

**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 21.08.2026 to the following address:

London Borough of Croydon  
Place, 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](mailto: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.

## Application for a premises licence to be granted under the Licensing Act 2003

### PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

**I/We** SWAAD INDIA LTD

*(Insert name(s) of applicant)*

**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**

#### Part 1 – Premises details

|                                                                                      |         |                 |         |
|--------------------------------------------------------------------------------------|---------|-----------------|---------|
| Postal address of premises or, if none, ordnance survey map reference or description |         |                 |         |
| Swaad India<br>378 London Road                                                       |         |                 |         |
| <b>Post town</b>                                                                     | Croydon | <b>Postcode</b> | CR0 2FU |

|                                         |      |
|-----------------------------------------|------|
| Telephone number at premises (if any)   |      |
| Non-domestic rateable value of premises | £N/A |

#### Part 2 - Applicant details

Please state whether you are applying for a premises licence as **Please tick as appropriate**

- |     |                                                    |                                     |                             |
|-----|----------------------------------------------------|-------------------------------------|-----------------------------|
| a)  | an individual or individuals *                     | <input type="checkbox"/>            | please complete section (A) |
| b)  | a person other than an individual *                |                                     |                             |
| i   | as a limited company/limited liability partnership | <input checked="" type="checkbox"/> | please complete section (B) |
| ii  | as a partnership (other than limited liability)    | <input type="checkbox"/>            | please complete section (B) |
| iii | as an unincorporated association or                | <input type="checkbox"/>            | please complete section (B) |
| iv  | other (for example a statutory corporation)        | <input type="checkbox"/>            | please complete section (B) |
| c)  | a recognised club                                  | <input type="checkbox"/>            | please complete section (B) |
| d)  | a charity                                          | <input type="checkbox"/>            | please complete section (B) |

- e) the proprietor of an educational establishment ☐ please complete section (B)
- f) a health service body ☐ please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales ☐ please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England ☐ please complete section (B)
- h) the chief officer of police of a police force in England and Wales ☐ please complete section (B)

\* If you are applying as a person described in (a) or (b) please confirm (by ticking yes to one box below):

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or ☒

I am making the application pursuant to a

statutory function or ☐

a function discharged by virtue of Her Majesty's prerogative ☐

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

|                                                                                                                                                                                                                        |                              |                               |                                                                    |                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------|--------------------------------------------------------------------|--------------------------------|--|
| Mr <input type="checkbox"/>                                                                                                                                                                                            | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/>                                        | Other Title (for example, Rev) |  |
| <b>Surname</b>                                                                                                                                                                                                         |                              |                               | <b>First names</b>                                                 |                                |  |
| <b>Date of birth</b>                                                                                                                                                                                                   |                              |                               | I am 18 years old or over <input type="checkbox"/> Please tick yes |                                |  |
| <b>Nationality</b>                                                                                                                                                                                                     |                              |                               |                                                                    |                                |  |
| Current residential address if different from premises address                                                                                                                                                         |                              |                               |                                                                    |                                |  |
| Post town                                                                                                                                                                                                              |                              |                               |                                                                    | Postcode                       |  |
| <b>Daytime contact telephone number</b>                                                                                                                                                                                |                              |                               |                                                                    |                                |  |
| <b>E-mail address (optional)</b>                                                                                                                                                                                       |                              |                               |                                                                    |                                |  |
| 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) |                              |                               |                                                                    |                                |  |

**SECOND INDIVIDUAL APPLICANT (if applicable)**

|                                                                                                                                                                                                                         |                              |                               |                                                                    |                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------|--------------------------------------------------------------------|--------------------------------|--|
| Mr <input type="checkbox"/>                                                                                                                                                                                             | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/>                                        | Other Title (for example, Rev) |  |
| <b>Surname</b>                                                                                                                                                                                                          |                              |                               | <b>First names</b>                                                 |                                |  |
| <b>Date of birth</b>                                                                                                                                                                                                    |                              |                               | I am 18 years old or over <input type="checkbox"/> Please tick yes |                                |  |
| <b>Nationality</b>                                                                                                                                                                                                      |                              |                               |                                                                    |                                |  |
| 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) |                              |                               |                                                                    |                                |  |
| Current residential address if different from premises address                                                                                                                                                          |                              |                               |                                                                    |                                |  |
| Post town                                                                                                                                                                                                               |                              |                               |                                                                    | Postcode                       |  |
| <b>Daytime contact telephone number</b>                                                                                                                                                                                 |                              |                               |                                                                    |                                |  |
| <b>E-mail address (optional)</b>                                                                                                                                                                                        |                              |                               |                                                                    |                                |  |

**(B) OTHER APPLICANTS**

**Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.**

|                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------|
| Name<br>SWAAD INDIA LTD                                                                                                      |
| Address<br><br>378 London Road<br>Croydon<br>London<br>CR0 2FU                                                               |
| Registered number (where applicable)<br>15971214                                                                             |
| Description of applicant (for example, partnership, company, unincorporated association etc.)<br><br>Private limited Company |

|                           |
|---------------------------|
| Telephone number (if any) |
| E-mail address (optional) |

### Part 3 Operating Schedule

When do you want the premises licence to start?

|    |    |      |
|----|----|------|
| DD | MM | YYYY |
| A  | S  | A P  |

If you wish the licence to be valid only for a limited period, when do you want it to end?

|    |    |      |
|----|----|------|
| DD | MM | YYYY |
|    |    |      |

Please give a general description of the premises (please read guidance note 1)

The premises will operate primarily as a specialist Indian and Asian supermarket. The principal purpose of the business will be the retail sale of specialist Indian, South Asian and wider Asian groceries, fresh fruit and vegetables, rice, flour, pulses, spices, cooking ingredients, packaged foods, frozen and chilled products, dairy products, soft drinks, confectionery, household products and other related everyday essentials.

The sale of alcohol will be secondary and ancillary to the operation of the premises as a specialist Indian and Asian food supermarket. The premises will not operate as a general off-licence or convenience store primarily focused on the sale of alcohol.

