3 Cardinal Place, Cleveleys, Lancs. FY52SQ
Telephone: 01253 858186 or 01253 770810
Email:cardinalsupport@btinternet.com

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 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 **UK NAILS 55 LIMITED** apply for 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, ordinance survey map reference or description **55 Poulton Street**	
Post town **Kirkham**	Post code **PR4 2AJ**

Telephone number of premises (if any)	[redacted]

Non domestic rateable value of premises	**£8,600**

Part A2 - Applicant Details

Please state the capacity in which you are applying to convert your existing licence

		Please tick	
a) an individual or individuals			please complete section(A)
b) a person other than an individual			please complete section (B)
	i. as a limited company	√	please complete section (B)
	ii. as a partnership		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			please complete section (B)
h) the chief officer of police of a police force in England and Wales			please complete section (B)

(B) OTHER APPLICANTS

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

Name **UK NAILS 55 LIMITED**
Address **55 POULTON STREET, KIRKHAM, PR4 2AJ**
Registered number (where applicable) Company number **17204984**
Description of applicant (for example, partnership, company, unincorporated association etc.) **Limited Company**
Telephone number (if any) [redacted]
E-mail address (optional)

Part 3 Operating Schedule

	Day		Month		Year			
When do you want the premises licence to start?	0	4	0	8	2	0	2	6

	Day		Month		Year			
If you wish the licence to be valid only for a limited period, when do you want it to end?								

If 5000 or more people attend the premises at any one time, please state the number expected to attend	**N/A**

Please give a general description of the premises (please read guidance note 1)

The ground floor premises forms part of a block of commercial properties on the main street in Kirkham, comprising a nail/beauty salon with toilet and kitchen facilities.

What licensable activities do you intend to carry on from the premises?
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

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	

Sale by retail of alcohol	√

In all cases complete boxes K, L and M

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	
				Outdoors	
				Both	
Day	**Start**	**Finish**			
Mon			**Please give further details here** (please read guidance note 3)		
Tue					
Wed			**State any seasonal variations for the provision of late night refreshment** (please read guidance note 4) None		
Thur			**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)		
Fri					
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			**Will the supply of alcohol be for consumption on or off the premises or both** – please tick (✓) (please read guidance note 7)		
				On the premises	√
				Off the premises	
				Both	
Day	**Start**	**Finish**			
Mon	09.00hrs	19.00hrs	**State any seasonal variations for the supply of alcohol** (please read guidance note 4) None		
Tue	09.00hrs	19.00hrs			
Wed	09.00hrs	19.00hrs			
Thur	09.00hrs	19.00hrs	**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)		
Fri	09.00hrs	19.00hrs			
Sat	09.00hrs	19.00hrs			
Sun	09.00hrs	19.00hrs			

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

Name: **Thi Hoa Nguyen**

Address: [redacted]

Date of Birth: [redacted]

Personal licence number (if known) **FYPA 1536**

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 8)

None

L

Hours premises are open to the public
Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon	09.00hrs	19.00hrs
Tue	09.00hrs	19.00hrs
Wed	09.00hrs	19.00hrs
Thur	09.00hrs	19.00hrs
Fri	09.00hrs	19.00hrs
Sat	09.00hrs	19.00hrs
Sun	09.00hrs	19.00hrs

State any seasonal variations (please read guidance note 4)

None

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)

M

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

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

The premises will operate as a nail bar/beauty salon with the supply or sale of alcohol being ancillary to that business purpose.

Alcohol may only be supplied or sold for consumption on the premises to those clients over the age of 18 who are visiting the premises for a treatment or similar appointment or to the friend, companion or guest of a customer who is attending for such purpose.

All alcohol will be kept in a designated area.

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

Staff shall receive training in relation to the Licensing Objectives.

No alcohol shall be removed from the premises in an unsealed container.

An incident book will be maintained in which shall be recorded:-

a. All incidents of crime and disorder
b. Refused sales to suspected under-age and drunken persons
c. A record of any person asked to leave the premises or removed from the premises
d. Details of occasions on which the police are called to the premises
e. A record of persons searched on suspicion that drugs are being carried and the reason for such suspicion

The book will be available for inspection by a police officer

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 premise.

Any person within the premises who appears to be intoxicated or who is behaving in a disorderly manner will be given care and consideration in leaving 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 supply or sale signed and dated by the Designated Premises Supervisor shall be kept at the premises showing all persons authorised by them to supply alcohol at the premises.

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

None

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 receive suitable training in relation to the proof of age scheme to be applied upon the premises. All staff are to receive regular refresher training at suitable intervals. Records to evidence this will be made available to an authorised officer upon request.

Suitable signage will be displayed to specify that a Challenge 25 Policy is in place and that it is an offence to supply alcohol for persons under 18.

Please tick ✓ Yes

- 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 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). ✓

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.**

Declaration	• [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	**6th July 2026**
Capacity	**Authorised Agent**

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 address for correspondence associated with this application (please read guidance note 19)

Rodger Wightman or Robin Atkinson
The Licensing Practice,
3 Cardinal Place,

Tel: 01253 858186 or 01253 770810

Post town **Cleveleys**	Post code **FY5 2 SQ**

Telephone number (if any) **01253 858186 or 01253 770810**

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

cardinalsupport@btinternet.com