

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 Monday 2nd February 2026 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

Business/Premises Name *

Ruby Enterprises London Limited T/A Star Mart

Premises Address *

CSL 33 CHIPSTEAD VALLEY ROAD COULSDON
CROYDON CR5 2RB

Telephone number at premises (if any)

Non-domestic value of premises. *

£ 9400

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 *

Ruby Enterprises London Limited

Registered Address *

33 Chipstead Valley Road

Address line 2

Address line 3

Other Applicant (Non Individual)

| | |
|--|-------------------------|
| Town/City * | Coulsdon |
| County | Surrey |
| Postcode * | CR5 2RB |
| Registered Number (where applicable) | 14534929 |
| 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? * | 04/02/2026 |
| 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. * | It will be a traditional off Licence that sells confectionary, drinks, tobacco and alcohol etc. to general public. |
| 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, late night refreshment or supply of alcohol (please read guidance note 2) *

a) Plays

b) Films

c) Indoor Sporting Events

Operating Schedule

- d) Boxing or Wrestling
- e) Live Music
- f) Recorded Music
- g) Performances of Dance
- h) Anything of a similar description falling under Music or Dance
- i) Provision of Late Night Refreshment
- j) Supply of Alcohol

j) 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 *

Every Day

07:00

00:00

j) Supply of Alcohol

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

Off 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

j) 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 *

Laeeq

Surname *

Ahmad

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). *

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

07:00

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)

The applicant recognises that the promotion of the four licensing objectives is fundamental to the operation of the premises and will ensure that the business is run in full compliance with the Licensing Act 2003, the Home Office Guidance, and Croydon Council's Statement of Licensing Policy. The premises will be operated as a responsible off licence, with effective management controls in place at all times.

b) The prevention of crime and disorder *

A comprehensive CCTV system will be installed and maintained at the premises to assist in the prevention and detection of crime and disorder. The system will cover all public areas, including the entrance and exit, and will be operational at all times the premises are open. Recorded images will be retained for a minimum period 31 days and will be made available to the Metropolitan Police Service or authorised officers of Croydon Council upon request. Alcohol will not be sold to intoxicated persons, and staff will be trained to refuse service where appropriate. A refusals register will be maintained and made available for inspection. The licence holder will work in partnership with responsible authorities and promptly address any incidents of crime or disorder.

c) Public safety *

Public safety will be promoted through the safe and orderly operation of the premises. The premises will be kept well-lit, clean, and free from obstructions, with clear access and egress at all times. The CCTV system will also contribute to customer and staff safety. All equipment, including shelving and refrigeration units, will be properly maintained in accordance with health and safety and fire safety requirements.

d) The prevention of public nuisance *

The operation of the premises will be managed to minimise disturbance to local residents and businesses. Alcohol will not be sold or promoted in a manner that encourages loitering, street drinking, or anti-social behaviour. Staff will monitor the area immediately outside the premises and will discourage customers from congregating or consuming alcohol nearby. Any complaints will be dealt with promptly and appropriately.

e) The protection of children from harm *

The premises will operate a strict Challenge 25 age-verification policy. Acceptable forms of identification will be limited to a passport, UK photocard driving licence, or

Licensing Objectives

PASS-approved card. Staff will be trained in age-verification procedures and the operation of the CCTV system. All refused sales will be recorded in a refusals log, which will be available for inspection.

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.

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 *

Laeeq Ahmad

Date *

05/01/2026

Capacity *

Applicant

Declaration made

Declarations

Do you wish to provide alternative correspondence details? *

No

Email confirmation

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

Forename

Laeeq

Surname /Company Name

Ahmad /Ruby Enterprises London Limited

Email *

Telephone