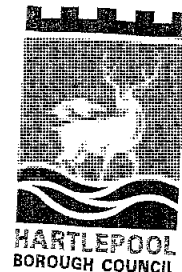


**Application for a premises licence to be granted
under the Licensing Act 2003**



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 MR JASON JACK UNWIN
(Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 - Premises Details

Postal address of premises or, if none, Ordnance Survey map reference or description			
<u>GELATO JO JO</u> <u>79 THE FRONT</u> <u>SEATON CAREW</u>			
Post town	<u>HARTLEPOOL</u>	Postcode	<u>TS25 1BU</u>
Telephone number at premises (if any)			
Non-domestic rateable value of premises		<u>£3500</u>	

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | |
|--|--|
| <p>a) an individual or individuals *</p> <p>b) a person other than an individual *</p> <p style="padding-left: 20px;">i. as a limited company</p> <p style="padding-left: 20px;">ii. as a partnership</p> <p style="padding-left: 20px;">iii. as an unincorporated association or</p> <p style="padding-left: 20px;">iv. other (for example a statutory corporation)</p> <p>c) a recognised club</p> <p>d) a charity</p> | <p><input checked="" type="checkbox"/> please complete section (A)</p> <p><input type="checkbox"/> please complete section (B)</p> <p><input type="checkbox"/> please complete section (B)</p> <p><input type="checkbox"/> please complete section (B)</p> <p><input type="checkbox"/> please complete section (B)</p> <p><input type="checkbox"/> please complete section (B)</p> <p><input type="checkbox"/> please complete section (B)</p> |
|--|--|

- e) the proprietor of an educational establishment please complete section (B)
- f) a health service body please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England please complete section (B)
- h) the chief officer of police of a police force in England and Wales please complete section (B)

* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
- statutory function or
- a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
Surname UNWIN		First names JASON JACK		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes
Current postal address if different from premises address				
Post town		Postcode		
Daytime contact telephone number				
E-mail address (optional)				

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over					<input type="checkbox"/> Please tick yes
Current postal address if different from premises address					
Post town		Postcode			
Daytime contact telephone number					
E-mail address (optional)					

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	02	2016

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)

* main business is the sale of ice cream and hot drinks plus small amount of bottled beers

13-1-16

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

- 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)

Please tick any that apply

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

Provision of late night refreshment (if ticking yes, fill in box I)

Supply of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M

* 13.1.16 awarded by J. [unclear]

A

Plays Standard days and timings (please read guidance note 6)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thur					
Fri			<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> (please read guidance note 5)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	10-00	23-00	Please give further details here (please read guidance note 3) FILMS WILL BE UNAMPLIFIED BLACK AND WHITE FILMS		
Tue	10-00	23-00			
Wed	10-00	23-00	State any seasonal variations for the exhibition of films (please read guidance note 4) _____		
Thur	10-00	23-00			
Fri	10-00	23-00	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 5) _____		
Sat	10-00	23-00			
Sun	10-00	23-00			

* DBanful
* Jason Anwar amended above
13.1.16

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed			
Thur			<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 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)		
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 5)		
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place <u>indoors or outdoors or both</u> - please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	09-00	23-00	<u>Please give further details here</u> (please read guidance note 3) MUSIC WILL BE AMPLIFIED THROUGH A STEREO SYSTEM		
Tue	09-00	23-00			
Wed	09-00	23-00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)		
Thur	09-00	23-00	<hr/>		
Fri	09-00	23-00	<u>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</u> (please read guidance note 5)		
Sat	09-00	23-00	<hr/>		
Sun	09-00	23-00	<hr/>		

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Thur					
Fri			<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 5)		
Sat					
Sun					

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><u>Please give further details here</u> (please read guidance note 3)</p>		
Wed					
Thur			<p><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)</p>		
Fri					
Sat			<p><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> (please read guidance note 5)</p>		
Sun					

I

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon				Both	<input type="checkbox"/>
Tue				Please give further details here (please read guidance note 3)	
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur			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 (please read guidance note 5)		
Fri					
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	10-30	23-30			
Tue	10-30	23-30			
Wed	10-30	23-30			
Thur	10-30	23-30			
Fri	10-30	23-30			
Sat	10-30	23-30			
Sun	10-30	23-30			
			Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 5)		

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

Name	JASON JACK UNWIN
Address	
Postcode	
Personal licence number (if known)	HART/PL/751
Issuing licensing authority (if known)	HARTLEPOOL 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 8).

