

**APPLICATION FOR A PREMISES LICENCE TO BE GRANTED
UNDER THE LICENSING ACT 2003**

Statement of the relevant licensable activities which it is proposed will be carried on or from the premises:

**Type: Late Night Refreshments
Hours 23:00 - 00:00 Monday-Wednesday & Sundays
Hours 23:00 - 02:00 Thursday to Saturday**

**Name of Applicant:
Mr Mohammed Hossain**

**Full postal address of premises:
Pizza Time 56 Beulah Road Thornton Heath CR7 8JF**

**Postal address of local authority where register of applications is kept for general viewing:
London Borough of Croydon, Place Department, Licensing 6th Floor
Zone A, Bernard Weatherill House,
8 Mint Walk, Croydon, CR0 1EA.**

Application details can be viewed at Access Croydon, Bernard Weatherill House, between 9am - 3.45pm, Monday to Friday (except bank holidays)

If you wish to make any representations in relation to this application, please do so in writing by midnight Thursday 16th April 2021 to the following address:

**London Borough of Croydon
Place Department, Licensing Team,
6th Floor, Zone A
Bernard Weatherill House
8 Mint Walk
Croydon, CR0 1EA
Or By Email to: licensing@croydon.gov.uk**

It is an offence to knowingly or recklessly make a false statement in connection with an application. The maximum fine on summary conviction for such an offence is £5000.

**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 M Hossain

(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			
Pizza Time 56 Beulah Road Thornton Heath			
Post town		Postcode	CR7 8JF

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£5,100

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 checked="" type="checkbox"/> | please complete section (A) |
| b) | a person other than an individual * | | |
| | i as a limited company/limited liability partnership | <input 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 X
- 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 Hossain			First names Mohammad		
Date of birth [REDACTED]			I am 18 years old or over <input checked="" type="checkbox"/> Please tick yes		
Nationality British					
Current residential address if different from premises address		[REDACTED]			
Post town		Postcode	[REDACTED]		
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)	[REDACTED]				

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)	
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Surname		First names	
Date of birth		I am 18 years old or over <input type="checkbox"/> Please tick yes	
Nationality			
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
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

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

X

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

In all cases complete boxes K, L and M

DD MM YYYY

When do you want the premises licence to start?

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

DD MM YYYY

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

Fast food take-away unit

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 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)

I

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	X	
				Outdoors		
Day	Start	Finish		Both	<input type="checkbox"/>	
Mon			23:00	00:00	<u>Please give further details here</u> (please read guidance note 4)	
Tue			23:00	00:00		
Wed			23:00	00:00		<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)
Thur			23:00	02:00		
Fri			23:00	02:00	<u>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</u> (please read guidance note 6)	
Sat			23:00	02:00		
Sun			23:00	00:00		

□□□□

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	11:00		
		00:00	
Tue	11:00		
		00:00	
Wed	11:00		
		00:00	
Thur	11:00		
		02:00	
Fri	11:00		
		02:00	
Sat	11:00		
		02:00	
Sun	11:00		
		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)

b) The prevention of crime and disorder

The installation of an internal and external CCTV system

c) Public safety

All electrical, gas and fire safety equipment , to be re-certified on a regular basis.

d) The prevention of public nuisance

Internal notices to be prominently displayed requesting customers to leave the premises quietly to avoid causing any disturbance to local residents.

e) The protection of children from harm

Children under the age of 15 shall only be permitted on the premises after 9pm when accompanied by an adult.

Checklist:

Please tick to indicate agreement


- I have made or enclosed payment of the fee. X
- I have enclosed the plan of the premises. X
- I have sent copies of this application and the plan to responsible authorities and others where applicable. X
- 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. X
- I understand that if I do not comply with the above requirements my application will be rejected. X
- [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.

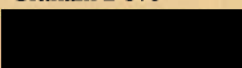
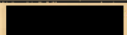

Part 4 – Signatures (please read guidance note 11)

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	16/03/21.
Capacity	Agent on behalf of client

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