#### APPLICATION FOR A 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 no later than 09.06.2025 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

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

#### **New Premises Licence**

Premises Details		
Premises Address *	63 BRIGHTON ROAD SOUTH CROYDON CROYDON CR2 6ED	
Telephone number at premises (if any)	07715866403	
Non-domestic value of premises. *	£ 11400	

# **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 *	Sabores Da Terra Ltd
Registered Address *	63
	Brighton Road
Town/City *	South Croydon
County	

# Other Applicant (Non Individual)

Registered Number (where applicable)

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

**Telephone Number** 

Email \*

13946893

Limited

10/06/2025

## **Operating Schedule**

When do you want the premises licence to start? \*

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. \*

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

Its a Delicatessen and Cafe.

Operating Schedule		
	Recorded Music	
	Performances of Dance	
	Anything of a similar description falling under Music or Dance	
	Provision of late night refreshment	
<ul> <li>Image: A start of the start of</li></ul>	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 \*

10:00	
22:30	

## Supply of Alcohol

Will the supply of alcohol be for consumption on premises or off premises or both? (please read guidance note 8)  $^{\ast}$ 

Is the premises used exclusively or primarily for supply of alcohol for consumption on the premises? \*

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)

Both	 		
No	 		
N/A	 		
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)

Designated Premises Supervisor		
Title *		
First name *	Rosa Maria	
Surname *	Pimentel Marcalo	
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).

Not Applicable

# **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 \*

Every Day	
07:00	
22.00	
23:00	

### **Opening Hours**

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

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)

### **Licensing Objectives**

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

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.

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.

N/A

N/A

## Declarations

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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 *	12/05/2025
Capacity *	Authorised Agent
✓ 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 *				

Alternative Correspondence	e
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Telephone Number	
Email *	

Email confirmation		
On submission an email confirmation will be sent using the details below		
	Forename	
	Surname /Company Name	

Email \*

Telephone

#### **SABORES DA TERRA**

#### 63 BRIGHTON ROAD - SOUTH CROYDON - CR2 6ED

#### **GENERAL LICENSE CONDITIONS To Protect the 4x License Objectives-**

- On and Off license Sales

#### **General Conditions**

A Challenge 25 proof of age scheme shall be operated at the premises where the only acceptable forms of identification are recognised photographic identification cards, such as a driving licence, passport, or proof of age card with the PASS Hologram.

A CCTV system will be installed at the premises covering the entrance, the external area and all internal areas.

An incident log shall be kept at the premises and made available on request to the Police or an authorised officer of the Local Authority

All staff members engaged, or to be engaged, on the premises shall receive full training pertinent to the Licensing Act

#### The Prevention of Crime and Disorder

A CCTV system will be installed at the premises covering the entrance, the external area and all internal areas. A head and shoulders image to identification standard shall be captured of every person entering the premises. Images shall be kept for 31 days and supplied to the police or local authority on request.

A member of staff trained in the use of the CCTV system must be always available at the premises that the premises is open to the public.

The CCTV system will display, on screen and on any recording, the correct time and date that images were captured.

The premises shall operate a zero-tolerance policy to the supply and use of drugs.

Anyone who appears to be drunk or intoxicated shall not be allowed entry to the premises and those who have gained entry will be escorted from the business immediately

Substantial food and non-intoxicating beverages, including drinking water, shall be available in the premises where alcohol is sold or supplied for consumption on the premises.

All delivery orders shall be to a registered residential or business address. There shall be no deliveries to public/communal areas or open spaces.

All staff members should be checked to ensure they have the right to work in the

#### **Public Safety**

Health and Safety Compliance: Regularly conduct risk assessments to ensure the restaurant complies with all health and safety regulations, including fire safety, emergency exits, and first aid provisions.

#### **Prevention of Noise Nuisance**

During the hours of operation, the licence holder shall ensure sufficient measures are in place to remove and prevent litter or waste arising or accumulating from customers in the area immediately outside the premises, and that this area shall be swept and or washed and litter and sweepings collected and stored in accordance with the approved refuse storage arrangements by close of business.

Clear and legible notices will be prominently displayed at the exit to remind customers to leave quietly and have regard to our neighbours.

No beers, ales, lagers, or ciders of 6% ABV or above to be sold.

#### Protection of children from harm

A challenge 25 policy will be in operation at the premises with operate signage on display throughout the premises.

All staff members engaged, or to be engaged, on the premises shall receive full training pertinent to the Licensing Act, specifically regarding age-restricted sales, and the refusal of sales to persons believed to be under the influence of alcohol or drugs. This shall take place every 12 months.

Alcohol shall not be located in the immediate vicinity of the entrances and exit to the premises, but shall be in an area in which it shall be monitored by staff on a frequent and daily basis whilst licensable activities are taking place.

For all orders taken over the phone or via the internet, customers should be informed of Challenge 25 and the requirement to have ID ready for inspection should the need arise before receipt of alcoholic beverages.