# 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 by midnight on Tuesday 14<sup>th</sup> May 2024 to the following address:

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

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

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

## **New Premises Licence**

Premises Details		
Premises Address *	YOUR LOCAL 18 CENTRAL PARADE CROYDON CROYDON CR0 0JB	
Telephone number at premises (if any)		
Non-domestic value of premises. *	£ 18250	
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 *	VIJAY	
Surname *	KOMAR	
Street address *		

Individual Applicant	
Town/City *	
County	
Postcode *	
Date of Birth *	
✓ I am 18 years old or over	
Nationality *	
Daytime Contact Telephone Number *	
Email *	
Operating Schedule	
When do you want the premises licence to start? *	17/05/2024
If you wish the licence to be valid only for a limited period, when do you want it to end?	
Please give a general description of the premises. *	OFF LICENCE AND CONVENIENCE STORE
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	

Operating Schedule		
	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	
<b>✓</b>	Supply of Alcohol	
Supp	oly of Alcohol Standard Times	
Standa Please	ard days and timings, where you intend to use the premisenter times in 24hr format (HH:MM)	ses for the supply of alcohol. (please read guidance note 7)*
Day *		Every Day
		06:00
		23:00
Supply of Alcohol		
	e supply of alcohol be for consumption on premises or mises or both? (please read guidance note 8) *	Off the premises
	premises used exclusively or primarily for supply of I for consumption on the premises? *	No
	any seasonal variations for the supply of alcohol. e read guidance note 5)	NONE

Please state any non-standard timings, where you intend to use the premises for the supply of alcoholat different imes 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 *  VUJAY  Surname *  KOMAIR  Street address *  Town/City *  County  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).	oupply of Alcohol	
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 *  VIJAY  Sumame *  KOMAR  Street address *  County  Postcode *  Personal Licence Number (if known)  Issuing Licensing Authority (if known)  Adult Entertainment  Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of of the premises that may give rise to concern in respect of of the premises that may give rise to concern in respect of of the premises that may give rise to concern in respect of of the premises that may give rise to concern in respect of of the premises that may give rise to concern in respect of of the premises that may give rise to concern in respect of	to use the premises for the supply of alcoholat different times from the Standard days and times listed?(please read	NONE
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First name *  Surname *  KOMAR  Street address *  Town/City *  County  Postcode *  Personal Licence Number (if known)  Issuing Licensing Authority (if known)  Adult Entertainment  Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of		
Surname *  KOMAR  Street address *  Town/City *  County  Postcode *  Personal Licence Number (if known)  Issuing Licensing Authority (if known)  Adult Entertainment  Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of	Title *	Mr
Street address *  Town/City *  County  Postcode *  Personal Licence Number (if known)  Issuing Licensing Authority (if known)  Adult Entertainment  Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of	First name *	VIJAY
Town/City *  County  Postcode *  Personal Licence Number (if known)  Issuing Licensing Authority (if known)  Adult Entertainment  Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of	Surname *	KOMAR
County  Postcode *  Personal Licence Number (if known)  Issuing Licensing Authority (if known)  Adult Entertainment  Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of	Street address *	
County  Postcode *  Personal Licence Number (if known)  Issuing Licensing Authority (if known)  Adult Entertainment  Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of		
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activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of	Adult Entertainment	
	activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of	NONE

# Opening Hours Standard Times

Supply of Alcohol

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)

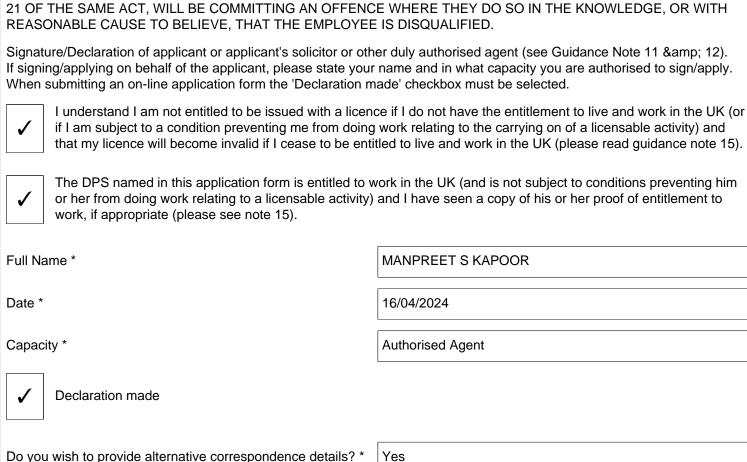
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Opening Hours Standard Times		
Day *	Every Day	
	06:00	
	23:00	
Opening Hours		
State any seasonal variations. (please read guidance note 5)	NONE	
Please state any Non-standard timings, where you intend the premises to be open to the public at different times from the Standard days and times listed? (please read guidance note 6)	NONE	
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) *	SEE ATTACHED OPERATING SCHEDULE	
b) The prevention of crime and disorder *	SEE ATTACHED OPERATING SCHEDULE	
c) Public safety *	SEE ATTACHED OPERATING SCHEDULE	
d) The prevention of public nuisance *	SEE ATTACHED OPERATING SCHEDULE	
e) The protection of children from harm *	SEE ATTACHED OPERATING SCHEDULE	
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)

