#### APPLICATION FOR A NEW TIME-LIMITED PREMISES LICENCE TO BE GRANTED UNDER THE LICENSING ACT 2003

If you wish to make representations in relation to this application, please do so in writing by midnight on the 13.07.2022 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

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 *	2-28 NORTH END CROYDON CROYDON CR0 1UB
Telephone number at premises (if any)	
Non-domestic value of premises. *	
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	a person other than an individual -as a limited company/
as:	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 \*

Registered Address \*

Aerodrome Croydon Limited

Town/City \*

# **Other Applicant (Non Individual)**

County

Postcode \*

Registered Number (where applicable)

Description of applicant (for example partnership, company, unincorporated association, etc) \*

**Telephone Number** 

Email \*

# **Operating Schedule**

When do you want the premises licence to start? *	01/09/2022
If you wish the licence to be valid only for a limited period, when do you want it to end?	31/08/2023
Please give a general description of the premises. *	The premises is the former home to the department store, Allders. It consists of a loading bay/basement, ground floor, first, second, third, and fourth floor. The ground floor will be used for events. The loading bay and a section of the first floor will be used for production purposes.
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) \*



Films

С	Operating Schedule				
		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			

# **Plays Standard Times**

Standard days and timings, where you intend to use the premises for the performance of plays. (please read guidance note 7) \* Please enter times in 24hr format (HH:MM)

Day \*

Every Day		
11:00	 	 
00:00	 	 

## Plays

Will the performance of a play take place indoors or outdoors or both (see guidance note 3) ?  $^{\ast}$ 

Please provide further details (see guidance note 4)

State any seasonal variations for performing plays (see guidance note 5)

Shows may include an element of immersive theatre.

Indoors

#### Plays

Please state any non-standard timings, where you intend to use the premises for the performance of plays at different times from the Standard days and times listed (see guidance note 6)?

# Film Standard Times

Standard days and timings, where you intend to use the premises for the exhibition of films. (please read guidance note 7) \* Please enter times in 24hr format (HH:MM)

Day \*

Every Day
11:00
00:00

#### Films

Will the exhibition of films take place indoors or outdoors or both? (please read guidance note 3) \*

Please provide further details. (please read guidance note 4)

State any seasonal variations for the exhibition of films. (please read guidance note 5)

Please state any non-standard timings, where you intend to use the premises for the exhibition of films at different times from the Standard days and times listed? (please read guidance note 6)

Indoors

The use of film may form part of the event programme.

Live Music Standard Times

Standard days and timings, where you intend to use the premises for the performance of live music. (please read guidance note 7) \* Please enter times in 24hr format (HH:MM)

Day \*

Every Day	
14.00	
11:00	
00:00	

#### Live Music

# Live Music

Will the Performance of Live Music take place indoors or outdoors or both? (please read guidance note 3)  $^{*}$ 

Please provide further details. (please read guidance note 4)

State any seasonal variations for the Performance of Live Music. (please read guidance note 5)

Please state any non-standard timings, where you intend to use the premises for the performance of live music at different times from the Standard days and times listed? (please read guidance note 6) Indoors

Live amplified music will form part of the programme of events.

# **Recorded Music Standard Times**

Standard days and timings, where you intend to use the premises for the performance of recorded music. (please read guidance note 7) \* Please enter times in 24hr format (HH:MM)

Day \*

Monday to Thursday

11:00

00:00

## **Recorded Music Standard Times**

Standard days and timings, where you intend to use the premises for the performance of recorded music. (please read guidance note 7) \* Please enter times in 24hr format (HH:MM)

Day \*

Sunday	
11:00	
00:00	

## **Recorded Music Standard Times**

Standard days and timings, where you intend to use the premises for the performance of recorded music. (please read guidance note 7) \* Please enter times in 24hr format (HH:MM)

Day \*

Friday to Saturday

11:00

#### Recorded Music Standard Times

02:00

# Recorded Music Will the playing of recorded music take place indoors or outdoors or both? (please read guidance note 3) \* Indoors Please provide further details.(please read guidance note 4) Recorded music will form part of the immersive entertainment or serve as background music in the F&B areas. State any seasonal variations for the playing of recorded music. (please read guidance note 5) Image: Corded music music in the F&B areas. Please state any non-standard timings, where you intend to use the premises for the performance of recorded music at different times from the Standard days and times listed? (please read guidance note 6) Image: Corded music music

# **Dance Standard Times**

Standard days and timings, where you intend to use the premises for the performance of dance. (please read guidance note 7) \* Please enter times in 24hr format (HH:MM)

Day \*

Every Day		
11:00		
00:00		
<u></u>		

#### Performances of Dance

Will the performances of dance take place indoors or outdoors or both? (please read guidance note 3) *	Indoors
Please provide further details. (please read guidance note 4)	Dance performances will be included as part of the immersive event experience.
State any seasonal variations for the performances of dance. (please read guidance note 5)	
Please state any non-standard timings, where you intend to use the premises for the performance of dance at different times from the Standard days and times listed? (please read guidance note 6)	

# Late Night Refreshment Standard Times

Standard days and timings, where you intend to use the premises for late night refreshment.(please read guidance note 7)\* Please enter times in 24hr format (HH:MM)

Day \*

Friday to Saturday	
23:00	
02:00	

## Late Night Refreshment

Will the provision of late night refreshment take place indoors or outdoors or both? (please read guidance note 3)*	Indoors
Please provide further details.(please read guidance note 4)	There will be F&B on offer and we are looking for a late license for the community to enjoy F&B in this unique environment.
State any seasonal variations for the provision of late night refreshment.(please read guidance note 5)	
Please state any non-standard timings, where you intend to use the premises for late night refreshmentat different times from the Standard days and times listed?(please read guidance note 6)	

# **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 Thursday		
12:00		
23:00	 	

## **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 \*

Sunday

#### **Supply of Alcohol Standard Times**

12:00

23:00

# 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 Saturday
12:00
02:00

# Supply of Alcohol

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

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

Please state any non-standard timings, where you intend to use the premises for the supply of alcoholat different times from the Standard days and times listed?(please read guidance note 6)

## **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 \*

First name \*

Surname \*

Street address \*

On the premises

Designated Premises Supervisor		
Town/City *		
County		
Postcode *		
Personal Licence Number (if known)		
Issuing Licensing Authority (if known)		

# **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 Thursday	
11:00	
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 \*

Sunday			
11:00			
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)

<b>Opening Hours Standard Times</b>	
Day *	Friday to Saturday
	11:00
	02:00

## **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)	Please see attachment.
b) The prevention of crime and disorder	Please see attachment.
c) Public safety	Please see attachment.
d) The prevention of public nuisance	Please see attachment.
e) The protection of children from harm	Please see attachment.

#### 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.

#### Declarations

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

1

 $\checkmark$ 

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 *	14/06/2022
Capacity *	Applicant
✓ Declaration made	
Do you wish to provide alternative correspondence details? *	

# **Alternative Correspondence**

Please provide Contact Name and postal address for correspor	ndence associated with this application.
Title	
First name	
Surname	
Street address *	
Town/City *	
County	

# Alternative Correspondence

Postcode *	
Telephone Number	
Email *	

# **Email confirmation**

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

Forename	
Surname /Company Name	
Email *	
Telephone	