L

<p>* Hours premises are open to the public Standard days and timings (please read guidance note 6)</p>			<p>State any seasonal variations (please read guidance note 4)</p>
Day	Start	Finish	
Mon	10-00 ^m	24-00	<p>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 5)</p>
Tue	10-00	2400	
Wed	10-00	2400	
Thur	10-00	2400	
Fri	10-00	2400	
Sat	10-00	2400	
Sun	10-00	2400	

13-1-16

* D. Baglin amended above 13.1.16

M Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 9)

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

Checklist:

Please tick to indicate agreement

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

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

Part 4 – Signatures (please read guidance note 10)

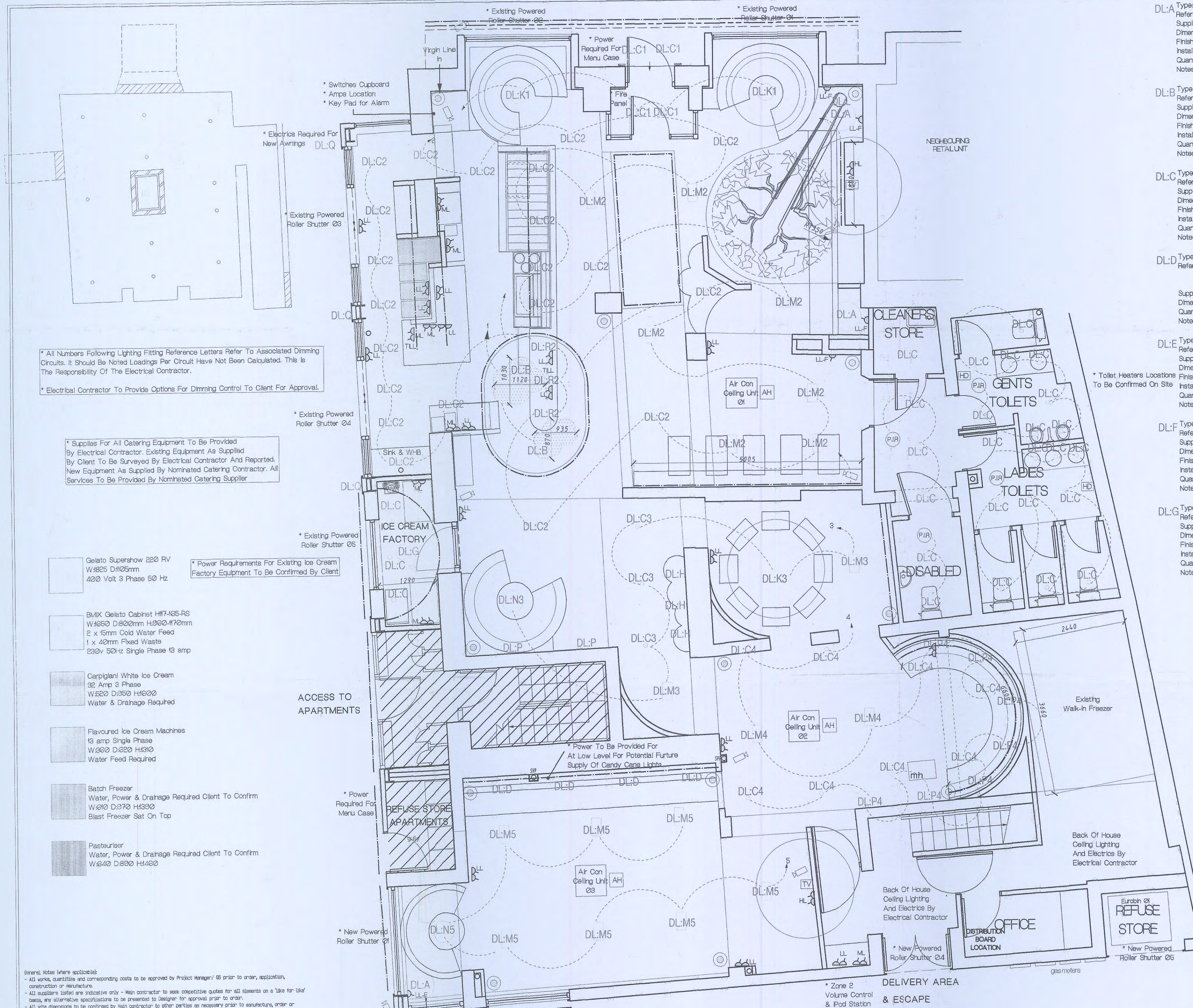
Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 11).
If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	25-11-15
Capacity	OWNER

