

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 30th March 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

Please note - an applicant has the right to know the name and address of any person making representations, so they can assess from a fairness point of view, if the person is genuinely likely to be affected by the licensable activities if the application is granted as applied for. Therefore, you must supply your name and address when making any representations. Please contact the Licensing Team should you wish to discuss this at 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 *

Select Supermarket

Premises Address *

91 SOUTH END CROYDON CROYDON CR0 1BG

Telephone number at premises (if any)

Non-domestic value of premises. *

£ 23250

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 *

Anil Babu

Surname *

Balakrishnan

Current residential address *

Address line 2

Individual Applicant

Address line 3

Town/City *

County

Postcode *

Date of Birth *

I am 18 years old or over

Nationality *

Daytime Contact Telephone Number *

Email *

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)

Operating Schedule

When do you want the premises licence to start? *

31/03/2026

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. *

Off-Licence

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)

Operating Schedule

Provision of regulated entertainment, late night refreshment or supply of alcohol (please read guidance note 2) *

- a) Plays
- b) Films
- c) Indoor Sporting Events
- 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

08:00

23:00

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 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 *

Ms

First name *

Lily

Surname *

Pauithran

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

n/a

Adult Entertainment

of the premises that may give rise to concern in respect of children (please read guidance note 9). *

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

08:00

23:00

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)

CCTV, INCIDENT LOG, REGULAR TRAINING, CHALLENGE 25

b) The prevention of crime and disorder *

There shall be CCTV in operation at the premises and; a) a member of staff who has been nominated in writing and who is conversant with the operation of the CCTV system shall be on the premises at all times when the premises are open to the public. b) if the premises are not open, and subject to the tests set out by virtue of GDPR, within 24 hours of a request for access to the CCTV system from either the police or licensing authority, this staff member must be able to show a Police, HMRC or authorised council officer recent data or footage with the absolute minimum of delay when requested. c) CCTV shall record continuously and be retained for not less than 31 days.

c) Public safety *

An incident log shall be kept at the premises and made available on request to the Police or an authorised officer. The log will record the following: • All crimes reported to the venue • All ejections of customers • Any incidents of disorder (disturbance caused by either one person or a group of people). • Any faults in the CCTV system or searching equipment or scanning equipment • Any refusal of the sale of alcohol during the hours the premises is licensed to sell it

d) The prevention of public nuisance *

All staff responsible for selling alcohol shall receive regular training in the Licensing Act 2003 in terms of the licensing objectives, offences committed under the Act and conditions of the Premises Licence. Written records of staff training in the Licensing Act 2003 shall be retained and made available to police and authorised officers of the Licensing Authority on request. Staff shall receive refresher training in the Licensing Act 2003 at intervals of no more than 6 months. Signed and

Licensing Objectives

	dated records shall be kept of all staff training and such records kept available for inspection at the premises for a period of at least one calendar year from the last date of entry.
e) The protection of children from harm *	A "Challenge 25" age verification policy shall be operated at the Premises during the permitted hours for the sale of alcohol and staff shall be trained in respect of the policy. Staff shall ask for proof of age from anyone they suspect of being less than 25 years of age. The only acceptable forms of identification shall be a photo style driving licence, a passport, a photo identification card bearing the PASS logo in a hologram format, military ID or recognised national photographic identity cards from member countries of the European Union. Posters shall be displayed in prominent positions around the premises advising customers of the Challenge 25 policy in force at the premises. A record shall be maintained recording every occasion when the sale of alcohol has been refused. The record shall; a) give the date and time of the occasion; a brief description of the customer and the name of the member of staff who refused to sell the alcohol. b) be kept at the Premises and available for inspection by authorised officers of the Licensing Authority and the Police at all times the Premises are open.

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 *

Mr O P Daly - AUTHORISED AGENT

Date *

02/03/2026

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

Mr

First name

Oisin

Surname

Daly

Street address *

Address line 2

Address line 3

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