The alcohol range will be limited to specialist Indian, South Asian and wider Asian products selected to complement the premises' specialist food and grocery offering. Mainstream mass-market alcohol products ordinarily associated with conventional off-licences and general convenience stores will not be stocked. Alcohol will be displayed only within the clearly defined and limited area shown on the approved premises plan.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

What licensable activities do you intend to carry on from the premises?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- |                                                                      |                          |
|----------------------------------------------------------------------|--------------------------|
| a) plays (if ticking yes, fill in box A)                             | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B)                             | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C)            | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E)                        | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)                    | <input type="checkbox"/> |

- g) performances of dance (if ticking yes, fill in box G) ☐
- h) anything of a similar description to that falling within (e), (f) or (g)  
(if ticking yes, fill in box H) ☐

**Provision of late night refreshment** (if ticking yes, fill in box I) ☐

**Supply of alcohol** (if ticking yes, fill in box J) ☒

**In all cases complete boxes K, L and M**

# A

|                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
|-------------------------------------------------------------------------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| <b>Plays</b><br>Standard days and timings (please read guidance note 7) |       |        | <b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b><br>(please read guidance note 3)                                                                            | Indoors  | <input type="checkbox"/> |
|                                                                         |       |        |                                                                                                                                                                                                               | Outdoors | <input type="checkbox"/> |
|                                                                         |       |        |                                                                                                                                                                                                               | Both     | <input type="checkbox"/> |
| Day                                                                     | Start | Finish | <b><u>Please give further details here</u></b> (please read guidance note 4)                                                                                                                                  |          |                          |
| Mon                                                                     |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Tue                                                                     |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                         |       |        | <b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 5)                                                                                                                |          |                          |
| Wed                                                                     |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Thur                                                                    |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                         |       |        | <b><u>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6) |          |                          |
| Fri                                                                     |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Sat                                                                     |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Sun                                                                     |       |        |                                                                                                                                                                                                               |          |                          |

## B

|                                                                         |       |        |                                                                                                                                                                                                              |          |                          |
|-------------------------------------------------------------------------|-------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| <b>Films</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the exhibition of films take place indoors or outdoors or both – please tick</b><br>(please read guidance note 3)                                                                                    | Indoors  | <input type="checkbox"/> |
|                                                                         |       |        |                                                                                                                                                                                                              | Outdoors | <input type="checkbox"/> |
|                                                                         |       |        |                                                                                                                                                                                                              | Both     | <input type="checkbox"/> |
| Day                                                                     | Start | Finish |                                                                                                                                                                                                              |          |                          |
| Mon                                                                     |       |        | <b><u>Please give further details here</u></b> (please read guidance note 4)                                                                                                                                 |          |                          |
|                                                                         |       |        |                                                                                                                                                                                                              |          |                          |
| Tue                                                                     |       |        |                                                                                                                                                                                                              |          |                          |
|                                                                         |       |        |                                                                                                                                                                                                              |          |                          |
| Wed                                                                     |       |        | <b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 5)                                                                                                        |          |                          |
|                                                                         |       |        |                                                                                                                                                                                                              |          |                          |
| Thur                                                                    |       |        |                                                                                                                                                                                                              |          |                          |
|                                                                         |       |        |                                                                                                                                                                                                              |          |                          |
| Fri                                                                     |       |        | <b><u>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6) |          |                          |
|                                                                         |       |        |                                                                                                                                                                                                              |          |                          |
| Sat                                                                     |       |        |                                                                                                                                                                                                              |          |                          |
|                                                                         |       |        |                                                                                                                                                                                                              |          |                          |
| Sun                                                                     |       |        |                                                                                                                                                                                                              |          |                          |
|                                                                         |       |        |                                                                                                                                                                                                              |          |                          |



# C

|                                                                                          |       |        |                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Indoor sporting events</b><br>Standard days and timings (please read guidance note 7) |       |        | <b><u>Please give further details</u></b> (please read guidance note 4)                                                                                                                                     |
| Day                                                                                      | Start | Finish |                                                                                                                                                                                                             |
| Mon                                                                                      |       |        |                                                                                                                                                                                                             |
|                                                                                          |       |        |                                                                                                                                                                                                             |
| Tue                                                                                      |       |        | <b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 5)                                                                                                        |
|                                                                                          |       |        |                                                                                                                                                                                                             |
| Wed                                                                                      |       |        |                                                                                                                                                                                                             |
|                                                                                          |       |        |                                                                                                                                                                                                             |
| Thur                                                                                     |       |        | <b><u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6) |
|                                                                                          |       |        |                                                                                                                                                                                                             |
| Fri                                                                                      |       |        |                                                                                                                                                                                                             |
|                                                                                          |       |        |                                                                                                                                                                                                             |
| Sat                                                                                      |       |        |                                                                                                                                                                                                             |
|                                                                                          |       |        |                                                                                                                                                                                                             |
| Sun                                                                                      |       |        |                                                                                                                                                                                                             |
|                                                                                          |       |        |                                                                                                                                                                                                             |

## D

|                                                                                                      |       |        |                                                                                                                                                                                                                        |          |                          |
|------------------------------------------------------------------------------------------------------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| <b>Boxing or wrestling entertainments</b><br>Standard days and timings (please read guidance note 7) |       |        | <b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)                                                                            | Indoors  | <input type="checkbox"/> |
|                                                                                                      |       |        |                                                                                                                                                                                                                        | Outdoors | <input type="checkbox"/> |
|                                                                                                      |       |        |                                                                                                                                                                                                                        | Both     | <input type="checkbox"/> |
| Day                                                                                                  | Start | Finish | <b><u>Please give further details here</u></b> (please read guidance note 4)                                                                                                                                           |          |                          |
| Mon                                                                                                  |       |        |                                                                                                                                                                                                                        |          |                          |
|                                                                                                      |       |        |                                                                                                                                                                                                                        |          |                          |
| Tue                                                                                                  |       |        |                                                                                                                                                                                                                        |          |                          |
|                                                                                                      |       |        | <b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)                                                                                                        |          |                          |
| Wed                                                                                                  |       |        |                                                                                                                                                                                                                        |          |                          |
|                                                                                                      |       |        |                                                                                                                                                                                                                        |          |                          |
| Thur                                                                                                 |       |        |                                                                                                                                                                                                                        |          |                          |
|                                                                                                      |       |        | <b><u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6) |          |                          |
| Fri                                                                                                  |       |        |                                                                                                                                                                                                                        |          |                          |
|                                                                                                      |       |        |                                                                                                                                                                                                                        |          |                          |
| Sat                                                                                                  |       |        |                                                                                                                                                                                                                        |          |                          |
|                                                                                                      |       |        |                                                                                                                                                                                                                        |          |                          |
| Sun                                                                                                  |       |        |                                                                                                                                                                                                                        |          |                          |

