APPLICATION FOR A PREMISES LICENCE TO BE GRANTED UNDER THE LICENSING ACT 2003

lf wish to make representations you any in relation this application, please to do SO in writing before midnight on the 2nd April 2025 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 £5000.

Croydon Council Croydon T: 02087605466

E: licensing@croydon.gov.uk

New Premises Licence

Premises Details		
Premises Address *	2-3 DINGWALL ROAD CROYDON CROYDON CR0 2NA	
Telephone number at premises (if any)		
Non-domestic value of premises. *		
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 *	AFRIDI HD LTD	
Registered Address *		
Town/City *		
County		

Other Applicant (Non Individual)		
Postcode *		
Registered Number (where applicable)		
Description of applicant (for example partnership, company, unincorporated association, etc) *	Afridi HD LD T/A Heavenly Desserts. Serving of desserts and hot/cold drinks	
Telephone Number		
Email *		
Operating Schedule		
When do you want the premises licence to start? *	01/04/2025	
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. *	Desserts restauraunt serving hot and cold desserts, brunch and drinks. No alcohol is served on the premisis.	
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		

Operating Schedule		
	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	s
	ard days and timings, where you intend to use the premis enter times in 24hr format (HH:MM)	ses for late night refreshment.(please read guidance note 7) *
Day *		Friday to Sunday
		10:00
		01:00
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 *		Monday to Thursday
		11:00
		00:00

Late Night Refreshment	
Will the provision of late night refreshment 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 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 refreshmentat different times from the Standard days and times listed?(please read guidance note 6)	
Opening Hours Standard Times	
Standard days and timings, where the premises are open to th 24hr format (HH:MM)	e public. (please read guidance note 7) * Please enter times in
Day *	Monday to Thursday
	11:00
	00:00
Opening Hours Standard Times	
Standard days and timings, where the premises are open to th 24hr format (HH:MM)	e public. (please read guidance note 7) * Please enter times in
Day *	Friday to Sunday
	10:00
	01:00
Licensing Objectives	
Describe the steps you intend to take to promote the four licen	sing objectives:
a) General - all four licensing objectives (b, c, d and e) (please read guidance note 10) *	no alcohol will be served.
b) The prevention of crime and disorder *	no alcohol served, security provision available as part of the building, CCTV camera in operation

Licensing Objectives		
c) Public safety *	no alcohol served, security provision available as part of the building, CCTV camera in operation	
d) The prevention of public nuisance *	no alcohol served, security provision available as part of the building, CCTV camera in operation	
e) The protection of children from harm *	no alcohol served, security provision available as part of the building, CCTV camera in operation	
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 & Employee). 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 *		
Date *	05/03/2025	

Capacity *

Applicant

Declarations		
✓ 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		
Surname /Company Name		
Email *		
Telephone		