

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

If you wish to make any representations in relation to this application, please do so in writing by midnight on Monday 6th February 2023 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.

* required information

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You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference This is the unique reference for this application generated by the system.

Your reference You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

- Yes No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name

* Family name

* E-mail

Main telephone number

Include country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

Are you:

- Applying as a business or organisation, including as a sole trader
 Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

* Is your business registered in the UK with Companies House? Yes No

* Registration number

* Business name

If your business is registered, use its registered name.

* VAT number

Put "none" if you are not registered for VAT.

* Legal status

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* Your position in the business

Home country

The country where the headquarters of your business is located.

Registered Address

Address registered with Companies House.

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

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PREMISES DETAILS

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 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.

Premises Address

Are you able to provide a postal address, OS map reference or description of the premises?

- Address OS map reference Description

Postal Address Of Premises

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Further Details

Telephone number

Non-domestic rateable value of premises (£)

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APPLICATION DETAILS

In what capacity are you applying for the premises licence?

- An individual or individuals
- A limited company
- A partnership
- An unincorporated association
- A recognised club
- A charity
- The proprietor of an educational establishment
- A health service body
- A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- The chief officer of police of a police force in England and Wales
- Other (for example a statutory corporation)

Confirm The Following

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
- I am making the application pursuant to a statutory function
- I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative

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NON INDIVIDUAL APPLICANTS

Provide name and registered address of applicant in full. Where appropriate give any registered number. In the case of a partnership or other joint venture (other than a body corporate), give the name and address of each party concerned.

Non Individual Applicant's Name

Name

Details

Registered number (where applicable)

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

Continued from previous page...

PRIVATE COMPANY

Address

Building number or name	<input type="text" value="226"/>
Street	<input type="text" value="BENSHAM MANOR ROAD"/>
District	<input type="text"/>
City or town	<input type="text" value="CROYDON"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text" value="CR7 7AW"/>
Country	<input type="text" value="United Kingdom"/>

Contact Details

E-mail	<input type="text"/>
Telephone number	<input type="text"/>
Other telephone number	<input type="text"/>

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OPERATING SCHEDULE

When do you want the premises licence to start? / /
dd mm yyyy

If you wish the licence to be valid only for a limited period, when do you want it to end / /
dd mm yyyy

Provide a general description of the premises

For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off- supplies you must include a description of where the place will be and its proximity to the premises.

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If 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend

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PROVISION OF PLAYS

Will you be providing plays?

- Yes No

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PROVISION OF FILMS

Will you be providing films?

- Yes No

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PROVISION OF INDOOR SPORTING EVENTS

Will you be providing indoor sporting events?

- Yes No

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PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

Will you be providing boxing or wrestling entertainments?

- Yes No

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PROVISION OF LIVE MUSIC

Will you be providing live music?

- Yes No

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PROVISION OF RECORDED MUSIC

Will you be providing recorded music?

- Yes No

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PROVISION OF PERFORMANCES OF DANCE

Will you be providing performances of dance?

- Yes No

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PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE

Will you be providing anything similar to live music, recorded music or performances of dance?

- Yes No

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LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

- Yes No

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SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

- Yes No

Standard Days And Timings

MONDAY

Start

End

Start

End

Give timings in 24 hour clock.
(e.g., 16:00) and only give details for the days
of the week when you intend the premises
to be used for the activity.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

SATURDAY

Start

End

Start

End

SUNDAY

Start

End

Start

End

Continued from previous page...

Will the sale of alcohol be for consumption:

- On the premises Off the premises Both

If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name

First name

Family name

Enter the contact's address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Personal Licence number (if known)

Issuing licensing authority (if known)

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PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- Electronically, by the proposed designated premises supervisor
- As an attachment to this application

Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

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ADULT ENTERTAINMENT

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

Give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups etc gambling machines etc.

n/a

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HOURS PREMISES ARE OPEN TO THE PUBLIC

Standard Days And Timings

MONDAY

Start

End

Start

End

Give timings in 24 hour clock. (e.g., 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

Continued from previous page...

SATURDAY

Start

End

Start

End

SUNDAY

Start

End

Start

End

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

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LICENSING OBJECTIVES

Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e)

List here steps you will take to promote all four licensing objectives together.