# E

|                                                                              |       |        |                                                                                                                                                                                                                    |          |                          |
|------------------------------------------------------------------------------|-------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| <b>Live music</b><br>Standard days and timings (please read guidance note 7) |       |        | <b><u>Will the performance of live music take place indoors or outdoors or both – please tick</u></b><br>(please read guidance note 3)                                                                             | Indoors  | <input type="checkbox"/> |
|                                                                              |       |        |                                                                                                                                                                                                                    | Outdoors | <input type="checkbox"/> |
|                                                                              |       |        |                                                                                                                                                                                                                    | Both     | <input type="checkbox"/> |
| Day                                                                          | Start | Finish |                                                                                                                                                                                                                    |          |                          |
| Mon                                                                          |       |        | <b><u>Please give further details here</u></b> (please read guidance note 4)                                                                                                                                       |          |                          |
|                                                                              |       |        |                                                                                                                                                                                                                    |          |                          |
| Tue                                                                          |       |        |                                                                                                                                                                                                                    |          |                          |
|                                                                              |       |        |                                                                                                                                                                                                                    |          |                          |
| Wed                                                                          |       |        | <b><u>State any seasonal variations for the performance of live music</u></b><br>(please read guidance note 5)                                                                                                     |          |                          |
|                                                                              |       |        |                                                                                                                                                                                                                    |          |                          |
| Thur                                                                         |       |        |                                                                                                                                                                                                                    |          |                          |
|                                                                              |       |        |                                                                                                                                                                                                                    |          |                          |
| Fri                                                                          |       |        | <b><u>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6) |          |                          |
|                                                                              |       |        |                                                                                                                                                                                                                    |          |                          |
| Sat                                                                          |       |        |                                                                                                                                                                                                                    |          |                          |
|                                                                              |       |        |                                                                                                                                                                                                                    |          |                          |
| Sun                                                                          |       |        |                                                                                                                                                                                                                    |          |                          |
|                                                                              |       |        |                                                                                                                                                                                                                    |          |                          |

# F

|                                                                                  |       |        |                                                                                                                                                                                                                    |          |                          |
|----------------------------------------------------------------------------------|-------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| <b>Recorded music</b><br>Standard days and timings (please read guidance note 7) |       |        | <b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b><br>(please read guidance note 3)                                                                             | Indoors  | <input type="checkbox"/> |
|                                                                                  |       |        |                                                                                                                                                                                                                    | Outdoors | <input type="checkbox"/> |
|                                                                                  |       |        |                                                                                                                                                                                                                    | Both     | <input type="checkbox"/> |
| Day                                                                              | Start | Finish |                                                                                                                                                                                                                    |          |                          |
| Mon                                                                              |       |        | <b><u>Please give further details here</u></b> (please read guidance note 4)                                                                                                                                       |          |                          |
|                                                                                  |       |        |                                                                                                                                                                                                                    |          |                          |
| Tue                                                                              |       |        |                                                                                                                                                                                                                    |          |                          |
|                                                                                  |       |        |                                                                                                                                                                                                                    |          |                          |
| Wed                                                                              |       |        | <b><u>State any seasonal variations for the playing of recorded music</u></b><br>(please read guidance note 5)                                                                                                     |          |                          |
|                                                                                  |       |        |                                                                                                                                                                                                                    |          |                          |
| Thur                                                                             |       |        |                                                                                                                                                                                                                    |          |                          |
|                                                                                  |       |        |                                                                                                                                                                                                                    |          |                          |
| Fri                                                                              |       |        | <b><u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6) |          |                          |
|                                                                                  |       |        |                                                                                                                                                                                                                    |          |                          |
| Sat                                                                              |       |        |                                                                                                                                                                                                                    |          |                          |
|                                                                                  |       |        |                                                                                                                                                                                                                    |          |                          |
| Sun                                                                              |       |        |                                                                                                                                                                                                                    |          |                          |
|                                                                                  |       |        |                                                                                                                                                                                                                    |          |                          |

# G

|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
|-----------------------------------------------------------------------------------------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| <b>Performances of dance</b><br>Standard days and timings (please read guidance note 7) |       |        | <b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b><br>(please read guidance note 3)                                                                             | Indoors  | <input type="checkbox"/> |
|                                                                                         |       |        |                                                                                                                                                                                                               | Outdoors | <input type="checkbox"/> |
|                                                                                         |       |        |                                                                                                                                                                                                               | Both     | <input type="checkbox"/> |
| Day                                                                                     | Start | Finish |                                                                                                                                                                                                               |          |                          |
| Mon                                                                                     |       |        | <b><u>Please give further details here</u></b> (please read guidance note 4)                                                                                                                                  |          |                          |
|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Tue                                                                                     |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Wed                                                                                     |       |        | <b><u>State any seasonal variations for the performance of dance</u></b><br>(please read guidance note 5)                                                                                                     |          |                          |
|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Thur                                                                                    |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Fri                                                                                     |       |        | <b><u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6) |          |                          |
|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Sat                                                                                     |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Sun                                                                                     |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |

# H

|                                                                                                                                            |       |        |                                                                                                                                                                                                                                                                        |          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| <b>Anything of a similar description to that falling within (e), (f) or (g)</b><br>Standard days and timings (please read guidance note 7) |       |        | Please give a description of the type of entertainment you will be providing                                                                                                                                                                                           |          |                          |
| Day                                                                                                                                        | Start | Finish | <b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)                                                                                                                                               | Indoors  | <input type="checkbox"/> |
| Mon                                                                                                                                        |       |        |                                                                                                                                                                                                                                                                        | Outdoors | <input type="checkbox"/> |
|                                                                                                                                            |       |        |                                                                                                                                                                                                                                                                        | Both     | <input type="checkbox"/> |
| Tue                                                                                                                                        |       |        | <b><u>Please give further details here</u></b> (please read guidance note 4)                                                                                                                                                                                           |          |                          |
|                                                                                                                                            |       |        |                                                                                                                                                                                                                                                                        |          |                          |
| Wed                                                                                                                                        |       |        |                                                                                                                                                                                                                                                                        |          |                          |
|                                                                                                                                            |       |        | <b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 5)                                                                                                            |          |                          |
| Thur                                                                                                                                       |       |        |                                                                                                                                                                                                                                                                        |          |                          |
|                                                                                                                                            |       |        |                                                                                                                                                                                                                                                                        |          |                          |
| Fri                                                                                                                                        |       |        | <b><u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6) |          |                          |
|                                                                                                                                            |       |        |                                                                                                                                                                                                                                                                        |          |                          |
| Sat                                                                                                                                        |       |        |                                                                                                                                                                                                                                                                        |          |                          |
| Sun                                                                                                                                        |       |        |                                                                                                                                                                                                                                                                        |          |                          |
|                                                                                                                                            |       |        |                                                                                                                                                                                                                                                                        |          |                          |

