## 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 Friday 16<sup>th</sup> August 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 *   | SUITE 1.11B 20-24 ADDISCOMBE ROAD CROYDON<br>CROYDON CR0 5PE  |
| Telephone number at premises (if any)  |   |
| Non-domestic value of premises. *  | £ 1350  |
|  |   |
| Applicant Details  |   |
| I/We apply for a premises licence under section 17 of the Licer premises) and I/we are making this application to you as the reLicensing 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 *   | Romal Group Limited   |
| Registered Address *   | Easyhub   |
|  | 22 Addiscombe Road  |
|  | Suite 1.1b  |
| Town/City *  | Croydon   |
| County   |   |

| Other Applicant (Non Individual)   |  |
|--|--|
| Postcode *   | CR0 5PE  |
| Registered Number (where applicable)   | 15535741   |
| Description of applicant (for example partnership, company, unincorporated association, etc) *                           | Private Limited Company  |
| Telephone Number   |  |
| Email *  |  |
|  |  |
| Operating Schedule   |  |
| Operating Ochedule   |  |
| When do you want the premises licence to start? *  | 17/08/2024   |
| 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. *   | The premises is an office in a suite of offices run by Easy Hub. The business is an online sale business only and stock will be stored and distributed from the premises to order. The premises will sell alcohol for consumption off the premises via internet sales or by phone as demand dictates. The further reason for the premises licence application is to allow the applicant to sell product via Amazon. Amazon will not permit any seller of alcohol to sell through Amazon unless the individual or business has a premises licence granted in their name. The Licensable activity will take place on the first floor of the premises as indicated on the plan. The general public will not have access to the premises at any time for the purpose of purchasing alcohol. All sales of alcohol will be via internet sales or by phone. |
| 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 pr 2003 and Schedules 1 and 2 to the Licensing Act 2003)   | emises? * (Please see sections 1 and 14 of the Licensing Act   |
| Provision of regulated entertainment (please read guidance note 2) *   |  |
| Plays  |  |

| Operating Schedule  |  |                  |
|---|--|------------------|
|   | 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  |                  |
| 1   | Supply of Alcohol  |                  |
| 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 *   |  | Every Day        |
|   |  | 10:00            |
|   |  | 22:00            |
|   |  |                  |
| Supp  | oly 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 for consumption on the premises? *              | No               |

| Supply of Alcohol   |       |
|---|-------|
| State any seasonal variations for the supply of alcohol. (please read guidance note 5)  | n/a   |
| 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)                             | n/a   |
| Designated Premises Supervisor  |       |
| State the name and details of the individual whom you wish to (Please see declaration about the entitlement to work in the ch   |       |
| Title *   | Mr    |
| First name *  | Omid  |
| Surname *   | Romal |
| 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 children (please read guidance note 9). | n/a   |
|   |       |

## **Opening Hours Standard Times**

| Opening Hours Standard Times  |  |
|---|--|
| Standard days and timings, where the premises are open to the 24hr format (HH:MM)   | e public. (please read guidance note 7) * Please enter times in  |
| Day *   | Every Day  |
|   | 10:00  |
|   | 22:00  |
|   |  |
| Opening Hours   |  |
|   |  |
| State any seasonal variations. (please read guidance note 5)  | n/a  |
| 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) | n/a  |
|   |  |
| Licensing Objectives  |  |
| Describe the steps you intend to take to promote the four licens  | sing objectives:   |
| a) General - all four licensing objectives (b, c, d and e) (please read guidance note 10) *   | All sales will be made via internet sales or telephone sales, with a small range of products stored and distributed from the premises on demand  |
| b) The prevention of crime and disorder *   | see attached   |
| c) Public safety *  | All relevant fire procedures are in place for a premises of this size.   |
| d) The prevention of public nuisance *  | The general public will not have access to the premises at any time for the purpose of purchasing alcohol. Orders dispatched from the premises will only be done so during office hours. |

## **Declarations**

e) The protection of children from harm \*

Declaration Type \*

Sole Applicant - Individual or Other

see attached§

#### **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 & 2). 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 *  | Stewart Gibson   |
|--|------------------|
| Date *   | 19/07/2024       |
| Capacity *   | Authorised Agent |
| ✓ Declaration made   |                  |
| Do you wish to provide alternative correspondence details? * | Yes              |
|  |                  |

| Alternative Correspondence                                   |  |
|--|--|
| Please provide Contact Name and postal address for correspon | ndence associated with this application. |
| Title  | Mr                                       |
| First name   | Stewart                                  |

| Alternative Correspondence                                      |            |
|---|------------|
| Surname   | Gibson     |
| Street address *  |            |
|   |            |
|   |            |
| Town/City *   |            |
| County  |            |
| Postcode *  |            |
| Telephone Number  |            |
| Email *   |            |
|   |            |
|   |            |
| Email confirmation  |            |
| On submission an email confirmation will be sent using the deta | ails below |
| Forename  | Stewart    |
| Surname /Company Name   | Gibson     |
| Email *   |            |
| Telephone   |            |

#### The Prevention of Crime and Disorder

A CCTV system will be in operation for the premises, operated by the office management, covering the entire floor.

All potential customers must verify on the payment page of the website that they are at least 18 years of age. If the applicant is in any doubt as to the age of the customer, they will only deliver the alcohol if the owner of the card that made the payment is present at the delivery address.

Orders will only be despatched to bona fide addresses. No deliveries will be made to an open space.

All sales of alcohol for delivery must be paid for in advance.

#### The Protection of Children From Harm

Deliveries only made to those over the age of 18. A challenge 25 age verification scheme will be used. ID will be required for deliveries to customers who do not look 25 years old. They will be required to prove by way of photographic ID, either a passport or driving licence that they are at least 18. The card used for purchase will also be checked against the ID provided. If the business is in any doubt then the delivery of alcohol will not be made, and a full refund will be issued.

The premises License Holder is to have a documented policy in relation to how age restricted products are sold on-line and the checks that are to be made. This policy is to be made available to any of the responsible authorities on request.

All potential customers must verify on the payment page of the website that they are at least 18 years of age.

Deliveries only made to those over the age of 18. A challenge 25 age verification scheme will be used. Approved ID will be required for deliveries to customers who do not look 25 years old

Premises will maintain a refusal register and incident book which can be viewed by responsible authority on request.