

**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 the 25<sup>th</sup> November 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](mailto: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 £5000.**

## New Premises Licence

### Premises Details

Premises Address \*

75 GEORGE STREET CROYDON CROYDON CR0 1LD

Telephone number at premises (if any)

Non-domestic value of premises. \*

£ 31500

### 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 \*

EXPO CITY RETAIL LTD

Registered Address \*

Town/City \*

County

**Other Applicant (Non Individual)**

**Operating Schedule**

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

10/12/2024

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. \*

THIS IS FORMERLY A BETTING SHOP. APPLICANT IS RUNNING A CONVENIENCE STORE NEXT DOOR AT NO 73. APPLICANT HAS DECIDED TAKE OVER THIS PLACE WHICH HAS BEEN CLOSED FOR A WHILE. APPLICANT IS AWARE THE CUMULATIVE IMPACT AREA POLICY. THIS STORE WILL BE PREMIUM ALCOHOL PRODUCTS DIFFERENT FROM NEXT DOOR. CONDITIONS HAS BEEN PROVIDED TO CONTROL SALE OF ALCOHOL. THE PREMISES WILL HAVE MULTI PRODUCTS AND SERVICES. ALCOHOL WILL BE PART OF THE BUSINESS. BASEMENT IS DEDICATED TO PREMIUM ALCOHOL PRODUCTS. PRODUCTS ARE AVAILABLE TO ORDER ONLINE OR COLLECTIONS. THE STORE IS OPEN 24 HOURS TO SELL OTHER PRODUCTS AND SERVICES, INCLUDING HOTFOODS, HOT DRINKS. FROM MIDNIGHT THERE WILL NOT BE ACCESS TO BASEMENT BY CUSTOMERS. ANY ORDERS WILL BE DELIVERED TO GROUND FLORR BY STAFF FROM BASEMENT. THIS IS TO CONTROL ANY DRUNK/ DISORDERLY PEOPLE DONT HAVE ACCESS TO SELF SERVICE ALCOHOL DURING 00.00 TO 08.00 HOURS. THERE WILL BE MINIMUM TWO STAFF WILL BE EMPLOYED AT ALL TIME. THIS IS A BUSINESS MODEL APPLICANT WOULD LIKE EXPERIMENT. IT WILL BE UNIQUE RETAIL 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
- 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

**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

05:00

## 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)

HOT FOOD CABINET AND COFFEE MACHINE.

State any seasonal variations for the provision of late night refreshment.(please read guidance note 5)

Please state any non-standard timings, where you intend to use the premises for late night refreshment 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 \*

Every Day

00:00

00:00

## Supply of Alcohol

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

Off 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 \*

## Designated Premises Supervisor

First name \*

Surname \*

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).

## 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 \*

## 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) \*

ENCLOSED DUE TO LIMITED TEXT HERE

b) The prevention of crime and disorder \*

ENCLOSED DUE TO LIMITED TEXT HERE

c) Public safety \*

ENCLOSED DUE TO LIMITED TEXT HERE

d) The prevention of public nuisance \*

ENCLOSED DUE TO LIMITED TEXT HERE

e) The protection of children from harm \*

ENCLOSED DUE TO LIMITED TEXT HERE

## 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).

## Declarations

Date \*

Capacity \*



Declaration made

Do you wish to provide alternative correspondence details? \*

## Alternative Correspondence

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

Title

First name

Surname

Street address \*

Town/City \*

County

Postcode \*

Telephone Number

Email \*

## Email confirmation

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



## Email confirmation

Forename

Surname /Company Name

Email \*

Telephone