# I

|                                                                                          |       |        |                                                                                                                                                                                                                               |          |                          |
|------------------------------------------------------------------------------------------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| <b>Late night refreshment</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)                                                                                        | Indoors  | <input type="checkbox"/> |
|                                                                                          |       |        |                                                                                                                                                                                                                               | Outdoors | <input type="checkbox"/> |
|                                                                                          |       |        |                                                                                                                                                                                                                               | Both     | <input type="checkbox"/> |
| Day                                                                                      | Start | Finish |                                                                                                                                                                                                                               |          |                          |
| Mon                                                                                      |       |        | <b><u>Please give further details here</u></b> (please read guidance note 4)                                                                                                                                                  |          |                          |
|                                                                                          |       |        |                                                                                                                                                                                                                               |          |                          |
| Tue                                                                                      |       |        |                                                                                                                                                                                                                               |          |                          |
|                                                                                          |       |        |                                                                                                                                                                                                                               |          |                          |
| Wed                                                                                      |       |        | <b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)                                                                                                         |          |                          |
|                                                                                          |       |        |                                                                                                                                                                                                                               |          |                          |
| Thur                                                                                     |       |        |                                                                                                                                                                                                                               |          |                          |
|                                                                                          |       |        |                                                                                                                                                                                                                               |          |                          |
| Fri                                                                                      |       |        | <b><u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u></b> (please read guidance note 6) |          |                          |
|                                                                                          |       |        |                                                                                                                                                                                                                               |          |                          |
| Sat                                                                                      |       |        |                                                                                                                                                                                                                               |          |                          |
|                                                                                          |       |        |                                                                                                                                                                                                                               |          |                          |
| Sun                                                                                      |       |        |                                                                                                                                                                                                                               |          |                          |
|                                                                                          |       |        |                                                                                                                                                                                                                               |          |                          |

**J**

|                                                                                     |       |        |                                                                                                  |                  |                                     |
|-------------------------------------------------------------------------------------|-------|--------|--------------------------------------------------------------------------------------------------|------------------|-------------------------------------|
| <b>Supply of alcohol</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8) | On the premises  | <input type="checkbox"/>            |
|                                                                                     |       |        |                                                                                                  | Off the premises | <input checked="" type="checkbox"/> |
|                                                                                     |       |        |                                                                                                  | Both             | <input type="checkbox"/>            |
| Day                                                                                 | Start | Finish | <b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)     |                  |                                     |
| Mon                                                                                 | 09:00 | 22:00  |                                                                                                  |                  |                                     |
| Tue                                                                                 | 09:00 | 22:00  |                                                                                                  |                  |                                     |
| Wed                                                                                 | 09:00 | 22:00  |                                                                                                  |                  |                                     |
| Thur                                                                                | 09:00 | 22:00  |                                                                                                  |                  |                                     |
| Fri                                                                                 | 09:00 | 22:00  |                                                                                                  |                  |                                     |
| Sat                                                                                 | 09:00 | 22:00  |                                                                                                  |                  |                                     |
| Sun                                                                                 | 09:00 | 22:00  |                                                                                                  |                  |                                     |
|                                                                                     |       |        |                                                                                                  |                  |                                     |
|                                                                                     |       |        |                                                                                                  |                  |                                     |

**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):**

|                                                       |            |
|-------------------------------------------------------|------------|
| Name Hardikkumar Patel                                |            |
| Date of birth [REDACTED]                              |            |
| Address<br><br>[REDACTED]<br>[REDACTED]<br>[REDACTED] |            |
| Postcode                                              | [REDACTED] |
| Personal licence number (if known)<br>[REDACTED]      |            |
| Issuing licensing authority (if known)<br>[REDACTED]  |            |



## K

**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).

N/A

## L

|                                                                                                         |       |        |                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Hours premises are open to the public</b><br>Standard days and timings (please read guidance note 7) |       |        | <b><u>State any seasonal variations</u></b> (please read guidance note 5)                                                                                                                            |
| Day                                                                                                     | Start | Finish |                                                                                                                                                                                                      |
| Mon                                                                                                     | 09:00 |        | <b><u>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</u></b> (please read guidance note 6) |
|                                                                                                         |       | 22:00  |                                                                                                                                                                                                      |
| Tue                                                                                                     | 09:00 |        |                                                                                                                                                                                                      |
|                                                                                                         |       | 22:00  |                                                                                                                                                                                                      |
| Wed                                                                                                     | 09:00 |        |                                                                                                                                                                                                      |
|                                                                                                         |       | 22:00  |                                                                                                                                                                                                      |
| Thur                                                                                                    | 09:00 |        |                                                                                                                                                                                                      |
|                                                                                                         |       | 22:00  |                                                                                                                                                                                                      |
| Fri                                                                                                     | 09:00 |        |                                                                                                                                                                                                      |
|                                                                                                         |       | 22:00  |                                                                                                                                                                                                      |
| Sat                                                                                                     | 09:00 |        |                                                                                                                                                                                                      |
|                                                                                                         |       | 22:00  |                                                                                                                                                                                                      |
| Sun                                                                                                     | 09:00 |        |                                                                                                                                                                                                      |
|                                                                                                         |       | 22:00  |                                                                                                                                                                                                      |

## M

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 premises is situated within Croydon's Cumulative Impact Area 2 and that the Cumulative Impact Assessment applies to new applications by shops and supermarkets seeking authority to sell alcohol for consumption off the premises.

The applicant respectfully submits that the particular nature and proposed operation of these premises is unlikely to add significantly to the existing cumulative impact within the area. The premises is an established specialist Indian and Asian supermarket whose principal business is the retail sale of specialist groceries and food products.

The application is not intended to introduce a general off-licence or mainstream convenience-store alcohol offering. Alcohol will remain a small, secondary and ancillary part of the overall business. The alcohol range will be limited to specialist Indian, South Asian and wider Asian products, the alcohol display will be restricted to no more than 15% of the customer retail floor area, and the premises will not stock a general range of mainstream mass-market alcohol products.

The applicant has also proposed comprehensive controls relating to CCTV, staff training, Challenge 25, the operation of the EPOS system, online sales, alcohol deliveries, refusals, product types and the prevention of street drinking. When considered cumulatively, these measures distinguish the premises from a conventional off-licence and demonstrate that the application is unlikely to add significantly to the problems underlying the Cumulative Impact Assessment.

All staff shall be suitably trained for their job function for the premises. The training shall be written into a programme ongoing and under constant review and shall be made available to a relevant responsible authority when called upon.

No member of staff should be permitted to sell alcohol until such time as they have successfully completed this training.

