APPLICATION FOR A PREMISES LICENCE TO BE GRANTED UNDER THE LICENSING ACT 2003

If you wish to make representations in relation to this application, please do so in writing by midnight on the 18.10.2026 to the following address:

London Borough of Croydon
Streets and Environmental Department, Licensing Team,
3rd Floor, Zone B
Bernard Weatherill House
8 Mint Walk
Croydon, CR0 1EA

Or by email to: licensing@croydon.gov.uk

It is an offence to knowingly or recklessly make a false statement in connection with an application. The maximum fine on summary conviction for such an offence is unlimited.

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

Croydon Council
Croydon

E: licensing@croydon.gov.uk

Ref: DSFX1789931334574

New Premises Licence

Premises Details

Business/Premises Name *	Punta Cana Bar & Restaurant
Premises Address *	125 BEULAH ROAD THORNTON HEATH CR7 8JJ
Telephone number at premises (if any)	
Non-domestic value of premises. *	£ 7100

Applicant Details

I/We apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003.

Please state whether you are applying for a premises licence as:	an individual or individuals

Applicant Details

If you are applying as a person described in one of the above please confirm: *	I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

Individual Applicant

Title *	Ms
First name *	DOMINGA ESTHER
Surname *	RAMIREZ BELTRE
Current residential address *	

Individual Applicant

Address line 2	
Address line 3	
Town/City *	
County	
Postcode *	
Date of Birth *	

✓ I am 18 years old or over

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

Operating Schedule

When do you want the premises licence to start? *	19/10/2026
If you wish the licence to be valid only for a limited period, when do you want it to end?	
Please give a general description of the premises. *	DOMINICAN FAMILY RESTAURANT NEW BUSINESS
If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.	

Operating Schedule

Operating Schedule

What licensable activities do you intend to carry on from the premises? * (Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

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

- [ ] a) Plays
- [ ] b) Films
- [ ] c) Indoor Sporting Events
- [ ] d) Boxing or Wrestling
- [ ] e) Live Music
- [x] f) Recorded Music
- [ ] g) Performances of Dance
- [ ] h) Anything of a similar description falling under Music or Dance
- [x] i) Provision of Late Night Refreshment
- [x] j) Supply of Alcohol

f) Recorded Music Standard Times

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

Day *	Every Day
	23:00
	00:00

f) Recorded Music

Will the playing of recorded music take place indoors or outdoors or both? (please read guidance note 3) *	Indoors
Please provide further details.(please read guidance note 4)	NON AMPLIFIED RECORDED MUSIC
State any seasonal variations for the playing of recorded music. (please read guidance note 5)	Christmas Eve from 23:00 till start of permitted hours next day New Years Eve from 23:00 till start of permitted hours next day
Please state any non-standard timings, where you intend to use the premises for the performance of recorded music at different times from the Standard days and times listed? (please read guidance note 6)	

i) Provision of Late Night Refreshment Standard Times

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

Day *	Every Day
	23:00
	00:00

i) Provision of Late Night Refreshment

Will the provision of late night refreshment take place indoors or outdoors or both? (please read guidance note 3) *	Indoors
Please provide further details.(please read guidance note 4)	none
State any seasonal variations for the provision of late night refreshment.(please read guidance note 5)	Christmas Eve from 23:00 till start of permitted hours next day New Years Eve from 23:00 till start of permitted hours next day
Please state any non-standard timings, where you intend to use the premises for late night refreshmentat different times from the Standard days and times listed?(please read guidance note 6)	

j) Supply of Alcohol Standard Times

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

j) Supply of Alcohol Standard Times

Day *	Every Day
	10:00
	00:00

j) Supply of Alcohol

Will the supply of alcohol be for consumption on premises or off premises or both? (please read guidance note 8) *	On Premises
Is the premises used exclusively or primarily for supply of alcohol for consumption on the premises? *	No
State any seasonal variations for the supply of alcohol. (please read guidance note 5)	Christmas Eve from 10:00 till start of permitted hours next day New Years Eve from 10:00 till start of permitted hours next day
Please state any non-standard timings, where you intend to use the premises for the supply of alcoholat different times from the Standard days and times listed?(please read guidance note 6)	

Designated Premises Supervisor

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form)

Title *	Ms
First name *	DOMINGA ESTHER
Surname *	RAMIREZ BELTRE
Street address *	
Town/City *	
County	
Postcode *	

Designated Premises Supervisor

Date of Birth *	
Personal Licence Number (if known)	
Issuing Licensing Authority (if known)	

Adult Entertainment

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 9). *	N/A

Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *	Every Day
	10:00
	00:00

Opening Hours

State any seasonal variations. (please read guidance note 5)	Christmas Eve from 10:00 till start of permitted hours next day New Years Eve from 10:00 till start of permitted hours next day
Please state any Non-standard timings, where you intend the premises to be open to the public at different times from the Standard days and times listed? (please read guidance note 6)	

Licensing Objectives

Describe the steps you intend to take to promote the four licensing objectives:

a) General - all four licensing objectives (b, c, d and e) (please read guidance note 10)	The Premises Licence Holder and the DPS will provide on-board training regarding the 4 licence objectives for

Licensing Objectives

	ALL STAFF from the start of their employment and training records will be kept for easy reference and periodic review.
b) The prevention of crime and disorder *	CCTV installed in accordance with usual police recommendations and standards in regard to quality and retrieval capability and 31 days retention. No open vessels permitted outside of the premises. The Right of Refusal of Service enforced whenever necessary and a Challenge 25 Policy and Written Dispersal Policy will be strictly observed.
c) Public safety *	FIRE SAFETY MEASURES and Equipment installed on the premises to be regularly maintained and the premises kept in safe physical condition at all times. Current Electrical Installation Certificate is available for inspection.
d) The prevention of public nuisance *	The PREMISES LICENCE HOLDER and DPS aim to maintain good neighbourly relations with all business and residential neighbours. A Dispersal Policy will be posted for the information of patrons requesting orderly entrance during the business hours and orderly dispersal at closing.
e) The protection of children from harm *	The venue welcomes children in the care of parents or responsible adults. Age Restriction Notices will be posted for the guidance of all patrons.

Declarations

Declaration Type *	Sole Applicant - Individual or Other

Declarations

I have uploaded a copy of the plan of the premises. I have uploaded a copy of the consent form completed by the individual I wish to be designated premises supervisor, if applicable. I understand I must now advertise my application. I understand that if I do not comply with the above requirements my application will be rejected. Applicable to all individual applicants, including those in partnership which is not a limited liability partnership, but not companies or limited liability partnerships I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15)

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT' 'IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Signature/Declaration of applicant or applicant's solicitor or other duly authorised agent (see Guidance Note 11 & 12). If signing/applying on behalf of the applicant, please state your name and in what capacity you are authorised to sign/apply. When submitting an on-line application form the 'Declaration made' checkbox must be selected.

Declarations

✓ I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).

✓ The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15).

Full Name *	Dominga Esther Ramirez Beltre
Date *	20/09/2026
Capacity *	Applicant

✓ Declaration made

Do you wish to provide alternative correspondence details? *	Yes

Alternative Correspondence

Please provide Contact Name and postal address for correspondence associated with this application.

Title	
First name	
Surname	
Street address *	
Address line 2	
Address line 3	
Town/City *	
County	
Postcode *	

Alternative Correspondence

Telephone Number *	
Email *	

Email confirmation

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

Forename	
Surname /Company Name	
Email *	
Telephone	