#### **Declarations**

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.



Alternative Correspondence		
Please provide Contact Name and postal address for correspondence associated with this application.		
Title	Mr	
First name	MANPREET SINGH	
Surname	KAPOOR	
Street address *	PERSONAL LICENCE COURSES UK LTD	

Alternative Correspondence		
Town/City *		
County		
Postcode *		
Telephone Number		
Email *		
Email confirmation		
On submission an email confirmation will be sent using the details below		
Forename	MANPREET SINGH	
Surname /Company Name	KAPOOR	
Email *		
Telephone		

#### Go Local, 18 Central Parade, New Addington, CRO 0JB

#### **Operating Schedule:**

- a) General all four licensing objectives (b, c, d and e)
- 1. Challenge 25 policy to be in place at all times
- 2. CCTV to be installed and 31 days recoding system staff trained to download images when required
- 3. All staff to be trained in responsible alcohol retailing

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

- 1. CCTV shall be installed to Home Office Guidance standards and maintained in a good working condition and recordings shall be kept for 31 days and shall be made available to police and authorised Officers from the council.
- 2. The CCTV system shall be capable of obtaining clear facial recognition images and a clear head and shoulders image of every person entering or leaving the premises.
- 3. The CCTV system shall display on any recordings, the correct date and time of the recording.
- 4. A member of staff trained in the use of the CCTV system shall be available at the premise at all times that the premises are open to the public.
- 5. A CCTV camera shall be installed to cover the entrance of the premises and further cameras installed to cover the internal area and servery counter.
- 6. A suitable intruder alarm complete with panic button shall be fitted and maintained.
- 7. An incident log shall be kept at the premises, and made available for Inspection on request to an authorised officer of the council or the Police, which will record the following:
  - (a) all crimes reported to the venue
  - (b) all ejections of patrons
  - (c) any complaints received
  - (d) any incidents of disorder
  - (e) all seizures of drugs or offensive weapons
  - (f) any faults in the CCTV system
  - (g) any refusal of the sale of alcohol
  - (h) any visit by a relevant authority or emergency service.
- 8. Staff training must be documented and based on legislation and operating procedures. All training shall be signed and dated, and a copy of such records will be available for inspection by Police and local authority enforcement officers.
- 9. All staff will have right to work in UK documents checked before being offered employment.
- 10. All alcohol shall be purchased from AWRS registered cash & carry and wholesalers
- 11. There shall be no self service of spirits on the premises

#### c) Public safety

1. Fire exit signs displayed

- 2. To comply with all current, fire, health and safety laws
- 3. CCTV working at all times

#### d) The prevention of public nuisance

- 1. Notice displayed asking customers to leave quietly from premises also customers will be told in person to leave quietly and not to disturb the local neighbourhood
- 2. Strict policy in place to tell all staff not to serve alcohol to drunks at all
- 3. Appropriate signage will be displayed, in prominent position informing customers they are being recorded on CCTV

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

- 1. A challenge 25 policy will be in force, where any person looking under the age of 25 shall be asked to prove their age when attempting to purchase alcohol and signs to this effect will be displayed at the premises. Challenge 25 posters displayed where alcohol is sold.
- 2. The only acceptable ID will be those with photographic identification documents, including passport, photo-card, driving license or proof of age card bearing the PASS hologram.
- 3. An refusal book shall be kept at the premises and updated as and when required, and made available for inspection on request to an Licensing Officer, Police or other responsible authority.
- 4. A sign stating "No proof of age No sale" shall be displayed at the point of sale.