

**APPLICATION TO VARY A PREMISES LICENCE**  
**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 18 June 2025 to the following address:

London Borough of Croydon  
Sustainable Communities Department, Licensing Team,  
3<sup>rd</sup> Floor, Zone B  
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 unlimited.

E: [licensing@croydon.gov.uk](mailto:licensing@croydon.gov.uk)

## 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	<input type="text" value="22/02743/LIPREM"/>
Current Premises address	<input type="text" value="1509 London Road Norbury London SW16 4AE"/>

### Premises Details

Premises Licence Number *	<input type="text" value="22/02743/LIPREM"/>
Premises Address *	<input type="text" value="1509 London Road Norbury London SW16 4AE"/>
Telephone Number at Premises (if any)	<input type="text"/>
Non-domestic rateable value of premises. *	<input type="text" value="£ 13250"/>

### Type of Premises Licence Holder

Type of Premises Licence Holder *	<input type="text" value="Non-Individual(s)"/>
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### Premises Licence Holder - Non Individual

Name *	<input type="text" value="C M Restaurant Limited"/>
Street address *	<input type="text" value="167-169 Great Portland Street"/>
	<input type="text" value="5th Floor"/>

Premises Licence Holder - Non Individual

Town/City \*

London

County

Postcode \*

W1W 5PF

Registered number (where applicable)

06371208

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

Limited Company

Email \*

Daytime Contact Telephone Number

Variation

Do you want the proposed variation to take effect as soon as possible? \*

Yes

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 extend the terminal hour for the provision of late-night refreshment by 1 hr daily. The Licence is subject to a curfew limiting activity to a delivery only service from 1am. The Applicant proposes to extend this curfew to 2am Monday – Friday Morning , and to 3am Saturday and Sunday morning. To also extend the terminal hour and curfew on the morning British Summer Time (BST) is applied to negate the lost hour of trade which would otherwise result from the application of BST on that date.

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

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 - Late Night Refreshment

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

Change an existing Activity

Late Night Refreshment Standard Times

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

Day \*

Monday to Thursday

## Late Night Refreshment Standard Times

23:00

03:00

## Late Night Refreshment Standard Times

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

Day \*

Friday to Saturday

23:00

04:00

## Late Night Refreshment Standard Times

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

Day \*

Sunday

23:00

03:00

## Late Night Refreshment

Will the provision of late night refreshment take place indoors or outdoors or both? (please read guidance note 4) \*

Both

Please provide further details. (please read guidance note 5)

The provision of hot food and drinks for consumption on and off the premises.

State any seasonal variations for the provision of late night refreshment. (please read guidance note 6)

None.

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

The premises will close to the public (in person customers) at 02:00 hrs Monday – Friday Morning, and at 03:00 hrs Saturday and Sunday morning (following on from the previous evening). The premises will then continue late night refreshment sales on a delivery basis for one (1) extra hour daily. All orders must be made online or by phone. Members

Late Night Refreshment

of the public are not permitted to enter the premises to collect these orders after 02:00 hrs Monday – Friday morning, and at 03:00 hrs Saturday and Sunday morning. The premises will close to the public (in person customers) at 04:00 hrs (BST) on the morning British Summer Time is applied. The premises will then continue late night refreshment sales on a delivery basis on the morning British Summer Time is applied until 05:00 hrs (BST).

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

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 \*

Monday to Thursday

11:00

03:00

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 \*

Friday to Sunday

11:00

04:00

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)

## Opening Hours Standard Times

Day \*

Sunday

11:00

03:00

## Opening Hours

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

None.

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)

The premises will close to the public (in person customers) at 02:00 hrs Monday – Friday Morning, and at 03:00 hrs Saturday and Sunday morning (following on from the previous evening). The premises will then continue late night refreshment sales on a delivery basis for one (1) extra hour daily. All orders must be made online or by phone. Members of the public are not permitted to enter the premises to collect these orders after 02:00 hrs Monday – Friday morning, and at 03:00 hrs Saturday and Sunday morning. The premises will close to the public (in person customers) at 04:00 hrs (BST) on the morning British Summer Time is applied. The premises will then continue late night refreshment sales on a delivery basis on the morning British Summer Time is applied until 05:00 hrs (BST).

## 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.

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)

As existing.

b) The prevention of crime and disorder

As existing.

c) Public safety

As existing.

## Licensing Objectives

d) The prevention of public nuisance

As existing.

e) The protection of children from harm

As existing.

## 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 \*

Capacity \*



Declaration made

Do you wish to provide alternative correspondence details? \*

Yes

## Alternative Correspondence Address

This is the address which we shall use to correspond with you about this application.

Please provide Contact Name (where not previously given) and postal address for correspondence associated with this application (See guidance note 15).

Title \*



Alternative Correspondence Address

First name *	<input type="text"/>
Surname *	<input type="text"/>
Street address *	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Town/City *	<input type="text"/>
County	<input type="text"/>
Postcode *	<input type="text"/>
Telephone Number	<input type="text"/>
Email Address *	<input type="text"/>

Email confirmation

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

Forename	<input type="text"/>
Surname /Company Name	<input type="text"/>
*	<input type="text"/>
Telephone	<input type="text"/>