The training will cover the topics below:

- Sale of alcohol to persons under 18 (penalties)
- Age verification policies and acceptable forms of identification
- Proxy sales of alcohol to children
- Signs of drunkenness and intoxication
- Recording refusals
- The Licensing Objectives

### **b) The prevention of crime and disorder**

The premises shall operate primarily as a specialist Indian and Asian supermarket. The sale of alcohol shall remain ancillary to the sale of specialist Indian and Asian groceries and other non-alcoholic products.

The alcohol offered for sale shall be limited to specialist products originating from, associated with, or ordinarily marketed for consumption alongside Indian, South Asian or wider Asian cuisine.

The premises shall not offer for sale a general range of mainstream mass-market beers, lagers, ciders, wines or spirits of the type commonly stocked by conventional off-licences or convenience stores.

Alcohol shall only be displayed within the area identified for that purpose on the approved premises plan. No alcohol shall be displayed elsewhere within the premises.

The alcohol display area shall not exceed 15% of the customer retail floor area.

All sales of alcohol shall be made through a staffed checkout. Alcohol shall not be sold through a self-service checkout.

A CCTV system shall be installed to cover all entry and exit points enabling frontal identification of every person entering in any light condition.

The CCTV system shall continually record and cover areas where alcohol is kept for selection and purchase by the public, whilst the premises is open for licensable activities. It shall operate during all times when customers remain on the premises.

All recordings shall be stored for a minimum period of 31 days and shall be made available upon the request of Police or an authorised officer of the council throughout the preceding 31-day period.

A staff member from the premises 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. This staff member must be able to show a Police or authorised council officer recent data or footage with the minimum of delay when requested.

CCTV shall be downloaded on request of the Police or authorised officer of the council. Appropriate signage advising customers of CCTV being in operation, shall be prominently displayed in the premises.

A documented check of the CCTV shall be completed monthly to ensure all cameras remain operational and the 31 days storage for recordings is being maintained.

A premises daily register shall be kept at the premises. This register shall be maintained and kept for a rolling period of 12 months. The register shall record all incidents which may have occurred which are relevant to the supply of alcohol and the promotion of the licensing objectives. Such incidents shall include, but not be limited to, complaints made to the premises alleging nuisance or anti-social behaviour by persons attending or leaving the premises and all refusals to sell alcohol. The register shall be readily available for inspection by an authorised person upon reasonable request.

All drinks promotions shall be risk-assessed to ensure the promotion is not irresponsible. Each risk-assessment shall consider the nature of the premises, the nature of the promotion including the size and duration of any discount and the type of customer potentially attracted by the promotion.

There shall be no self-service of spirits on the premises.

No alcohol shall be opened or consumed on the premises or immediately outside the premises.

No beer, lager, cider or perry exceeding 6.5% ABV shall be sold, other than premium or specialist products which have been agreed in writing with the Licensing Authority.

A current list of all alcoholic products offered for sale at the premises or through its website shall be maintained at the premises and made available to the Police or Licensing Authority

upon request. The alcohol range shall remain limited to specialist Indian, South Asian and wider Asian products which complement the premises' principal grocery offering.

### **c) Public safety**

All exit routes and public areas shall be kept unobstructed, shall have non-slippery and even surfaces, shall be free of trip hazards and shall be clearly signed.

All exit doors shall be available and easily openable without the use of a key, card, code or similar means.

Regular checks and maintenance shall be carried out on all equipment, electrical installations, emergency lighting and fire alarms and equipment to ensure their continued safe operation. A written record of these checks shall be kept and made available to an authorised officer of the licensing authority.

Any defect affecting the safe operation of emergency lighting, fire-detection equipment or exit doors shall be remedied as soon as reasonably practicable.

The premises licence holder shall ensure that a suitable fire risk assessment and emergency plan is in place at all times.

A fire risk assessment shall be completed and reviewed regularly. The assessment shall be readily available for inspection by an authorised person upon reasonable request.

An adequate and appropriate supply of first aid equipment and materials shall be available on the premises.

### **d) The prevention of public nuisance**

Signage shall be prominently displayed in the premises requesting that customers take home any alcohol they have purchased to consume it rather than consume it in the street.

The premises' frontage shall be regularly monitored to keep it clean and clear of litter.

No accumulation of combustible rubbish, dirt, surplus material or stored goods shall be permitted to remain in any part of the premises except in an appropriate place and of such quantities so as not to cause a nuisance, obstruction or other safety hazard.

Arrangements shall be put in place to ensure that waste collection contractors do not collect refuse between 19:00 and 07:00.

Alcohol shall not be sold in an open container or open drinking vessel.

Alcohol shall not be delivered to any person who appears to be intoxicated. Any refused delivery shall be recorded and the alcohol returned to the premises.

A Challenge 25 policy shall apply to every delivery containing alcohol, whether the delivery is made by the premises licence holder, an employee or a third-party delivery provider. Where the person accepting the delivery appears to be under 25 years of age, the alcohol shall not be handed over unless acceptable photographic identification is produced confirming that the person is aged 18 years or over.

Where a third-party delivery provider is used, the premises licence holder shall ensure that the provider is given written instructions requiring compliance with the premises' Challenge 25 policy, refusal procedures and the prohibition against leaving alcohol unattended.

Alcohol shall only be delivered to a bona fide residential or business address provided when the order is placed. Alcohol shall not be delivered to a person in a street, park, car park, public open space or other public place.

Alcohol shall not be left unattended, left in a safe place, placed through a letterbox or left with a neighbouring property. The alcohol must be handed directly to an adult at the delivery address.

Where acceptable proof of age cannot be produced when required, or where the delivery driver has reason to believe that the alcohol has been purchased on behalf of a person under 18 years of age, the alcohol shall be withheld and returned to the premises.

No online order containing alcohol shall be accepted or processed outside the hours authorised by the premises licence for the sale of alcohol.

Alcohol supplied through online orders shall be delivered in sealed containers and shall form part of the specialist Indian and Asian alcohol range offered by the premises.

#### **e) The protection of children from harm**

The Licensee to adopt a "Challenge 25" policy where all customers who appear to be under the age of 25 and attempt to purchase alcohol or other age-restricted products are asked for proof of their age. The Licensee to prominently display notices advising customers of the "Challenge 25" policy. The following proofs of age are the only ones to be accepted:

- proof of age card bearing the PASS hologram logo;
- passport; or
- UK photo driving licence.
- A Military ID Card

Notices advertising that the premises operates a "Challenge 25" scheme shall be displayed in a clear and prominent position at the premises entrance.

All occasions when persons have been refused service shall be recorded in the premises daily register.

