

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 before midnight on Thursday 17th July 2025 to the following address:

**London Borough of Croydon
Sustainable Communities Department, Licensing Team,
3rd 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.

New Premises Licence

Premises Details

Premises Address *

90-92 PORTLAND ROAD SOUTH NORWOOD LONDON
CROYDON SE25 4PJ

Telephone number at premises (if any)

Non-domestic value of premises. *

£ 15500

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:

an individual or individuals

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

Individual Applicant

Title *

Mr

First name *

KAVASKAR

Surname *

KANESAMOORTHY

Street address *

90-92 PORTLAND ROAD

SOUTH NORWOOD

Individual Applicant

Town/City *	<input type="text" value="SOUTH NORWOOD"/>
County	<input type="text" value="SURREY"/>
Postcode *	<input type="text" value="SE25 4PJ"/>
Date of Birth *	<input type="text"/>
<input checked="" type="checkbox"/> I am 18 years old or over	
Nationality *	<input type="text"/>
Daytime Contact Telephone Number *	<input type="text"/>
Email *	<input type="text"/>

Operating Schedule

When do you want the premises licence to start? *	<input type="text" value="19/06/2025"/>
If you wish the licence to be valid only for a limited period, when do you want it to end?	<input type="text"/>
Please give a general description of the premises. *	<input type="text" value="Provision of Late Night Refreshment and Sale by Retail of Alcohol off 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.	<input type="text"/>

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) *

<input type="checkbox"/>	Plays
<input type="checkbox"/>	Films

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

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 *

Monday to Thursday

23:00

00:00

Late Night Refreshment Standard Times

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

Day *

Friday to Saturday

23:00

Late Night Refreshment Standard Times

01:00

Late Night Refreshment Standard Times

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

Day *

Sunday

23:00

00:00

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)

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

09:00

23:00

Supply of Alcohol Standard Times

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

11:00

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

09:00

23:00

Supply of Alcohol

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

Off the premises

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

No

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 alcohol at 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 *

Mr

First name *

KAVASKAR

Designated Premises Supervisor

Surname *	KANESAMOORTHY
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).	NO
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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
	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)

Opening Hours Standard Times

Day *

Friday to Saturday

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 *

Sunday

09:00

00:00

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) *

no selling of alcohol to under age people no drunk and disorderly behavior on premises area. no violent and anti - social behavior. no any harm to children vigilance in preventing the use and sale of illegal drugs at the retail area. All sales of alcohol for consumption off the premises shall be in sealed containers, and shall not be consumed on the premises There shall be a personal license holder on duty on the premises at all times when the premises are authorised to sell alcohol

b) The prevention of crime and disorder *

CCTV installed to monitor to entrance, exit and other parts of the premises. A clear notice outside premises indicating the normal hours. no selling alcohol to drunk or intoxicated customers. staff will be well trained in asking customers to use premises in an orderly and respectable manner and prevent drinking alcohol at the retail unit (ex canned or bottled beer).

c) Public safety *

well trained staff adherence to environmental health requirements. A log book or recording system shall be kept up on the premises in which shall be entered particulars of inspection made those required to be made by statute, and information. The log book shall be kept available for inspection when required by persons authorized by the licensing act 2003 or associated legislation. All parts of the

Licensing Objectives

	premises and all fittings will be maintained at all times in good order and a safe condition.
d) The prevention of public nuisance *	Noise reduction measures to address the public nuisance objective. prominent, clear and legible notices will be displayed at the exit requesting the public to respect the needs of nearby residents and to leave the premises and area quietly. Deliveries of good necessary for the operation of the business will be carried out such a time or in such a manner as to prevent nuisance and disturbance to near by residents.
e) The protection of children from harm *	Challenge 25 sign which is retailing strategy that encourages anyone who is over 18 but look likes 25 to carry acceptable ID (a card bearing the PASS hologram, a photographic driving license or a passport) if they wish to buy alcohol. well trained staff about requirement for persons identification, age establishment etc. All the details providing in training record book available the retail unit.

Declarations

Declaration Type *	Sole Applicant - Individual or Other
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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).

Declarations



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 *

KAVASKAR KANESAMOORTHY

Date *

19/06/2025

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

Mr

First name

SABULAL

Surname

BAHULEYAN

Street address *

Town/City *

County

Postcode *

Telephone Number

Email *

Alternative Correspondence

Email confirmation

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

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