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

If you wish to make any representations in relation to this application, please do so in writing before midnight on Wednesday 2nd December 2026 to the following address:

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

Or By Email to: licensing@croydon.gov.uk

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

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

Croydon Council
Croydon
T: 02087605466
E: licensing@croydon.gov.uk

Ref: DSFX1793809167864

New Premises Licence

Premises Details

Business/Premises Name *	LIMPSFIELD LOCAL
Premises Address *	THE CARD SHOP 330 LIMPSFIELD ROAD SOUTH CROYDON CR2 9BX
Telephone number at premises (if any)	
Non-domestic value of premises. *	£ 13250

Applicant Details

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

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

Applicant Details

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

Individual Applicant

Title *	Mr
First name *	KOPALAPILLAI
Surname *	KOKILARUBAN
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? *	10/12/2026
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. *	The premises were previously occupied by a card shop and have remained closed for some time. The applicant has now taken over the premises and intends to make a considerable investment in renovating and completely refitting the property to create a distinctive, modern and well-presented convenience store. The applicant is an experienced licensed retailer who has successfully operated a retail business locally and has a good understanding of the area, its customers and the needs of the community. The proposed store will offer a wide choice of everyday essentials, groceries, household products and convenient services to local residents, shoppers and people passing

Operating Schedule

through the area. The reopening of these premises presents an excellent opportunity to bring a previously vacant retail unit back into productive use, contributing positively to the vitality and appearance of the shopping parade. Rather than remaining closed and inactive, the premises will become an attractive, well-managed retail business, encouraging footfall, improving the overall retail environment and providing a valuable service to the local community. The applicant is committed to operating the business responsibly, maintaining high standards of management and ensuring that all licensable activities are carried out in accordance with the licensing objectives.

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

Operating Schedule

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

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

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

Operating Schedule

✓ j) Supply of Alcohol

j) Supply of Alcohol Standard Times

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

Day * Monday to Thursday

06:00

23:30

j) Supply of Alcohol Standard Times

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

Day * Friday to Saturday

06:00

00:00

j) Supply of Alcohol Standard Times

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

Day * Sunday

06:00

23:30

j) Supply of Alcohol

j) Supply of Alcohol

Will the supply of alcohol be for consumption on premises or off premises or both? (please read guidance note 8) *	Off Premises
Is the premises used exclusively or primarily for supply of alcohol for consumption on the premises? *	No
State any seasonal variations for the supply of alcohol. (please read guidance note 5)	
Please state any non-standard timings, where you intend to use the premises for the supply of 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 *	Mr
First name *	KOPALAPILLAI
Surname *	KOKILARUBAN
Street address *	
Town/City *	
County	
Postcode *	
Date of Birth *	
Personal Licence Number (if known)	
Issuing Licensing Authority (if known)	

Adult Entertainment

Adult Entertainment

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 9). *	NONE

Opening Hours Standard Times

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

Day *	Monday to Thursday
	06:00
	23:30

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 *	Friday to Saturday
	06:00
	00:00

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 *	Sunday
	06:00
	23:30

Licensing Objectives

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)	1. The Licensee shall ensure that each member of staff authorised to sell alcohol has received appropriate training on the law with regard to age-restricted products, proxy sales, and the licensable hours and conditions attached to the licence, including refresher training every six months, and that this is properly documented and training records kept. The training record (either written or electronic) shall be kept on the licensed premises and made available for inspection by the Licensing Officer, Trading Standards or the Police, on request. 2. The Licensee shall ensure that each member of staff authorised to sell alcohol is sufficiently capable and confident to confront and challenge under 25's attempting to purchase alcohol.
b) The prevention of crime and disorder *	3. CCTV will be provided in the form of a recordable system, capable of providing pictures of evidential quality in all lighting conditions 4. Cameras shall encompass all ingress and egress to the premises, fire exits and all areas where the sale and supply of alcohol occurs. 5. Equipment must be maintained in good working order, be correctly time and date stamped, recordings MUST be kept on the hard drive and kept for a period of 31 days and handed to Police upon request. 6. The premises licence holder must ensure at all times a DPS or appointed member of staff is capable and competent at downloading CCTV footage in a recordable format to the Police and Local Authority upon request. 7. An Incident log shall be kept at the premises, and made available on request to a police officer, police licensing officer or council authorised licensing officer. It must be completed within 24 hours of the incident and will record the following: 8. An incident record shall be kept at the premises (either electronically or in writing) in which details of crime and/ or disorder relating to the premises shall be recorded. The incident record shall be retained for a period of 12 months from date of completion and contain the following details: a) Time, date and location of incident b) Nature of the incident c) Names, addresses and contact details of persons involved if known or description if it is impractical to gain these details d) The result of the incident e) Action taken to prevent further such incidents and f) Each entry signed by the DPS or other responsible person employed at the premises and so authorised by the DPS.
c) Public safety *	9. The Licensee shall ensure that appropriate fire safety procedures are in place. 10. The Licensee shall ensure that all fire escapes/escape routes will be clearly marked and kept free from obstructions at all times.
d) The prevention of public nuisance *	11. Notices shall be prominently displayed at all exits requesting customers to respect the needs of local residents and leave the area quietly.
e) The protection of children from harm *	12. Prominently advertise the scheme in your premises so that customers are aware, display proof of age signs at the point of sale. 13. Keep a refusals book on the premises and ensure it is completed whenever a sale is refused to

Licensing Objectives

under the age of 18 years. 14. The details should contain date, time of the incident, a description of the customer, the name of the staff member who refused the sale and the reason the sale was refused. 15. The book should be made available to police and authorised council officer on request. 16. A ‘challenge 25’ scheme serves as a reminder to staff of the need to be vigilant in preventing underage sales and to customers that it is against the law for anyone under 18 to purchase alcohol. 17. Only accept photographic driving licence, passports or PASS (proof of age standards scheme) cars approved as means of ID. If you accept other forms of ID such as EU national ID cards, these must bear a photograph, DOB, and holographic mark.

Declarations

Declaration Type *	Sole Applicant - Individual or Other

Declarations

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

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

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

✓	I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).
✓	The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15).

Full Name *	NIRA SURESH
Date *	04/11/2026

Declarations

Capacity *	Authorised Agent

✓ Declaration made

Do you wish to provide alternative correspondence details? *	Yes

Alternative Correspondence

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

Title	Mrs
First name	NIRA
Surname	SURESH
Street address *	
Address line 2	
Address line 3	
Town/City *	
County	
Postcode *	
Telephone Number *	
Email *	

Email confirmation

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

Forename	NIRA

Email confirmation

Surname /Company Name	SURESH
Email *	
Telephone	