For joint applications, signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent (please read guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			



* All Numbers Following Lighting Fitting Reference Letters Refer To Associated Dimming Circuits. It Should Be Noted Loadings Per Circuit Have Not Been Calculated. This Is The Responsibility Of The Electrical Contractor.
 * Electrical Contractor To Provide Options For Dimming Control To Client For Approval.

* Supplies For All Catering Equipment To Be Provided By Electrical Contractor. Existing Equipment As Supplied By Client To Be Surveyed By Electrical Contractor And Reported. New Equipment As Supplied By Nominated Catering Contractor. All Services To Be Provided By Nominated Catering Supplier

Galato Superflow 220 RV
 W4825 D4105mm
 400 Volt 3 Phase 50 Hz

BMX Galato Cabinet H17465-RS
 W4650 D4800mm H820-1170mm
 2 x 15mm Cold Water Feed
 1 x 40mm Fixed Waste
 230v 50hz Single Phase 13 amp

Carpigliani White Ice Cream
 32 Amp 3 Phase
 W5200 D1950 H4300
 Water & Drainage Required

Flavoured Ice Cream Machines
 13 amp Single Phase
 W3600 D1820 H1400
 Water Feed Required

Batch Freezer
 Water, Power & Drainage Required Client To Confirm
 W1610 D1370 H1300
 Blast Freezer Set On Top

Pastourizer
 Water, Power & Drainage Required Client To Confirm
 W1640 D1800 H1400

* Power Requirements For Existing Ice Cream Factory Equipment To Be Confirmed By Client

ACCESS TO APARTMENTS

* Power Required For Menu Case

* New Powered Roller Shutter 02

PROPOSED GROUND FLOOR PLAN

General Notes Where Applicable
 - All works, quantities and corresponding costs to be approved by Project Manager / @ prior to order, installation, construction or manufacture.
 - All suppliers listed are indicative only - Main contractor to seek competitive quotes for all elements on a 'like for like' basis, any alternative specifications to be presented to Designer for approval prior to order.
 - All site dimensions to be confirmed by main contractor to other parties as necessary prior to manufacture, order or fabrication.
 - All electrical works by Electrical contractor unless otherwise stated. Main contractor to liaise with Electrical direct to coordinate and programme the works, and ascertain the agreed scope of works.
 - All signage works to be by a separate contractor approved by Client direct. Main contractor to liaise with Client direct to coordinate installation dates and programme accordingly. Electrical to ascertain any and all additional power requirements.
 - All new and existing mechanical, electrical and lighting installations to fully comply with United Kingdom Regulations, British Standards, and any relevant BS or Local Authority requirements. Supplier to certify this work. NS. Suppliers to be responsible for ensuring that any specialist fixtures, assemblies or fittings comply with the required rating and obtain written evidence of compliance to be passed to Designer, ON to check and be responsible for obtaining any requirements in excess of these standards.
 - All contractors to obtain access to the site 145' prior to the Client to understand existing site layout etc. Main contractor and Designer to both be responsible for bringing any necessary changes, potential conflicts with scope, or change to cables etc. to the Designer's attention.
 - It is the Electrical contractor's responsibility to satisfy themselves that all specified fittings present to NSI risk, no fittings that are a fire risk, etc.
 - All specifications to be agreed with Designer. Client to approve all fittings prior to order. Electrical contractor to ensure that level of illumination is sufficient, and provide power suitable for all lighting.
 - All aspects shall be co-ordinated between manufacturer and Designer. Where possible, details and finished samples to be provided to Designer for approval prior to order.
 - Any existing mechanical fittings to be removed from 'hot' areas and stored unless otherwise stated on this or Fire strategy drawing. Electrical to make good and seal any and all redundant existing 'supplies' etc. as necessary, and top off. Any and all necessary remedial works must be undertaken as required by the Main contractor.
 - All 'new power' to fittings to be secured and concealed behind walls and ceilings where possible. Where not feasible, electrical to liaise directly with Designer.
 - All lighting to be fully specified, unless agreed to change (unless indicated 'typical' for information purposes only). Electrical contractor to coordinate and incorporate into details, and confirm final circuits (i.e. their information supersedes that shown on this drawing). Control points to be agreed with Client. Some select Dimmer packs to be supplied by Electrical Contractor including smart overrides. Where no circuit in process, lighting to be 'hard' Electrical Contractor to ascertain circuits prior to works.
 - Any relevant Specialist or 'Direct' Suppliers to confirm requirements to Designer and provide Leads to enable integration of fittings etc.
 - Note: Any Information Received Direct From Specialist Suppliers That Shown On This Drawing Any Circuits To Be Brought To Designer's Attention By Relevant Parties Prior To Installation.
 - Electrical Contractor To Provide Solutions For All Double Sockets To All Areas, Testpoints and Data Points. These Are To Be Checked Prior To Start of Works.
 - All Public Area Double and Single Inlets Including Fire Signs To Be Checked Placed.
 - Electrical Contractor To Seek Approval From Designer @ Client Regarding Locations of All Switches.
 - Where feasible, Electrical Contractor To Provide Dual Purpose Fittings For Decorative And Fire.
 - All fire fittings to be shown on fire strategy drawing. To be checked by Local Authority. To be Allowed as Necessary.
 - Client to confirm NSI Requirements including Full Specification of Equipment and Location.