The register will contain details of time and date, description of the attempting purchaser, description of the age restricted products they attempted to purchase, reason why the sale was refused and the name/signature of the salesperson refusing the sale.

The Refusals book to be examined on a regular basis by the DPS and date and time of each examination to be endorsed in the book. The Refusals Book will be made available on request to a Licensing Officer, Trading Standards or the Police.

Documented delegation of authorisations to sell alcohol shall be maintained at the premises and shall be available on request by the Police or an authorised officer of the Licensing Authority.

A prominent clear notice shall be displayed at the point of entry to the premises advising customers that they may be asked to produce evidence of their age if seeking to purchase alcohol.

The premises' EPOS system shall be configured to automatically identify all alcohol products at the point of sale and prompt the member of staff completing the transaction to confirm that the purchaser is aged 18 years or over. Where the purchaser appears to be under 25 years of age, the sale shall not be completed unless acceptable photographic identification has been produced in accordance with the premises' Challenge 25 policy.

All online orders containing alcohol shall be processed through an age-restricted sales system which requires the customer to confirm that they are aged 18 years or over before the order can be completed.

The online ordering system shall clearly display the following statement, or wording to the same effect:

"It is an offence for a person under the age of 18 to purchase or attempt to purchase alcohol. Alcohol will only be delivered to a person aged 18 years or over and proof of age may be required."

All deliveries will be made by a reputable courier who has a relevant age verification process or the premises Licence holder, or a direct employee of the Premises Licence holder.

**Checklist:**

**Please tick to indicate agreement**

- I have made or enclosed payment of the fee. ☒
- I have enclosed the plan of the premises. ☒
- I have sent copies of this application and the plan to responsible authorities and others where applicable. ☐
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. ☒
- I understand that 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 a 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 or my share code issued by the Home Office online right to work checking service (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.**

**Part 4 – Signatures** (please read guidance note 11)

**Signature of applicant or applicant’s solicitor or other duly authorised agent** (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Declaration</b> | <ul style="list-style-type: none"> <li>[Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] 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).</li> <li>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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)</li> </ul> |
| Signature          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Date               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Capacity           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant’s solicitor or other authorised agent** (please read guidance note 13). **If signing on behalf of the applicant, please state in what capacity.**

|           |  |
|-----------|--|
| Signature |  |
| Date      |  |
| Capacity  |  |

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)

██████████  
██████████  
██████████

Post town

██████████

Postcode

██████████

Telephone number (if any)

██████████

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

████████████████████

## Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. In terms of specific regulated entertainments please note that:
  - Plays: no licence is required for performances between 08:00 and 23.00 on any day, provided that the audience does not exceed 500.
  - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
  - Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.
  - Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000. Combined fighting sports – defined as a contest, exhibition or display which combines boxing or wrestling with one or more martial arts – are licensable as a boxing or wrestling entertainment rather than an indoor sporting event.



- Live music: no licence permission is required for:
    - a performance of unamplified live music between 08.00 and 23.00 on any day, on any premises.
    - a performance of amplified live music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.
    - a performance of amplified live music between 08.00 and 23.00 on any day, in a workplace that is not licensed to sell alcohol on those premises, provided that the audience does not exceed 500.
    - a performance of amplified live music between 08.00 and 23.00 on any day, in a church hall, village hall, community hall, or other similar community premises, that is not licensed by a premises licence to sell alcohol, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance from a person who is responsible for the premises.
    - a performance of amplified live music between 08.00 and 23.00 on any day, at the non-residential premises of (i) a local authority, or (ii) a school, or (iii) a hospital, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance on the relevant premises from: (i) the local authority concerned, or (ii) the school or (iii) the health care provider for the hospital.
  - Recorded Music: no licence permission is required for:
    - any playing of recorded music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.
    - any playing of recorded music between 08.00 and 23.00 on any day, in a church hall, village hall, community hall, or other similar community premises, that is not licensed by a premises licence to sell alcohol, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance from a person who is responsible for the premises.
    - any playing of recorded music between 08.00 and 23.00 on any day, at the non-residential premises of (i) a local authority, or (ii) a school, or (iii) a hospital, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance on the relevant premises from: (i) the local authority concerned, or (ii) the school proprietor or (iii) the health care provider for the hospital.
  - Dance: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 500. However, a performance which amounts to adult entertainment remains licensable.
  - Cross activity exemptions: no licence is required between 08.00 and 23.00 on any day, with no limit on audience size for:
    - any entertainment taking place on the premises of the local authority where the entertainment is provided by or on behalf of the local authority;
    - any entertainment taking place on the hospital premises of the health care provider where the entertainment is provided by or on behalf of the health care provider;
    - any entertainment taking place on the premises of the school where the entertainment is provided by or on behalf of the school proprietor; and
    - any entertainment (excluding films and a boxing or wrestling entertainment) taking place at a travelling circus, provided that (a) it takes place within a moveable structure that accommodates the audience, and (b) that the travelling circus has not been located on the same site for more than 28 consecutive days.
3. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).

4. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
5. For example (but not exclusively), where the activity will occur on additional days during the summer months.
6. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
7. Please give timings in 24 hour clock (e.g. 16.00) and only give details for the days of the week when you intend the premises to be used for the activity.
8. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
9. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
10. Please list here steps you will take to promote all four licensing objectives together.
11. The application form must be signed.
12. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
13. Where there is more than one applicant, each of the applicants or their respective agent must sign the application form.
14. This is the address which we shall use to correspond with you about this application.

**15. Entitlement to work/immigration status for individual applicants and applications from partnerships which are not limited liability partnerships:**

A licence may not be held by an individual or an individual in a partnership who is resident in the UK who:

- does not have the right to live and work in the UK; or
- is subject to a condition preventing him or her from doing work relating to the carrying on of a licensable activity.

Any premises licence issued in respect of an application made on or after 6 April 2017 will become invalid if the holder ceases to be entitled to work in the UK.

Applicants must demonstrate that they have an entitlement to work in the UK and are not subject to a condition preventing them from doing work relating to the carrying on of a licensable activity. They do this in one of two ways: 1) by providing with this application copies or scanned copies of the documents listed below (which do not need to be certified), or 2) by providing their 'share code' to enable the licensing authority to carry out a check using the Home Office online right to work checking service (see below).

**Documents which demonstrate entitlement to work in the UK**

- An expired or current passport showing the holder, or a person named in the passport as the child of the holder, is a British citizen or a citizen of the UK and Colonies having the right of abode in the UK [please see note below about which sections of the passport to copy].
- An expired or current passport or national identity card showing the holder, or a person named in the passport as the child of the holder, is a national of a European Economic Area country or Switzerland.

