

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 by midnight on the 20.01.2026 to the following address:

**London Borough of Croydon
Streets and Environmental 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 *

9 FELL ROAD CROYDON CROYDON CR0 1LL

Telephone number at premises (if any)

Non-domestic value of premises. *

£ 37000

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:

a person other than an individual -as a limited company/
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 *

JAY RETAIL LIMITED

Registered Address *

146 Howard Road

Town/City *

Upminster

County

Other Applicant (Non Individual)

Postcode *

RM14 2UU

Registered Number (where applicable)

07993875

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

PRIVATE LIMITED COMPANY

Telephone Number

Email *

Operating Schedule

When do you want the premises licence to start? *

28/01/2026

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. *

THIS IS A CO-OP GROUP OF SUPERMARKET - WELCOME CO-OP., UPMARKET STORE. THE SUPERMARKET WILL ALSO HAVE CAFE AT THE REAR FOR CUSTOMERS AND OTHERS TO HAVE A COFFEE AND MEETINGS. APPLICANT IS A RETAIL INVESTOR. ALL PRODUCTS ARE SUPPLIED BY CO-OP GROUP. THE CAFE WILL PROVIDE HOT AND COLD FOOD. THIS IS A LATENIGHT SUPERMARKET.

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

Operating Schedule

<input type="checkbox"/>	Boxing or Wrestling
<input type="checkbox"/>	Live Music
<input type="checkbox"/>	Recorded Music
<input type="checkbox"/>	Performances of Dance
<input type="checkbox"/>	Anything of a similar description falling under Music or Dance
<input type="checkbox"/>	Provision of late night refreshment
<input checked="" type="checkbox"/>	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 *

Supply of Alcohol

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

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 alcohol at different

Supply of Alcohol

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 *

VIJINTHAN

Surname *

ANNATHURAI

Street address *

Town/City *

County

Postcode *

Personal Licence Number (if known)

Z01N1752AC/1

Issuing Licensing Authority (if known)

Waltham Forest

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).

NONE

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

Opening Hours Standard Times

06:00

01:00

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) *

Attached due text limit here

b) The prevention of crime and disorder *

Attached due text limit here

c) Public safety *

Attached due text limit here

d) The prevention of public nuisance *

Attached due text limit here

e) The protection of children from harm *

Attached due text limit here

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 & 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.

Declarations

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 *

NIRA SURESH

Date *

23/12/2025

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

Telephone Number

Email *

Email confirmation

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

Forename

Surname /Company Name

Email *

Telephone

Operating Schedule Welcome Co-op, 9 Fell Road, CR0 1LL

GENERAL

1. The Licensee shall ensure that each member of staff authorised to sell alcohol has received appropriate training on the law with regard to age-restricted products, proxy sales, and the licensable hours and conditions attached to the licence, including refresher training every six months, and that this is properly documented and training records kept. The training record (either written or electronic) shall be kept on the licensed premises and made available for inspection by the Licensing Officer, Trading Standards or the Police, on request.
2. The Licensee shall ensure that each member of staff authorised to sell alcohol is sufficiently capable and confident to confront and challenge under 25's attempting to purchase alcohol.

PREVENTION OF CRIME

3. CCTV will be provided in the form of a recordable system, capable of providing pictures of evidential quality in all lighting conditions
4. Cameras shall encompass all ingress and egress to the premises, fire exits and all areas where the sale and supply of alcohol occurs.
5. Equipment must be maintained in good working order, be correctly time and date stamped, recordings MUST be kept on the hard drive and kept for a period of 31 days and handed to Police upon request.
6. The premises licence holder must ensure at all times a DPS or appointed member of staff is capable and competent at downloading CCTV footage in a recordable format to the Police and Local Authority upon request.
7. An Incident log shall be kept at the premises, and made available on request to a police officer, police licensing officer or council authorised licensing officer. It must be completed within 24 hours of the incident and will record the following:
 - All crimes reported at the venue.
 - All ejections of patrons
 - Any complaints received concerning crime and disorder.
 - Any incident of disorder
 - All seizure of drugs or offensive weapons
 - Any faults in the CCTV system, searching equipment or scanning equipment.
 - Any refusal of the sale of alcohol
 - Any visit by a relevant authority or emergency service
 - Each entry is to be checked and signed by the DPS/Licensee no later than 1 week after the entry has been made. The register must be made available to Police, Police Licensing Officers and authorised officers from the Local Authority either electronically or hard copy.

Public safety

8. The Licensee shall ensure that appropriate fire safety procedures are in place.
9. The Licensee shall ensure that all fire escapes/escape routes will be clearly marked and kept free from obstructions at all times.

Prevention nuisance

10. Notices shall be prominently displayed at all exits requesting customers to respect the needs of local residents and leave the area quietly.

Protection of children from harm

11. Prominently advertise the scheme in your premises so that customers are aware, display proof of age signs at the point of sale.
12. Keep a refusals book on the premises and ensure it is completed whenever a sale is refused to under the age of 18 years.
13. The details should contain date, time of the incident, a description of the customer, the name of the staff member who refused the sale and the reason the sale was refused.
14. The book should be made available to police and authorised council officer on request.
15. A 'challenge 25' scheme serves as a reminder to staff of the need to be vigilant in preventing underage sales and to customers that it is against the law for anyone under 18 to purchase alcohol.
16. Only accept photographic driving licence, passports or PASS (proof of age standards scheme) cards approved as means of ID. If you accept other forms of ID such as EU national ID cards, these must bear a photograph, DOB, and holographic mark.