Type: Speakers
 Reference: Apart Mask 6 Speaker Incl Bracket
 Supplier: Promotime NE
 Contact: Brian Graham
 Dimensions: H85 D85 W175
 Finish: White
 Notes: Wiring By Electrical Contractor

Type: CCTV Camera
 Reference: Dome Camera
 Supplier: ANE Ltd T:0191 567 8677
 Contact: Alan Kay
 Dimensions: TBC
 Finish: White Exterior Sprayed Black
 Qty: 8
 Notes:

Type: Double Socket - Single Socket
 Reference: To Be Sourced By Electrical Contractor
 Supplier: To Be Sourced By Electrical Contractor
 Contact: To Be Sourced By Electrical Contractor
 Dimensions: F.O.H. To Be Chromium, B.O.H White
 Finish: Switching Of Floor Lamps To Be Discussed Between Electrical Contractor And Client.
 Notes: L - Low Level (450mm), M - Mid Level (900mm), H - High Level (1700mm), S - 5 amp, F - Fused Spur, D - Cat 5 Data

Type: Ultra Bright LED Strip Lights
 Reference: TBC
 Supplier: Promotime NE
 Contact: Brian Graham
 Notes: To Be Supplied With Power Supplies And Relevant Cables Etc. Power Supplies Discreetly Fixed

Type: Fluorescent Tube Lighting
 Reference: Supplied By Contractor
 Supplier: By Contractor
 Contact: Not Applicable
 Dimensions: See Accompanying Drawings
 Finish: TBC
 Notes:

Type: Electric Hand-dryer
 Reference: To Be Sourced By Electrical Contractor
 Supplier: To Be Sourced By Electrical Contractor
 Contact: To Be Sourced By Electrical Contractor
 Dimensions: TBC
 Notes:

Type: Front Of House Emergency Lighting
 Reference: LSL, OL, R, ELP, 13
 Supplier: LSL, Co T:01932 620 136
 Contact: Not Applicable
 Dimensions: 600mm Visible 18mm Depth
 Finish: White
 Notes:

Type: Fire Detector As Per Licensing Layout
 Reference: To Be Supplied By Electrical Contractor
 Supplier: Electrical Contractor
 Contact: Not Applicable
 Dimensions: Not Applicable
 Finish: Not Applicable
 Notes:

Type: 42" TV Location
 Reference: As Per Suppliers Details
 Supplier: Promotime Ne
 Contact: Brian Graham
 Dimensions: T.B.C.
 Finish: To Be Framed By M.G.P.
 Notes:

(WEM) Type: Wall Mounted Emergency Exit Sign
 Reference: 5525
 Supplier: Screwfix T:02020 41414
 Contact: Not Applicable
 Dimensions: TBC
 Finish: Not Applicable
 Notes:

(HEM) Type: Hanging LED Emergency Exit Sign
 Reference: MP8 Or Similar Approved
 Supplier: Ringtail T:0772 336335
 Contact: Not Applicable
 Dimensions: H180 W180 D50
 Finish: Chromium Plated
 Notes: 3 Hour Non-Maintained

(TEM) Type: Robus Emergency Twh Spotlight RE220-01
 Reference: 50540
 Supplier: Screwfix T:02020 41414
 Contact: Not Applicable
 Dimensions: W330 D172 H830
 Finish: T.B.C.
 Notes: To Be Framed By M.G.P.

