

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 before midnight on 28.11.2024 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.

E: licensing@croydon.gov.uk

New Premises Licence

Premises Details

Premises Address *

29-31LIMPSFIELD ROAD SOUTH CROYDON CROYDON CR2 9LA

Telephone number at premises (if any)

Non-domestic value of premises. *

£ 31750

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 *

Muhammad Waseem

Surname *

Khan-Sherwani

Street address *

Individual Applicant

| | |
|---|----------------------|
| Town/City * | <input type="text"/> |
| County | <input type="text"/> |
| Postcode * | <input type="text"/> |
| Date of Birth * | <input type="text"/> |
| <input checked="" type="checkbox"/> I am 18 years old or over | |
| Nationality * | <input type="text"/> |
| Daytime Contact Telephone Number * | <input type="text"/> |
| Email * | <input type="text"/> |

Operating Schedule

| | |
|--|--|
| When do you want the premises licence to start? * | <input type="text" value="01/11/2024"/> |
| If you wish the licence to be valid only for a limited period, when do you want it to end? | <input type="text"/> |
| Please give a general description of the premises. * | <input type="text" value="Restaurant and takeaway"/> |
| If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend. | <input type="text"/> |

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
- Supply of Alcohol

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 * | Monday to Thursday |
| | 07:00 |
| | 23:00 |

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 * | Friday to Saturday |
| | 07:00 |

Recorded Music Standard Times

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)

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 *

Late Night Refreshment

Late Night Refreshment

Will the provision of late night refreshment 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 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 *

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 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 Standard Times

Supply of Alcohol

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

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

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 *

First name *

Surname *

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)

Day *

Every Day

07:00

00:00

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) *

The applicant and the staff will observe the Licensing Act 2003. No selling alcohol to anyone under the age of 18 No drunken and disorderly conduct No violent or anti social behaviour Making sure there is a Level 2 personal licence holder on duty in the premises (there will be five qualified Level 2 employees at this site)

b) The prevention of crime and disorder *

There will be a new CCTV system installed inside and outside the premises with 17 cameras maintained to a good order to meet the standards of the Metropolitan Police Clear signage No alcohol will be sold or supplied to intoxicated guests. Staff will be trained Good internal and external lighting

c) Public safety *

an incident and a refusals log will be kept for inspection Well trained staff Implementation ios ID checks All sale sof alcohol off the premises shall be in sealed containers

d) The prevention of public nuisance *

Noise reduction measures tp address the public nuisance objective Prominent signs and notices at the exit requesting the public to leave quietly Deliveries at the rear of the premises only at a time when it is will cause the least disturbance Delivery drivers to park at the rear.

e) The protection of children from harm *

Challenge 25 will be adopted Training of staff training record book No sales of alcohol to anyone under 18 years of age Age verification policy.

Declarations

Declaration Type *

Sole Applicant - Individual or Other

Declarations

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 *

M W Khan-Sherwani

Date *

30/10/2024

Capacity *

Applicant

Declaration made

Do you wish to provide alternative correspondence details? *

No

Email confirmation

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

Forename

Muhammad Waseem

Surname /Company Name

Khan-Sherwani

Email confirmation

Email *

Telephone