- A Registration Certificate or document certifying permanent residence issued by the Home Office to a national of a European Economic Area country or Switzerland.
- A Permanent Residence Card issued by the Home Office to the family member of a national of a European Economic Area country or Switzerland.
- A **current** Biometric Immigration Document (Biometric Residence Permit) issued by the Home Office to the holder indicating that the person named is allowed to stay indefinitely in the UK, or has no time limit on their stay in the UK.
- A **current** passport endorsed to show that the holder is exempt from immigration control, is allowed to stay indefinitely in the UK, has the right of abode in the UK, or has no time limit on their stay in the UK.
- A **current** Immigration Status Document issued by the Home Office to the holder with an endorsement indicating that the named person is allowed to stay indefinitely in the UK or has no time limit on their stay in the UK, **when produced in combination with** an official document giving the person's permanent National Insurance number and their name issued by a Government agency or a previous employer.
- A birth or adoption certificate issued in the UK, **when produced in combination with** an official document giving the person's permanent National Insurance number and their name issued by a Government agency or a previous employer.
- A birth or adoption certificate issued in the Channel Islands, the Isle of Man or Ireland **when produced in combination with** an official document giving the person's permanent National Insurance number and their name issued by a Government agency or a previous employer.
- A certificate of registration or naturalisation as a British citizen, **when produced in combination with** an official document giving the person's permanent National Insurance number and their name issued by a Government agency or a previous employer.
- A **current** passport endorsed to show that the holder is allowed to stay in the UK and is currently allowed to work and is not subject to a condition preventing the holder from doing work relating to the carrying on of a licensable activity.
- A **current** Biometric Immigration Document (Biometric Residence Permit) issued by the Home Office to the holder which indicates that the named person can currently stay in the UK and is allowed to work relation to the carrying on of a licensable activity.
- A **current** Residence Card issued by the Home Office to a person who is not a national of a European Economic Area state or Switzerland but who is a family member of such a national or who has derivative rights or residence.
- A **current** Immigration Status Document containing a photograph issued by the Home Office to the holder with an endorsement indicating that the named person may

stay in the UK, and is allowed to work and is not subject to a condition preventing the holder from doing work relating to the carrying on of a licensable activity **when produced in combination with** an official document giving the person's permanent National Insurance number and their name issued by a Government agency or a previous employer.

- A Certificate of Application, **less than 6 months old**, issued by the Home Office under regulation 18(3) or 20(2) of the Immigration (European Economic Area) Regulations 2016, to a person who is not a national of a European Economic Area state or Switzerland but who is a family member of such a national or who has derivative rights of residence.
- Reasonable evidence that the person has an outstanding application to vary their permission to be in the UK with the Home Office such as the Home Office acknowledgement letter or proof of postage evidence, or reasonable evidence that the person has an appeal or administrative review pending on an immigration decision, such as an appeal or administrative review reference number.
- Reasonable evidence that a person who is not a national of a European Economic Area state or Switzerland but who is a family member of such a national or who has derivative rights of residence in exercising treaty rights in the UK including:
  - evidence of the applicant's own identity – such as a passport,
  - evidence of their relationship with the European Economic Area family member – e.g. a marriage certificate, civil partnership certificate or birth certificate, and
  - evidence that the European Economic Area national has a right of permanent residence in the UK or is one of the following if they have been in the UK for more than 3 months:
    - (i) working e.g. employment contract, wage slips, letter from the employer,
    - (ii) self-employed e.g. contracts, invoices, or audited accounts with a bank,
    - (iii) studying e.g. letter from the school, college or university and evidence of sufficient funds; or
    - (iv) self-sufficient e.g. bank statements.

Family members of European Economic Area nationals who are studying or financially independent must also provide evidence that the European Economic Area national and any family members hold comprehensive sickness insurance in the UK. This can include a private medical insurance policy, an EHIC card or an S1, S2 or S3 form.

**Original documents must not be sent to licensing authorities.** If the document copied is a passport, a copy of the following pages should be provided:

- (i) any page containing the holder's personal details including nationality;
- (ii) any page containing the holder's photograph;
- (iii) any page containing the holder's signature;
- (iv) any page containing the date of expiry; and
- (v) any page containing information indicating the holder has permission to enter or remain in the UK and is permitted to work.

If the document is not a passport, a copy of the whole document should be provided.

Your right to work will be checked as part of your licensing application and this could involve us checking your immigration status with the Home Office. We may otherwise share information with the Home Office. Your licence application will not be determined until you have complied with this guidance.

### **Home Office online right to work checking service**

As an alternative to providing a copy of the documents listed above, applicants may demonstrate their right to work by allowing the licensing authority to carry out a check with the Home Office online right to work checking service.

