of the public and shall be capable of providing clear images and frontal identification of customers.
6. All CCTV recordings shall be retained for a minimum of thirty-one (31) days and shall be correctly date- & time-stamped; sufficient data storage shall be available to facilitate this.
7. CCTV recordings shall be made available within forty-eight (48) hours upon receipt of a request by the Police and / or an Authorised Officer of the Licensing Authority (as defined by Section 13 of the Licensing Act 2003).
8. Any retention, use, production to third parties or disclosure of personal information captured on CCTV must be carried out in line with data protection principles which shall override any conflicting element of these conditions.

**c) Public safety**

9. An incident register will be maintained at the premises and made available to a police officer, or any officer authorised under the Licensing Act 2003.

**d) The prevention of public nuisance**

10. Notices will be displayed at the entrance/exit to the premises asking customers to leave quietly and respect local residents.

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

11. The premises will adopt a 'Challenge 25' policy. This means that if a customer purchasing alcohol appears to be under the age of 25, they will be asked for proof of their age, to prove that they are 18 years or older.

12. Acceptable identification will include their photograph, date of birth and a holographic mark and/or ultraviolet feature. Examples of appropriate identification include a passport, photocard driving licence, military ID, and ID cards bearing the PASS hologram. This condition shall accommodate changes to acceptable identification in digital form as authorised by the Home Office.

**Checklist:**

**Please tick to indicate agreement**

<input type="checkbox"/>	I have made or enclosed payment of the fee.	
<input checked="" type="checkbox"/>	I have enclosed the plan of the premises.	X
<input type="checkbox"/>	I have sent copies of this application and the plan to responsible authorities and others where applicable.	
<input checked="" type="checkbox"/>	I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.	X
<input checked="" type="checkbox"/>	I understand that I must now advertise my application.	X
<input checked="" type="checkbox"/>	I understand that if I do not comply with the above requirements my application will be rejected.	
<input checked="" type="checkbox"/>	[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

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	G Sherratt
Date	01/05/2026
Capacity	Authorised Agent

**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	

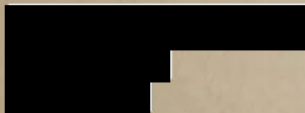
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) Gill Sherratt Naphens LLP Darwen House, Walker Office Park, Walker Rd,			
Post town	Blackburn	Postcode	BB1 2QE
Telephone number (if any)	07769677202		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			



Consent of individual to being specified as premises supervisor

Hristina Todorova Hristova

I  
of



Date of birth

Place of birth

Nationality:



hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

**Premises Licence Grant**

by

Hristina Todorova Hristova

S DIDA LTD

relating to a premises licence

for

Santo Pizzeria & Grill  
3-4 Cheapside  
Ambleside  
LA22 0AB

and any premises licence to be granted or varied in respect of this application made  
by

**Hristina Todorova Hristova** **S DIDA LTD**

*[name of applicant]*

concerning the supply of alcohol at

**Santo Pizzeria & Grill**  
**3-4 Cheapside**  
**Ambleside**  
**LA22 0AB**

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

PA4122 PA4122

Personal licence issuing authority

Westmorland Council

Signed



Name (please print)

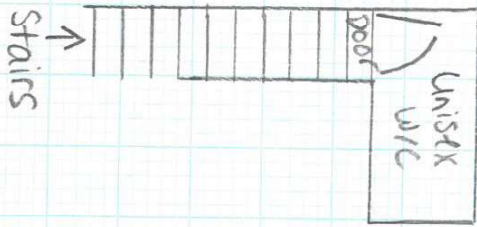
Hristina Todorova Hristova

Date

01/05/2026

Kusty - 314 Cheapside Ambleside, LA22 0AB

First Floor



Scale: 1mm x 100mm

- [E] - Fire extinguisher / Fire blanket
- (S) - Smoke detector / Heat detector
- [Pink shaded area] - Alcohol consumption area

Ground Floor

