

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 by midnight on the 27.05.2025 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 unlimited.

E: licensing@croydon.gov.uk

New Premises Licence

Premises Details

Premises Address *

11 STATION ROAD SOUTH NORWOOD
LONDON CROYDON SE25 5AH

Telephone number at premises (if any)

Non-domestic value of premises. *

£ 5100

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 *

Posh Drinks Limited

Registered Address *

58 Dixon Road

Town/City *

London

County

Other Applicant (Non Individual)

Postcode *	SE25 6UE
Registered Number (where applicable)	11128393
Description of applicant (for example partnership, company, unincorporated association, etc) *	Director of a limited company
Telephone Number	
Email *	

Operating Schedule

When do you want the premises licence to start? *	01/07/2025
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. *	The premises is a ground floor unit operating as a café during the day and a cocktail and wine bar in the evening. It is located at 11 Station Road, South Norwood, London SE25 5AH, and features internal customer seating, a bar/ service counter, and a small kitchen for preparing cold food & warmed food and light snacks. The venue opens from 7am daily for coffee, non-alcoholic beverages, and pastries/light breakfast items, transitioning into a cocktail and wine bar in the afternoon and evening. Alcohol service includes cocktails, wine, and bottled beers. A limited food offering is available throughout the day and night, including platters, olives, crisps, and bar snacks. The premises has both customer and staff WC facilities and is accessible from the high street frontage. There is also a small external courtyard at the rear, which may be used for private or occasional customer use, subject to licence permissions and noise control.
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

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
- ☒ 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

11:00

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) *

Both

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

Yes

Supply of Alcohol

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 *

Mr

First name *

Scott

Surname *

Gavin

Street address *

Town/City *

County

Postcode *

Personal Licence Number (if known)

LEW 5100

Issuing Licensing Authority (if known)

Lewisham

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).

none

Opening Hours Standard Times

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

06:00

00:45

Opening Hours

State any seasonal variations. (please read guidance note 5)

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)

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) *

Staff will be trained in licensing law and the responsible sale of alcohol. The premises will implement clear policies for incident reporting, noise control, customer safety, and the refusal of service when necessary. All operations will be overseen by a Designated Premises Supervisor (DPS), and regular reviews of procedures will be conducted to ensure compliance.

b) The prevention of crime and disorder *

A zero-tolerance policy will be maintained towards disorderly conduct, violence, and drug use. CCTV will be installed and maintained both inside and outside the premises, covering entry/exit points, the bar area, and any external seating or smoking areas. Recordings will be retained for at least 31 days and made available to authorities on request. Alcohol will only be sold by trained staff, and Challenge 25 will be enforced to prevent underage sales.

c) Public safety *

A clear evacuation plan will be maintained and all staff trained in fire safety and emergency procedures. Fire alarms, emergency lighting, and clearly marked escape routes will be regularly checked and maintained. First aid kits will be available and a trained first-aider will be present during all trading hours. The capacity of the premises will be managed to avoid overcrowding. Glassware will be collected regularly to reduce hazards and risk of injury.

d) The prevention of public nuisance *

Signage will be displayed requesting that customers leave the premises quietly and respect neighbours. Sound proofing

Licensing Objectives

e) The protection of children from harm *

materials will be used where possible Staff will monitor customers in any external areas to ensure noise is kept to a minimum. Deliveries and waste collection will be arranged during daytime hours to minimise disruption.

The premises will operate a Challenge 25 policy to prevent underage sales. Valid photographic ID will be required for alcohol service.

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).

Full Name *

Scott Gavin

Date *

23/04/2025

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	Scott Gavin
Email *	
Telephone	