

## 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 AMY'S NAILS KINGSTON 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 <u>58 EDEN STREET</u> <u>TRADING NAME: KINGSTON NAILS &amp; BEAUTY</u>			
Post town	<u>KINGSTON UPON THAMES</u>	Postcode	<u>KT1 1EE</u>
Telephone number at premises (if any)		<u>[REDACTED]</u>	
Non-domestic rateable value of premises		£ <u>27,500</u>	

#### 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 *               |   |
| 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    | <input type="checkbox"/> 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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over <input type="checkbox"/> 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 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)					

**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			I am 18 years old or over <input type="checkbox"/> 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)					

**(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	AMY'S NAILS KINGSTON LTD
Address	58 EDEN STREET KINGSTON, KT1 1EE
Registered number (where applicable)	11014604
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
26	06	2025

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)

WE ARE NAIL & BEAUTY SALON SINCE 2017  
WE LOVE TO PROVIDE NAIL CARE WITH HIGH  
END WELCOME AT MONPHE. THIS IS WHY  
WE WISH THIS LICENCE ACCEPTABLE  
TO SERVE OUR CUSTOMERS

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) ☐

**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

**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	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)  NONE		
Mon	10:00	19:00			
Tue	10:00	19:00			
Wed	10:00	19:00			
Thur	10:00	19:00	<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)  NONE		
Fri	10:00	19:00			
Sat	10:00	19:00			
Sun	11:00	17:00			

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		
Date of birth		
Address		
Postcode		
Personal licence number (if known)		
Issuing licensing authority (if known)		

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).

OUR BUSINESS NATURE IS NAILS BAR  
WE ONLY SERVE ACOHOL FOR CUSTOMERS  
OVER 18s WHO DO NAILS AT OUR  
PREMISES.

L

Hours premises are open to the public  
Standard days and timings (please read guidance note 7)

Day	Start	Finish
Mon	16:00	19:00
Tue	10:00	19:00
Wed	10:00	19:00
Thur	10:00	19:00
Fri	10:00	19:00
Sat	10:00	19:00
Sun	11:00	17:00

State any seasonal variations (please read guidance note 5)

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)**

TO PROMOTE RESPONSIBLE MANAGEMENT OF MY PREMISES  
I INTEND TO IMPLEMENT BELOW MEASURES WHILE  
ENSURING THE SAFETY AND WELL BEING OF  
PREMISES AND THE SURROUNDING COMMUNITY

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

+ IMPLEMENT A STRICT AGE VERIFICATION POLICY  
TO ENSURE THAT ALCOHOL IS NOT SOLD TO MINORS  
+ TRAIN STAFF TO RECOGNISE AND DEAL WITH  
POTENTIAL ISSUES.  
+ WORK CLOSELY WITH LOCAL LAW ENFORCEMENT TO ADDRESS  
ANY CRIME RELATED ISSUES PROMPTLY

**c) Public safety**

+ CONDUCT REGULAR RISK ASSESSMENT TO IDENTIFY &  
MITIGATE POTENTIAL HAZARDS IN THE PREMISES  
+ ENSURE THE PREMISES IS COMPLIANT WITH FIRE SAFETY  
REGULATIONS CLEAR EXITS & FIRE ALARMS  
+ PROVIDE SUFFICIENT STAFF TRAINING IN EMERGENCY PROCEDURES  
& FIRST AID TO ENSURE A QUICK RESPONSE IN CASE OF INCIDENTS

**d) The prevention of public nuisance**

+ WORK WITH LOCAL COMMUNITY TO ADDRESS ANY CONCERNS &  
MAINTAIN GOOD RELATIONSHIP WITH NEIGHBORING BUSINESS  
& RESIDENTS. + PROVIDE ADEQUATE WASTE DISPOSAL FACILITIES  
& MAINTAIN CLEANLINESS IN & AROUND THE PREMISES TO AVOID  
LITTERING. + MINIMISE NOISE POLLUTION & ENSURE THE MUSIC  
DO NOT DISTURB LOCAL + ENSURE CUSTOMER ENJOY THE PREMISES  
QUIETLY & RESPECTFULLY

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

+ ENFORCE A STRICT CHALLENGE 25s POLICY. ASKING  
FOR ID BEFORE BEING SERVED ALCOHOL.  
+ PROVIDE TRAINING FOR STAFF ON SAFEGUARDING CHILDREN  
& RECOGNISING SIGNS OF POTENTIAL HARM OR EXPLOITATION  
+ ENSURE THAT NO INAPPROPRIATE CONTENT IS DISPLAYED OR  
PERFORMED THAT MAY BE HARMFUL TO CHILDREN