- ALL STAFF TO BE TRAINED IN RESPONSIBLE ALCOHOL RETAILING
- EVERY SALE/SUPPLY OF ALCOHOL UNDER THE PREMISES LICENCE SHALL BE MADE OR AUTHORISED BY A PERSON WHO HOLDS A PERSONAL LICENSES
- CCTV IN OPERATION 24HRS, RECORDING & MONTHLY STORING SYSTEM.
- JOINING NEIGHBOURHOOD SCHEMES & KEEPING IN TOUCH WITH THE POLICE

b) The prevention of crime and disorder

- TRAIN ALL STAFF & DEVELOP THE RIGHT ATMOSPHERE WITH CUSTOMERS
- WINDOWS, DOORS & FRAMES TO BE REINFORCED MAKING IT DIFFICULT FOR INTRUSION
- CCTV INSTALLED INSIDE AND OUTSIDE. CCTV TO STORE IMAGE FOR 31 DAYS & A MEMBER OF STAFF BE ABLE TO OPERATE, REPLAY AND EXPORT IMAGES ON THE REQUEST OF LICENSING AUTHORITIES
- JOIN RETAIL WATCH SCHEMES
- KEEP A CLOSE WATCH ON ALL CUSTOMERS & KEEP CLEAR VIEW OF PREMISES
- LIASE WITH THE LOCAL POLICE
- BE CALM AND DECISIVE & DO NOT REACT TO PROVOCATION

Continued from previous page...

• ALL PURCHASES MADE FROM WHOLESALLERS / CASH & CARRYS ONLY

c) Public safety

- HEALTH & SAFETY RISK ASSESSMENTS TO BE CARRIED OUT REGULARLY
- INSTALLATION OF APPROPRIATE & ADEQUATE SAFETY EQUIPMENT
- INSTATLLATION OF EMERGENCY LIGHTING AND EVACUATION PROCEDURES BE IN PLACE WITH WARNING SIGNS
- FIRE EVACUATION PROCEDURES
- TO COMPLY WITH ALL CURRENT, FIRE AND HEALTH & SAFETY LEGISLATION AS REQUIRED BY LAW
- ALL PURCHASES TO BE MADE FROM CASH & CARRYS ONLY

d) The prevention of public nuisance

- A MANAGEMENT POLICY IN PLACE TO TAKE INTO ACCOUNT THE EXTERNAL AREAS OF THE PREMISES AND THE CONDUCT OF THE CUSTOMERS.
- NOTICE TO CUSTOMERS REGARDING CONSIDERATION FOR NEIGHBOURS
- TO MONITOR ANTI SOCIAL BEHAVIOUR BY USE OF CCTV
- JOIN RETAILWATCH SCHEMES
- STRICT POLICY NOT TO SERVE DRUNKEN CUSTOMERS
- CHALLENGE 21 IN FORCE ALL THE TIME

e) The protection of children from harm

- STRICT IMPLEMENTATION OF CHALLENGE 21 POLICY
- SIGNS TO BE PUT ON SHELVES REGARDS TO NO ID NO SALE
- STAFF FULLY TRAINED ON NO ID NO SALE, CHALLENGE 21 POLICY, WILL ONLY ACCEPT VALID ID IN THE FORM OF A PASSPORT OR DRIVING LICENCE AND A HOME OFFICE APPROVED PASS CARDS DISPLAYING THE PASS HOLOGRAM
- HEALTH & SAFETY MEASURES ARE IN PLACE WHERE EQUIPMENT IS OF DANGER TO YOUNG PERSONS

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PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card. Fees are calculated on the valuation of the premises. The value can be found on voa.gov.uk Fees range from £100 - £315 please phone Licensing team to confirm 020 87605466 Rateable Value (commerical) £0 - £4,300= £100 £4,301 - £33,000= £190 £33,001- £87,000=£315 £87,001 - £125,000=£450 £125,000 and over=£635 Please note there is a surcharge of 1.65% if you pay by credit card. There is no surcharge for debit card▲

* Fee amount (£)

DECLARATION

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name

* Capacity

* Date

 / /

dd

mm

yyyy

Continued from previous page...

Add another signatory

Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...
2. Go back to <https://www.gov.uk/apply-for-a-licence/premises-licence/croydon/apply-1> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

OFFICE USE ONLY

Applicant reference number	<input type="text"/>
Fee paid	<input type="text"/>
Payment provider reference	<input type="text"/>
ELMS Payment Reference	<input type="text"/>
Payment status	<input type="text"/>
Payment authorisation code	<input type="text"/>
Payment authorisation date	<input type="text"/>
Date and time submitted	<input type="text"/>
Approval deadline	<input type="text"/>
Error message	<input type="text"/>
Is Digitally signed	<input type="checkbox"/>

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