



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 Ritthirat Wonguthan

(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 Tata's Thai Kitchen 30 Poulton Street Kirkham PR4 2AB			
Post town	Preston	Postcode	PR4 2AB

Telephone number at premises (if any)		
Non-domestic rateable value of premises	£14,000	

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 Wonguthan			First names Ritthirat		
Date of birth [REDACTED]		I am 18 years old or over ☒ Please tick yes			
Nationality Thailand					
Current residential address if different from premises address		[REDACTED]			
[REDACTED] town	[REDACTED]			Postcode	[REDACTED]
Daytime contact telephone number			[REDACTED]		
E-mail address (optional)		[REDACTED]			

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) [REDACTED]

SECOND INDIVIDUAL APPLICANT (if 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					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)					
Current residential address if different from premises address					
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
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
3	1	072026

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)

Former high street bank converted into a restaurant which has customer seating on the ground floor with additional tables and chairs on a mezzanine level. A small bar/reception area is located directly in front of the entrance door. A small kitchen is located toward the rear of the premises at ground floor level, and the customer toilets are at first floor level. The first-floor areas are accessed by two separate staircases as the mezzanine and toilet facilities are not interconnected.

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

N/A

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) ☐

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

Sections A-H removed as not relevant to this application

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	☐
				Outdoors	☐
				Both	☒
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	23.00	23.30			
Tue	23.00	23.30			
			State any seasonal variations for the provision of late night refreshment (please read guidance note 5) One extra hour on New Years Eve		
Wed	23.00	23.30			
Thur	23.00	23.30			
			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 6)		
Fri	23.00	23.30			
Sat	23.00	23.30			
Sun	23.00	23.30			

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	☐
				Off the premises	☐
				Both	☒
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5) One extra hour on New Years Eve		
Mon	10.00	23.30			
Tue	10.00	23.30			
Wed	10.00	23.30			
Thur	10.00	23.30			
Fri	10.00	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 6)		
Sat	10.00	23.30			
Sun	10.00	23.30			

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 Ritthirat Wonguthan	
Date of birth [REDACTED]	
Address [REDACTED]	
[REDACTED]	[REDACTED]
Personal licence number (if known) Awaiting grant	
Issuing licensing authority (if known) South Ribble 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 9).

None

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	10.00	00.00	
Tue	10.00	00.00	
Wed	10.00	00.00	
Thur	10.00	00.00	
Fri	10.00	00.00	
Sat	10.00	00.00	
Sun	10.00	00.00	
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)			

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. At least one personal licence holder will be contactable while the supply or sale of alcohol is being undertaken (whose identity will be known to all other staff engaged in the supply or sale of alcohol) except in the case of emergency.
2. Another member of staff shall be nominated to act for the DPS in their absence whose identity is known by all staff when such absence occurs.
3. An authorisation, 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.
4. No person in possession of a drink in a sealed or unsealed container will be allowed to enter the premises except for the purposes of delivery.
5. The provision of food shall form a substantial element of the operation of the premises with sufficient furniture and seating provided and set out in such a way that it does not become a high volume, vertical drinking establishment

b) The prevention of crime and disorder

6. CCTV will be installed at the premises and will comply with the following:
 - a. The CCTV system shall be installed, maintained, and operated to the reasonable satisfaction of the Lancashire Constabulary. The coverage should include the entrance/exit, checkout, and main alcohol displays. The system will be capable of providing an image that is regarded as an identification standard.
 - b. The system will display on any recording the correct time and date of the recording.
 - c. The system will make recordings during all hours the premises are open to the public.
 - d. The system will, as a minimum, record images of the head and shoulders of all persons entering the premises.
 - e. Digital recording shall be held for a minimum of 28 days after the recording is made and will be made available to the Police for inspection upon request.
7. A staff member who is conversant with the operation of the CCTV system will be available on the premises to facilitate any request made by Police to produce images. This staff member will be able to show Police recent data or footage with the absolute minimum of delay when requested. This data or footage reproduction should be almost instantaneous.
8. If the CCTV is not correctly working the Licence Holder shall take immediate steps to rectify the fault. A log of the steps shall be kept and be made available for inspection Police Officer or to a Local Authority Enforcement Officer.
9. Appropriate signage alerting customers to CCTV recordings shall be displayed in conspicuous positions on the premises.

--

c) Public safety

Primary legislation deemed sufficient to safeguard this objective

d) The prevention of public nuisance

10. Signs will be placed at the entrance/ exit to the premises advising customers to leave quietly and respect the needs of the residents

e) The protection of children from harm

The following conditions to be added to the operating schedule:

11. A Challenge 25 proof of age policy shall be implemented and adhered to. 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:

- A recognised proof of age scheme accredited under the British Retail Consortiums Proof of Age Standards Scheme (PASS).
- Photo driving licence.
- Passport.
- Official ID card issued by HM Forces or European Union bearing a photograph and date of birth of the holder.
- Any other form of ID as approved by HM Government.

If no suitable identification is provided the sale of alcohol will be refused

12. All staff to have received suitable training in relation to the proof of age scheme. Refresher training on underage sales to be provided to all staff every six months. Records to evidence this will be made available to an authorised officer upon request.

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). ☒

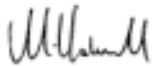
IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

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	 Mark Marshall
Date	3 rd July 2026
Capacity	Agent – Commissioner for Oaths (FCILEX)

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) Mark Marshall M Squared Services Ltd 66 Tithebarn Street			
Post town	Poulton le Fylde	Postcode	FY6 7BY
Telephone number (if any)	07796 994786		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) info@mm-squared.co.uk			