**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)

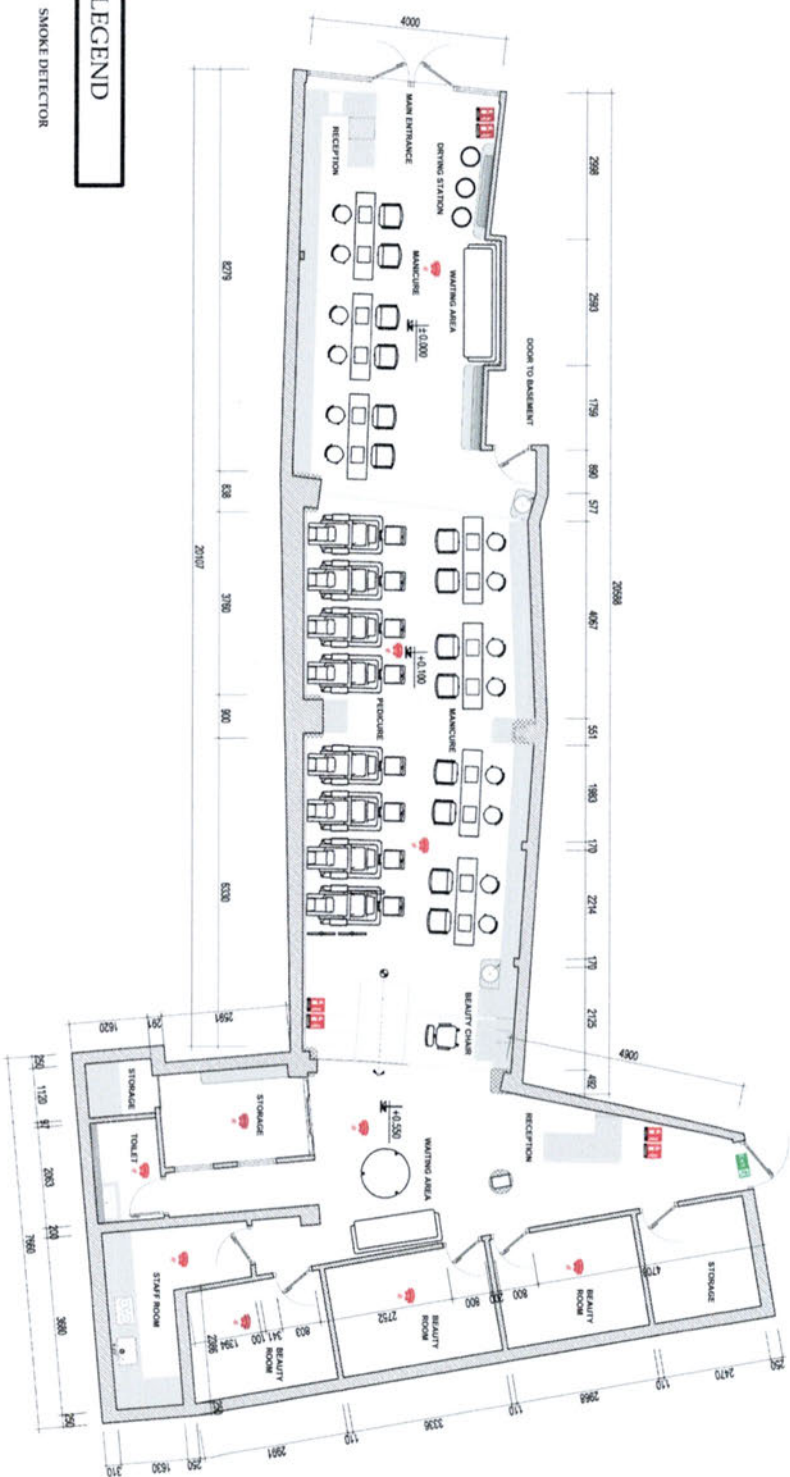
**Signature of applicant or applicant's solicitor or other duly authorised agent** (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

<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	
Date	04/06/2025
Capacity	

**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)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			



# LEGEND

- SMOKE DETECTOR
- FIRE EXT
- CO2 FIRE EXTINGUISHER
- FOAM FIRE EXTINGUISHER

PROPOSED GROUND FLOOR SCALE 1/100



EVER INTERIORS LTD  
17 PRINCE ST., DUBLIN, D01 Y010  
01 777 7777  
WWW.EVERINTERIORS.COM

PROJECT  
58 EDEN STREET

DRAWING TITLE  
PROPOSED GROUND FLOOR

DESIGNER: LT

DATE	04/2024	STATUS	NT	01
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