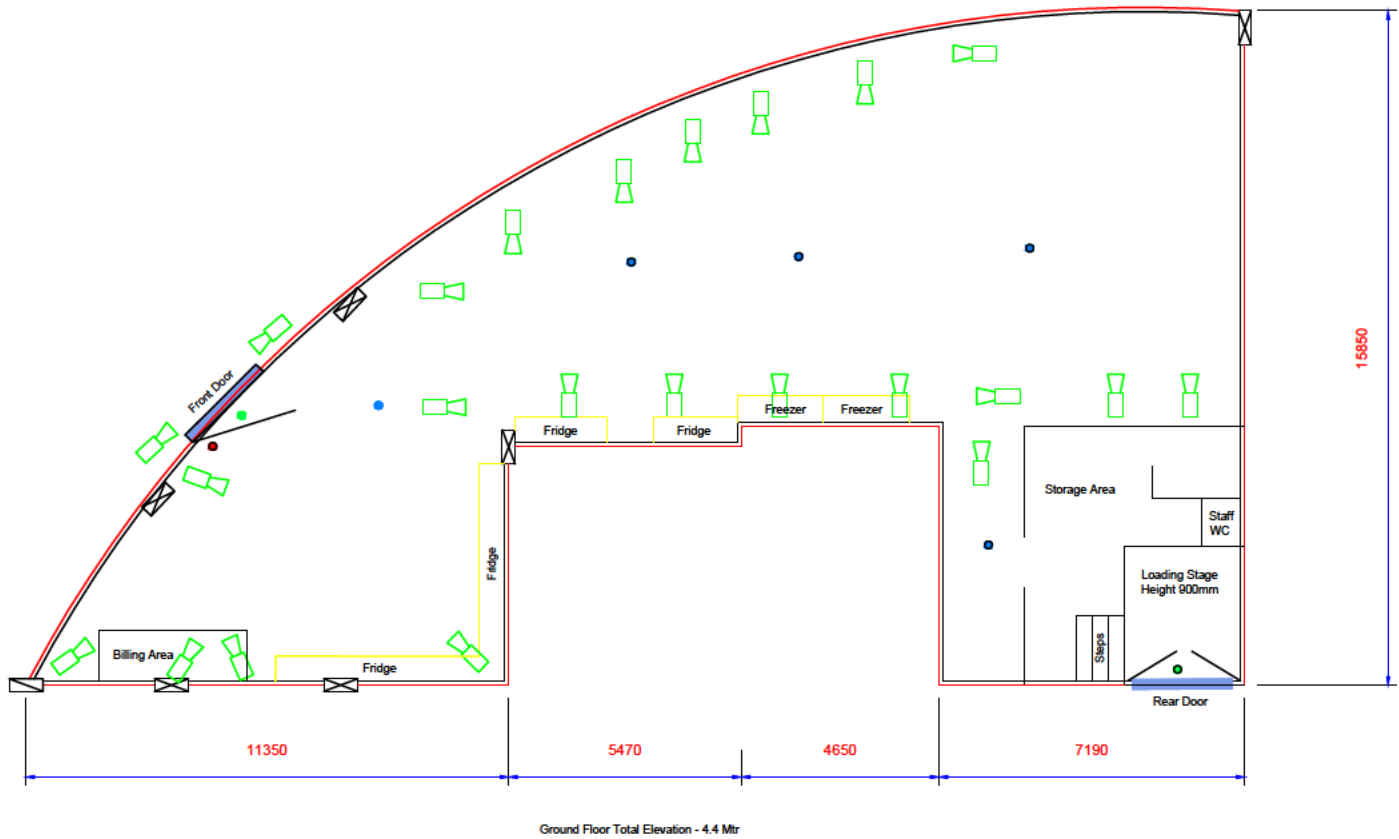
To demonstrate their right to work via the Home Office online right to work checking service, applicants should include in this application their 9-digit share code (provided to them upon accessing the service at <https://www.gov.uk/prove-right-to-work>) which, along with the applicant's date of birth (provided within this application), will allow the licensing authority to carry out the check.

In order to establish the applicant's right to work, the check will need to indicate that the applicant is allowed to work in the United Kingdom and is not subject to a condition preventing them from doing work relating to the carrying on of a licensable activity.

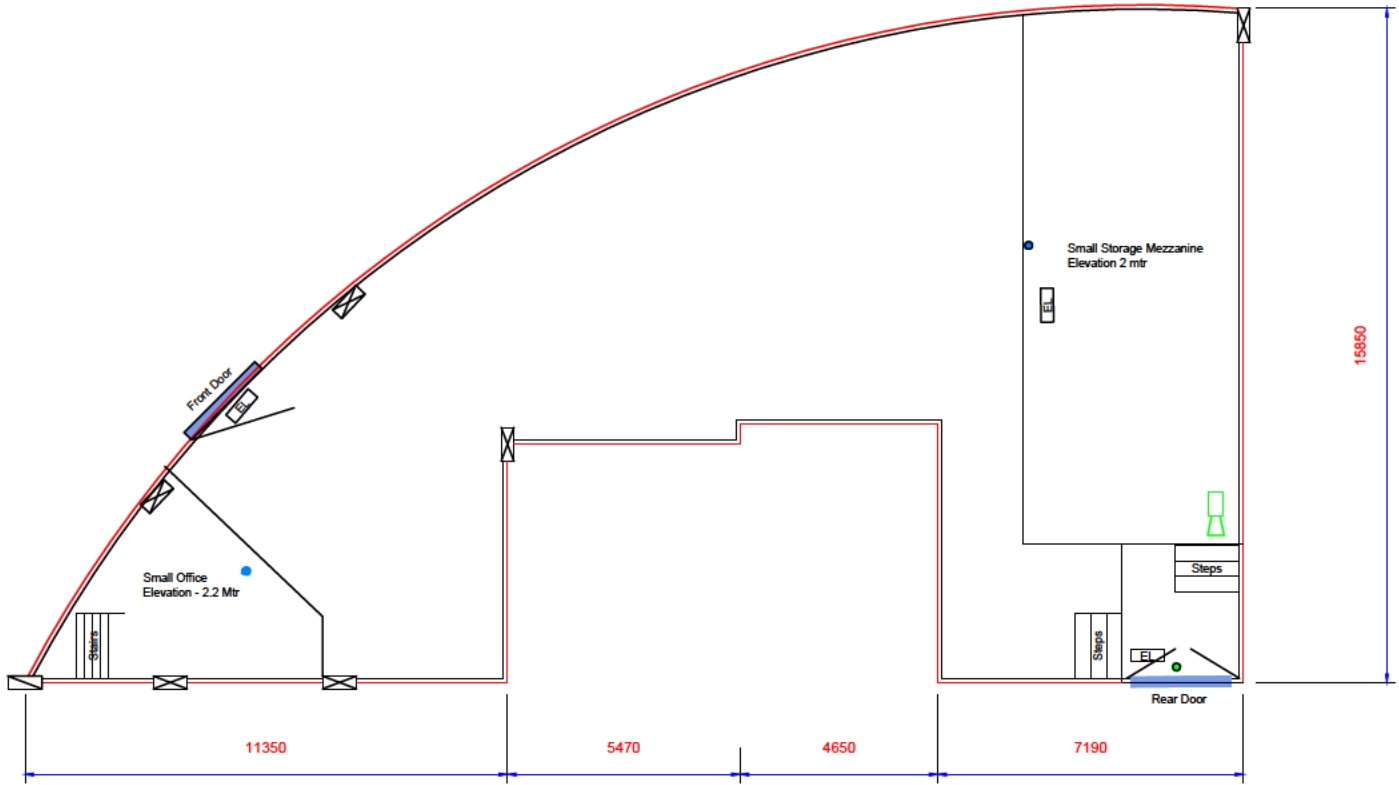
An online check will not be possible in all circumstances because not all applicants will have an immigration status that can be checked online. The Home Office online right to work checking service sets out what information and/or documentation applicants will need in order to access the service. Applicants who are unable to obtain a share code from the service should submit copy documents as set out above.

Swaad India, 378 London Road, Croydon, London, CR0 2FU

Ground Floor



Storage Mezzanine & Office at Ground Floor



Business Address : 378, London Road, CR02FU, Croydon

- Smoke Detector
- Fire Extinguisher
- Fire Exit Sign
- CCTV Camera
- Building Column
- Emergency Lighting