

**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 12.06.2024 to the following address:

London Borough of Croydon  
Place Department, 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 make a false statement knowingly or recklessly in connection with an application. The maximum fine on summary conviction for such an offence is unlimited.

## New Premises Licence

### Premises Details

Premises Address \*

CENTRALE CAR PARK TAMWORTH ROAD CROYDON  
CROYDON CR0 1TY

Telephone number at premises (if any)

Non-domestic value of premises. \*

£ 0.00

### Applicant Details

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

Please state whether you are applying for a premises licence as:

a person other than an individual -as a limited company/  
limited liability partnership

### Applicant Details

If you are applying as a person described in one of the above please confirm: \*

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

### Other Applicant (Non Individual)

Name \*

WHITGIFT LIMITED PARTNERSHIP

Registered Address \*

4th Floor 1 Ariel Way

Town/City \*

London

County

**Other Applicant (Non Individual)**

Postcode \*

W12 7SL

Registered Number (where applicable)

LP015432

Description of applicant (for example partnership, company, unincorporated association, etc) \*

Limited partnership

Telephone Number

Email \*

**Other Applicant (Non Individual)**

Name \*

CROYDON LIMITED PARTNERSHIP

Registered Address \*

4th Floor 1 Ariel Way

Town/City \*

London

County

Postcode \*

W12 7SL

Registered Number (where applicable)

LP015372

Description of applicant (for example partnership, company, unincorporated association, etc) \*

Limited partnership

Telephone Number

Email \*

**Operating Schedule**

When do you want the premises licence to start? \*

12/06/2024

## Operating Schedule

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. \*

Pop up event space on car park level 3a

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 (please read guidance note 2) \*

Plays

Films

Indoor Sporting Events

Boxing or Wrestling

Live Music

Recorded Music

Performances of Dance

Anything of a similar description falling under Music or Dance

Provision of late night refreshment

Supply of Alcohol

## Film Standard Times

## Film Standard Times

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

Day \*

Every Day

11:30

22:00

## Films

Will the exhibition of films take place indoors or outdoors or both? (please read guidance note 3) \*

Both

Please provide further details. (please read guidance note 4)

State any seasonal variations for the exhibition of films. (please read guidance note 5)

Please state any non-standard timings, where you intend to use the premises for the exhibition of films at different times from the Standard days and times listed? (please read guidance note 6)

## Live Music Standard Times

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

Day \*

Every Day

11:30

22:00

## Live Music

Will the Performance of Live Music take place indoors or outdoors or both? (please read guidance note 3) \*

Both

Please provide further details. (please read guidance note 4)

State any seasonal variations for the Performance of Live Music. (please read guidance note 5)

## Live Music

Please state any non-standard timings, where you intend to use the premises for the performance of live music at different times from the Standard days and times listed? (please read guidance note 6)

## 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 \*




## Recorded Music

Will the playing of recorded music take place indoors or outdoors or both? (please read guidance note 3) \*

Please provide further details.(please read guidance note 4)

State any seasonal variations for the playing of recorded music. (please read guidance note 5)

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)

## 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 \*




## Supply of Alcohol

## Supply of Alcohol

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

On the premises

Is the premises used exclusively or primarily for supply of alcohol for consumption on the premises? \*

No

State any seasonal variations for the supply of alcohol. (please read guidance note 5)

Please state any non-standard timings, where you intend to use the premises for the supply of alcohol at different times from the Standard days and times listed? (please read guidance note 6)

## Designated Premises Supervisor

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

Title \*

Ms

First name \*

Laura

Surname \*

Waters

Street address \*

Town/City \*

County

Postcode \*

Personal Licence Number (if known)

Issuing Licensing Authority (if known)

## 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)

## Opening Hours Standard Times

Day \*

Every Day

11:30

22:00

## Licensing Objectives

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

a) General - all four licensing objectives (b, c, d and e) (please read guidance note 10) \*

Please refer to the attached schedule of conditions to ensure the promotion of all four licensing objectives.

b) The prevention of crime and disorder \*

Please see section a)

c) Public safety \*

Please see section a)

d) The prevention of public nuisance \*

Please see section a)

e) The protection of children from harm \*

Please see section a)

## Declarations

Declaration Type \*

Joint Applicant - Individuals or Others

## Joint Applicant Declaration

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.



