

**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: Sale of Alcohol - Monday to Wednesday 12:00 to 00:00 Thursday to Sunday 12:00 to 01:00

**Name of Applicant:
Drink A Mix Limited**

**Full postal address of premises:
20 High Street, South Norwood, London, SE25 6EZ**

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 Wednesday 27th October 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.

New Premises Licence

Premises Details

Premises Address *

20 HIGH STREET SOUTH NORWOOD LONDON
CROYDON SE25 6EZ

Telephone number at premises (if any)

Non-domestic value of premises. *

£ 9300

Applicant Details

I/We 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.

Please state whether you are applying for a premises licence as:

a person other than an individual -as a limited company/
limited liability partnership

Applicant Details

If you are applying as a person described in one of the above please confirm: *

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

Other Applicant (Non Individual)

Name *	Drink a Mix
Registered Address *	
Town/City *	
County	
Postcode *	
Registered Number (where applicable)	10175183
Description of applicant (for example partnership, company, unincorporated association, etc) *	limited company
Telephone Number	
Email *	

Operating Schedule

When do you want the premises licence to start? *	28/10/2021
If you wish the licence to be valid only for a limited period, when do you want it to end?	
Please give a general description of the premises. *	Located close to the junction with Portland Road, amongst such multiples as Costa Coffee, Subway, Post Office, Mama Dough and Greggs as well as a host of local traders. Norwood Junction Station (Thameslink and Overground) is in close proximity. South Norwood lies approx. 10 miles south-east of central London. Ground Floor Shop with separate side access to a Self-Contained Flat at rear ground and first floor level. Planning Permission was granted on 29th June 2018
If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.	

Operating Schedule

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

Provision of regulated entertainment (please read guidance note 2) *

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

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 7)*
Please enter times in 24hr format (HH:MM)

Day *

Monday to Wednesday

12:00

00:00

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 7)*
Please enter times in 24hr format (HH:MM)

Day *

Thursday

12:00

01:00

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 7)*
Please enter times in 24hr format (HH:MM)

Day *

Friday to Sunday

12:00

01:00

Supply of Alcohol

Will the supply of alcohol be for consumption on premises or off premises or both? (please read guidance note 8) *

Both

State any seasonal variations for the supply of alcohol. (please read guidance note 5)

N/A

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 6)

N/A

Designated Premises Supervisor

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)

Title *

Miss

First name *

ashana

Surname *

green

Street address *

Town/City *

County

Postcode *

Personal Licence Number (if known)

Issuing Licensing Authority (if known)

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 9).

This business will be for cocktails and beauty only whilst customers sit back and relax a pamper session they have the option to sip on coffee, tea, fresh smoothies, cocktails or Mocktails.

Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *

Monday to Wednesday

09:00

00:00

Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *

Thursday

09:00

01:00

Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *

Friday to Sunday

09:00

01:00

Opening Hours

State any seasonal variations. (please read guidance note 5)

N/A

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 6)

N/A

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 10)

I The Licensee shall ensure that at all times when the premises has sufficient competent staff on duty at the premises, fulfilling the terms and conditions of the licence and for preventing crime and disorder. I The Licensee shall ensure that all staff will undertake training in their responsibilities in relation to the sale of alcohol, particularly with regard to drunkenness and underage persons. Records will be kept training and refresher training.

b) The prevention of crime and disorder

I The Licensee will install comprehensive CCTV coverage at the premises and it is operated and maintained at the premises. Any incidents of a criminal nature that may occur on the premises will be reported to the Police. Cameras will be sited to observe the entrance and exit doors both inside and outside.

c) Public safety

Appropriate fire safety procedures in place including fire extinguishers (foam, H2O and CO2), fire blanket, internally illuminated fire exit signs, numerous smoke detectors and emergency lighting. All appliances will be inspected annually. All emergency exits shall be kept free from obstruction at all times. Fully trained First aid staff.

d) The prevention of public nuisance

All customers will be asked to leave quietly. Clear and legible notices will be prominently displayed to remind customers to leave quietly and have regard to our neighbours.

e) The protection of children from harm

I The licensee and staff will ask persons who appear to be under the age of 25 for photographic ID such as proof of age cards, the Connexions Card and Citizen Card, photographic driving licence or passport, an official identity card issued by HM Forces or by an EU country, bearing the photograph and date of birth of bearer. All staff will be trained for underage sales prevention regularly. A register of refused sales shall be kept and maintained on the premises.

Declarations

Declaration Type *

Sole Applicant - Individual or Other

Declarations

I have uploaded a copy of the plan of the premises. I have uploaded a copy of the consent form completed by the individual I wish to be designated premises supervisor, if applicable. I understand 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 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.

Signature/Declaration of applicant or applicant's solicitor or other duly authorised agent (see Guidance Note 11 & 12). 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.

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).

Full Name *

Date *

27/09/2021

Capacity *

Applicant

Declaration made

Do you wish to provide alternative correspondence details? *

Yes

Alternative Correspondence

Please provide Contact Name and postal address for correspondence associated with this application.

Title

First name

Surname

Street address *

Town/City *

County

Postcode *

Telephone Number

Email *

Email confirmation

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

Forename

Surname /Company Name

Email *

Telephone