

**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.

We, **C & R Clayton 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			
87 Poulton Street Kirkham			
Post town	Preston	Postcode	PR4 2AJ

Telephone number at premises (if any)	[REDACTED]
Non-domestic rateable value of premises	£6200

Part 2 - Applicant details

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

- | | | |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | <input type="checkbox"/> | |
| i as a limited company/limited liability partnership | <input checked="" type="checkbox"/> | please complete section (B) |
| ii as a partnership (other than limited liability) | <input type="checkbox"/> | please complete section (B) |
| iii as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | 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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth I am 18 years old or over				✓	Please tick yes
Current residential 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		
Date of birth over		I am 18 years old or		<input type="checkbox"/>	Please tick yes
Nationality					
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 C & R Clayton Limited
Address Suite 191 Telecom Business Centre, 20 Clifton Road, Blackpool, Lancashire, FY4 4QA
Registered number (where applicable) 14057642
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
1	2	0 6 2 0 2 4

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)

The premises are currently vacant and were most recently occupied by Tile Gallery. The property is situated on a corner plot on Poulton Street, the main high street and is positioned amongst a vast array of local retailers. The premises will trade as a convenience store if a premises licence is granted.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

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What licensable activities do you intend to carry on from the premises?

Please tick Yes

Provision of regulated entertainment

a) plays	
b) films	
c) indoor sporting events	
d) boxing or wrestling entertainment	
e) live music	
f) recorded music	
g) performances of dance	
h) anything of a similar description to that falling within (e), (f) or (g)	

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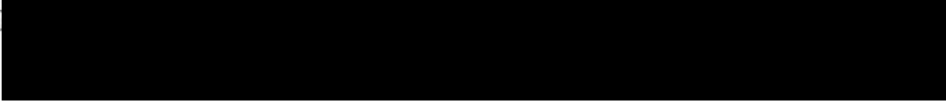

Supply of alcohol (if ticking yes, fill in box J)	<input checked="" type="checkbox"/>
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In all cases complete boxes K, L and M

Box A-H have been deleted as these licensable activities are not required

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	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	07.00	23.00			
Tue	07.00	23.00			
Wed	07.00	23.00			
Thur	07.00	23.00			
Fri	07.00	23.00			
Sat	07.00	23.00			
Sun	07.00	23.00	Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 6)		

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	Ross Wallis
Date of birth	
Address	
Postcode	
Personal licence number (if known)	FY PA0609
Issuing licensing authority (if known)	Fylde Council

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 9).

None

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			<u>State any seasonal variations</u> (please read guidance note 5)
Day	Start	Finish	
Mon	07.00	23.00	<p><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> (please read guidance note 6)</p>
Tue	07.00	23.00	
Wed	07.00	23.00	
Thur	07.00	23.00	
Fri	07.00	23.00	
Sat	07.00	23.00	
Sun	07.00	23.00	

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)

b) The prevention of crime and disorder

CCTV shall be installed internally and externally at the premises and shall comply with the following;

- a. The CCTV system shall be installed, maintained and operated to the reasonable satisfaction of Lancashire Constabulary. All public areas of the premises are to be covered by the system. The system shall incorporate a camera covering each of the entrance doors and shall be capable of providing an image which is regarded as identification standard.
- b. The system shall display on any recording the correct time and date of the recording.
- c. The system shall make recordings during all hours the premises are open to the public.
- d. VCR tapes or digital recording shall be held for a minimum of 31 days and 28 days respectively, after the recording is made and shall be made available to the Police or any authorised persons acting for a Responsible Authority for inspection upon request.
- e. The system will, as a minimum, record images of the head and shoulders of all persons entering the premises.

A staff member who is conversant with the operation of the CCTV system shall be on the premises at all times the premises are open to the public. This staff member shall be able to show recent data or footage with the absolute minimum of delay when requested to a Police Officer or to a Local Authority Enforcement Officer.

Appropriate signage alerting customers to CCTV recording shall be displayed in conspicuous positions on the premises.

An incident book will be maintained within which full details of all occurrences of disorder and refused alcohol sales at the premises will be recorded. This incident book will be kept on the premises at all times and be readily available for inspection by the Police.

A refusals register (whether kept and written or electronic form) will be maintained.

No customers will be permitted to take open containers of alcoholic drinks from the premises.

Whenever the Designated Premises Supervisor is not at the premises another person shall be nominated by them to be the responsible person to manage the premises.

An authorisation of sales, signed and dated by the Designated Premises Supervisor, shall be kept at the premises showing all persons authorised by them to make sales of alcohol at the premises.

At least one Personal Licence holder shall be available (this does not mean necessarily present at the premises) at all times that alcohol is on sale.

c) Public safety

The Premises Licence Holder shall operate in accordance with all relevant legislation which promotes the public safety objective including, but not limited to, the Health and Safety at Work etc Act 1974 and associate regulations, the Food Safety Act 1990, the Regulatory Reform (Fire Safety) Order 2005 and the Disability Discrimination Act 1995.

Adequate first aid provision shall be available at all times.

d) The prevention of public nuisance

Outside the premises disposing and collecting of litter will be maintained regularly.

A clear, legible and conspicuous notice requesting patrons to avoid causing noise, nuisance or disturbance to local residents shall be displayed at the exit.

e) The protection of children from harm

A Challenge 25 proof of age policy shall be implemented and adhered to. All staff to have received suitable training in relation to the Challenge 25 proof of age scheme. Records to evidence this will be made available to an authorised officer upon request.

Any person who looks or appears to be under the age of 25 shall be asked to provide identification that they are over the age of 18. The following are the only forms of identification acceptable:

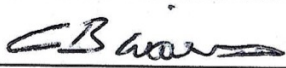
- i. A recognised proof of age card accredited under the British Retail Consortium's Proof of Age Standards Scheme (PASS)
- ii. Photo driving licence
- iii. Citizen card supported by the Home Office
- iv. Official ID card issued by HM Forces or European Union bearing a photograph and date of birth of the holder.

If no suitable identification is provided, the sale of alcohol to them will be refused.

All staff who are involved in the sale of alcohol shall be trained in relation to the Challenge 25 policy upon commencement of their employment following which refresher training will take place at a minimum of every 6 months. Records to evidence this will be made available to an authorised officer upon request.

Part 4 – Signatures (please read guidance note 11)

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

Declaration	<ul style="list-style-type: none"> • [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in 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, if appropriate (please see note 15)
Signature	
Date	10th May 2024
Capacity	Applicant/Director

For joint applications, signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent (please read guidance note 13). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

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)			

Suitable signage will be displayed to specify that a Challenge 25 Policy is in place.

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 (please read note 15).

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.