**Application for Premises Licence**

**Centrale Car Park Level 3,  
Tamworth Road,  
Croydon,  
CR0 1TY**

**APPLICATION SUMMARY**

**Proposed Hours**

Sale of Alcohol ( on sales only)	Monday Sunday: 11:30 – 22:00
Regulated Entertainment including Films, Live & Recorded Music (indoors/outdoors) and entertainment of a like kind.	Monday Sunday: 11:30 – 22:00
Opening Hours	Monday Sunday: 11:30 – 22:00

**Applicant:** WHITGIFT LIMITED PARTNERSHIP & CROYDON LIMITED PARTNERSHIP

**Description:** Pop up event space

**Proposed DPS:** Laura Waters

**Proposed Conditions**

1.
  - (a) The premises shall install and maintain a comprehensive CCTV system as per the minimum requirements of the Croydon Police Licensing Team.
  - (b) All entry and exit points will be covered enabling frontal identification of every person entering in any light condition.
  - (c) The CCTV system shall continually record whilst the premises is open for licensable activities and during all times when customers remain on the premises and will include the external area immediately outside the premises entrance.
  - (d) All recordings shall be stored for a minimum period of 31 days with date and time stamping.
  - (e) Viewing of recordings shall be made available immediately upon the request of Police or authorised officer throughout the entire 31-day period.
2. 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 is open. This staff member must be able to provide a Police or authorised council officer copies of recent CCTV images or data with the absolute minimum of delay when requested.
3. A Challenge 21 or Challenge 25 proof of age scheme shall be operated at the premises where the only acceptable forms of identification are recognised photographic identification cards, such as a driving licence, passport or proof of age card with the PASS Hologram.
4. A record shall be kept detailing all refused sales of alcohol. The record should include the date and time of the refused sale and the name of the member of staff who refused the sale. The record shall be available for inspection at the premises by the police or an authorised officer of the Council at all times whilst the premises is open.

5. All drinking vessels used in the venue shall be made from a sustainable material other than glass. All drinks in glass bottles are to be decanted into a non-glass containers or non-glass carafes prior to being served.
6. The premises licence holder will carry out risk assessments as to whether SIA registered supervisors shall be required. The premises licence holder shall implement the recommendations of such risk assessments and copies of any such risk assessments shall be available for inspection by the Police.

Thomas & Thomas Partners LLP

## Joint Applicant Declaration

When submitting an on-line application form the 'Declaration made' checkbox must be selected. For joint applications of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity you are authorised to sign/apply. When submitting an online 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 \*

Thomas and Thomas Partners Llp

Date \*

14/05/2024

Capacity \*

Applicant's solicitor

Declaration made

For joint notifiers or second notifiers solicitor or other authorised agent (please read guidance note 3). If signing on behalf of the notifier please state in what capacity you are authorised to sign/apply. When submitting an online application form the 'Declaration made' checkbox must be selected. 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.

Full Name \*

Thomas and Thomas Partners Llp

Date \*

14/05/2024

Capacity \*

Applicant's solicitor

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.

## Alternative Correspondence

Title	<input type="text" value="Mrs"/>
First name	<input type="text" value="Angela"/>
Surname	<input type="text" value="Lynch"/>
Street address *	<input type="text" value="38a Monmouth Street"/> <input type="text"/> <input type="text"/>
Town/City *	<input type="text" value="London"/>
County	<input type="text"/>
Postcode *	<input type="text" value="WC2H 9EP"/>
Telephone Number	<input type="text"/>
Email *	<input type="text"/>

## Email confirmation

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

Forename	<input type="text" value="Angela"/>
Surname /Company Name	<input type="text" value="Lynch"/>
Email *	<input type="text"/>
Telephone	<input type="text"/>