DL:A Type: Table Lamp @
 Reference: M3068
 Supplier: Coach House
 Dimensions: H: 920mm
 Finish: Electrical Contractor
 Quantity: 3
 Notes: Electrical Contractor To Supply Edison Squirrel Caged Lamps

DL:B Type: 'Cloud' Suspended Light
 Reference: By Signage Contractor
 Supplier: New Image Sign
 Dimensions: As Shown On Drawing (Guide Only)
 Finish: Edges In Chromium, Copal Base, Blue Tint Perspex Top
 Installer: Signage Contractor
 Quantity: 2
 Notes: Electrical Contractor To Allow For Feed As Located By Signage Contractor

DL:C Type: Downlight @
 Reference: Sourced By Supplier
 Supplier: To Be Confirmed By Supplier
 Dimensions: White Trim
 Finish: White Trim
 Installer: Electrical Contractor
 Quantity: 62
 Notes: Warm White - Dimmable - Narrow Beam Lamps

DL:D Type: Giant Candy Cane Lights
 Reference: Formed From Steel Conduit, With Lamp Holder Fixed To End. Allow For Filament Lamp. Steel To Be Painted Like Candy Cane - Colours Tbs.
 Supplier: Main Contractor
 Dimensions: See Drawing Package
 Quantity: POWER REQUIRED ONLY.
 Notes:

DL:E Type: Downlight @2
 Reference: ANSGLO W Novara Surface Mounted Downlight (Ansel Lighting)
 Supplier: The Electrical Counter T: 01233 469 228
 Dimensions: H200 Dia 86mm
 Finish: Aluminum
 Installer: Electrical Contractor
 Quantity: 42
 Notes: Warm White Lamp To Be Provided By Supplier

DL:F Type: Wallbracket @
 Reference: SFY203
 Supplier: Coachhouse
 Dimensions: TBC
 Finish: Electrical Contractor
 Quantity: Omitted
 Notes: Electrical Contractor to provide Edison Squirrel Cage Lamp

DL:G Type: Chandelier @
 Reference: STM202
 Supplier: Coachhouse
 Dimensions: H520 Dia 630
 Finish: Electrical Contractor
 Quantity: 1
 Notes: Electrical Contractor to provide Edison Squirrel Cage Lamp

DL:H Type: Wallbracket @2
 Reference: BS027
 Supplier: Coachhouse
 Dimensions: H:770
 Finish: Electrical Contractor
 Quantity: 3
 Notes: To Be Supplied With Sh

DL:I Type: Pendant @3
 Reference: Beat Wide Pendant
 Supplier: CP Lighting T: 0191 446
 Dimensions: H450 Dia 280mm
 Finish: White
 Installer: Electrical Contractor
 Quantity: 3
 Notes: To Be Supplied With W

DL:J Type: Tree Lighting @1
 Reference: To Be Sourced By Tree
 Supplier: Artificial Plant Company
 Dimensions: See Drawing
 Finish: Warm White
 Installer: Artificial Plant Company
 Quantity: 1
 Notes: To Be Supplied With O

DL:K Type: Twin Spotlight @
 Reference: SLY 16432
 Supplier: Lights2
 Dimensions: L280 W210 H85
 Finish: Polished
 Installer: Electrical Contractor
 Quantity: 17
 Notes: To Be Dimmable. To Be

DL:L Type: Pendant @2
 Reference: COP02
 Supplier: Coachhouse
 Dimensions: Dia 400
 Finish: Electrical Contractor
 Quantity: 2
 Notes:

DL:M Type: Wallbracket @3
 Reference: TH5003
 Supplier: Coachhouse
 Dimensions: H450 W200 D250
 Finish: Electrical Contractor
 Quantity: 9
 Notes:

DL:N Type: External Wallbracket @
 Reference: 804237
 Supplier: Chantelle
 Dimensions: H262 W154 Prof:77mm
 Finish: GU10 28w Lamp
 Installer: Electrical Contractor
 Quantity: 3
 Notes:

