

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

**Detail of the Proposed Variation to the Premises Licence:**

To extend the licensable activity hours for Supply of Alcohol.

**Supply of Alcohol - Monday - Sunday 11:00 - 23:00hrs**

**Name of Applicant:**

Colairo's LLP

**Full postal address of premises:**

1 Westow Street, Upper Norwood, London, SE19 3RY

**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 on 31st August 2021 to the  
following address:

London Borough of Croydon  
Place Department, Licensing Team,  
6<sup>th</sup> Floor, Zone A  
Bernard Weatherill House  
8 Mint Walk  
Croydon, CR0 1EA  
Or By Email to: [licensing@croydon.gov.uk](mailto: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.

## Vary a Premises Licence

### Review

Please review the details to below to ensure they are correct before proceeding. If the details shown are not correct, click previous to enter the correct licence number.

Current Licence number

Current Premises address

1 Westow Street Upper Norwood London SE19 3RY

### Premises Details

Premises Licence Number \*

Premises Address \*

1 Westow Street Upper Norwood London SE19 3RY

Telephone Number at Premises (if any)

Non-domestic rateable value of premises. \*

### Type of Premises Licence Holder

Type of Premises Licence Holder \*

Non-Individual(s)

## Premises Licence Holder - Non Individual

Name *	Colairo's llp
Street address *	
Town/City *	
County	
Postcode *	
Registered number (where applicable)	
Description of applicant (for example partnership, company, unincorporated association etc.) *	
Email *	
Daytime Contact Telephone Number	

## Variation

Do you want the proposed variation to take effect as soon as possible? *	Yes
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## Variation

Do you want the proposed variation to have effect in relation to the introduction of the late night levy? (Please see Guidance Note 1)*	No
Briefly describe the nature of the proposed variation. (Please see Guidance Note 2) *	TO EXTEDN MY TRADING AND ALCOHOL LICENSE TO END AT 23:00
If your proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time, please state the number.	

## Operating Schedule

Complete those parts of the Operating Schedule below which would be subject to change if this application to vary is successful.

Provision of regulated entertainment (please read guidance note 3) \*

Plays

Films

Indoor Sporting Events

Boxing or Wrestling

Live Music

Recorded Music

Performances of Dance

Anything of a similar description falling under Music or Dance

Provision of late night refreshment

Supply of Alcohol

## Type of Variation - Supply of Alcohol

Please select the type of variation that applies to this activity.

\*

Change an existing Activity

## Supply of Alcohol Standard Times

Standard days and timings, where you intend to use the premises for the supply of alcohol. (please read guidance note 8) \*  
Please enter times in 24hr format (HH:MM)

Day \*

Every Day

11:00

23:00

## Supply of Alcohol

Will the supply of alcohol be for consumption on premises or off premises or both? (please read guidance note 9) \*

Both

State any seasonal variations for the supply of alcohol. (please read guidance note 6)

MAY INCREASE IN SUMMER MONTHS

Please state any non-standard timings, where you intend to use the premises for the supply of alcohol at different times from the Standard days and times listed? (please read guidance note 7)

NONE PLANNED

## Adult Entertainment

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 10)

NONE PLANNED

## Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 8) \* Please enter times in 24hr format (HH:MM)

Day \*

Every Day

07:30

23:00

## Opening Hours

State any seasonal variations. (please read guidance note 6)

None planned

Please state any Non-standard timings, where you intend the premises to be open to the public at different times from the Standard days and times listed? (please read guidance note 7)

None planned

## Variation

Please identify those conditions currently imposed on the licence which you believe could be removed as a consequence of the proposed variation you are seeking.

None planned

I agree to return the original premises licence or the relevant part of the original premises licence: \*

Yes

Note: This application cannot be processed until the original licence is received or a statement as to why it cannot be returned has been accepted.

## Licensing Objectives

Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:

a) General - all four licensing objectives (b, c, d and e)  
(please read guidance note 11)

OUR OBJECTIVE IS TO OFFER ALL MEMBERS OF THE PUBLIC A PLEASANT LOCATION TO STOP FOR A GLASS OF WINE & SOME GRAZING PLATTERS.WE DO NOT ENCOURAGE OVER INDULGENCE WITH THE BEVERAGES AVAILABLE.WE WILL MAKE SURE THE YOUNGER FAMILY MEMBERS ARE SAFE AT ALL TIMES. OUR STAFF WILL BE VIGILANT AT ALL TIMES TO DISCOURAGE ANY ATTEMPT OF CRIME WITHIN OUR STORE. OUR AIM IS FOR PEOPLE TO FEEL SAFE AND ENJOY THEIR EVENING.

b) The prevention of crime and disorder

WE ARE A FAMILY BUSINESS SO IT IS IMPORTANT TO MAINTAIN OUR DILIGENCE AT ALL TIMES. WE HAVE CCTV IN OPERATION AND STAFF FULLY TRAINED TO DEAL WITH ANY POSSIBLE INCIDENT.

c) Public safety

AS MENTIONED ABOVE. PUBLIC SAFETY IN & OUTOF OUR BUILDING IS OF THE UPMOST PRIORITY.

d) The prevention of public nuisance

WE WILL ENDEAVOUR TO MONITOR CUSTOMERS DRINKING WHEN EVER POSSIBLE AND MAKE JUDGEMENTS AS REQUIRED. OUR AVAILABILITY OF ALCOHOL IS LIMITED TO MAINLY WINE & PROSECCO. WE DO NOT ANTICIPATE OVER INDULGENCE BUT AT TIMES MAY HAPPEN.

e) The protection of children from harm

AS WE ARE A FAMILY ESTABLISHMENT, OUR FOREMOST PRIORITY & RESPONSIBILITY IS TO THE SAFETY & WELLBEING OF ALL FAMILY MEMBERS, ESPECIALLYTHE YOUNGER MEMBERS.MY STAFF ARE ALL AWARE OF THEIR DUTIES.

## Declarations

Declaration Type \*

Sole Applicant - Individual or Other

## Declarations

I have made or enclosed payment of the fee or. I have not made or enclosed payment of the fee because this application has been made in relation to the introduction of the late night levy. I have sent copies of this application and the plan to responsible authorities and others where applicable. I understand I must now advertise my application. I understand I must now return the original premises licence, or relevant part of it or have provided an explanation why I will not be able to do this. I understand that if I do not comply with the above requirements my application will be rejected.

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

Signature/Declaration of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent (see Guidance Note 13). If signing/applying on behalf of the applicant, please state your name and in what capacity you are authorised to sign/apply. When submitting an on-line application form the 'Declaration made' checkbox must be selected.

Full Name \*

Date \*

24/09/2021

Capacity \*



Declaration made

Do you wish to provide alternative correspondence details? \*

No

## Email confirmation

On submission an email confirmation will be sent using the details below

Forename

Surname /Company Name

Email \*

Telephone