

**APPLICATION TO VARY 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 before midnight on Friday 5<sup>th</sup> September 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](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 unlimited.**

## Vary a Premises Licence

### Review

Please review the details to below to ensure they are correct before proceeding. If the details shown are not correct, click previous to enter the correct licence number.

Current Licence number	<input type="text" value="24/02646/LIPREM"/>
Current Premises address	<input type="text" value="15 Woodside Green South Norwood London SE25 5EY"/>

### Premises Details

Premises Licence Number *	<input type="text" value="24/02646/LIPREM"/>
Premises Address *	<input type="text" value="15 Woodside Green South Norwood London SE25 5EY"/>
Telephone Number at Premises (if any)	<input type="text"/>
Non-domestic rateable value of premises. *	<input type="text" value="£ 5600"/>

### Type of Premises Licence Holder

Type of Premises Licence Holder *	<input type="text" value="Non-Individual(s)"/>
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### Premises Licence Holder - Non Individual

Name *	<input type="text" value="AZEEM AND SONS LIMITED"/>
Street address *	<input type="text" value="15 Woodside Green"/>
	<input type="text"/>

Premises Licence Holder - Non Individual

Town/City \*

Croydon

County

LONDON

Postcode \*

SE25 5EY

Registered number (where applicable)

16028571

Description of applicant (for example partnership, company, unincorporated association etc.) \*

LIMITED COMPANY

Email \*

Daytime Contact Telephone Number

Variation

Do you want the proposed variation to take effect as soon as possible? \*

Yes

Variation

Do you want the proposed variation to have effect in relation to the introduction of the late night levy? (Please see Guidance Note 1)\*

No

Briefly describe the nature of the proposed variation. (Please see Guidance Note 2) \*

WE'RE CURRENTLY OPERATING UNDER FOLLOWING HOURS: MONDAY TO SATURDAY 11AM- 1AM, SUNDAY 11AM TO 00:00 (MIDNIGHT). PROPOSED HOURS ARE SUNDAY TO THURSDAY 11AM TO 2AM. FRIDAY AND SATURDAY 11AM TO 3AM.

If your proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time, please state the number.

5000

Operating Schedule

Complete those parts of the Operating Schedule below which would be subject to change if this application to vary is successful.

Operating Schedule

Provision of regulated entertainment (please read guidance note 3) \*

- ☐
- 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

Type of Variation - Late Night Refreshment

Please select the type of variation that applies to this activity.  
\*

Add a new Activity

Late Night Refreshment Standard Times

Standard days and timings, where you intend to use the premises for late night refreshment. (please read guidance note 8) \*  
Please enter times in 24hr format (HH:MM)

Day \*

Monday to Thursday

11:00

Late Night Refreshment Standard Times

02:00

Late Night Refreshment Standard Times

Standard days and timings, where you intend to use the premises for late night refreshment. (please read guidance note 8) \*  
Please enter times in 24hr format (HH:MM)

Day \*

Friday to Saturday

11:00

03:00

Late Night Refreshment Standard Times

Standard days and timings, where you intend to use the premises for late night refreshment. (please read guidance note 8) \*  
Please enter times in 24hr format (HH:MM)

Day \*

Sunday

11:00

02:00

Late Night Refreshment

Will the provision of late night refreshment take place indoors or outdoors or both? (please read guidance note 4) \*

Outdoors

Please provide further details. (please read guidance note 5)

DELIVERY ONLY

State any seasonal variations for the provision of late night refreshment. (please read guidance note 6)

SAME AS ABOVE

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 7)

SUNDAY TO THURSDAY 11AM TO 2AM. FRIDAY AND SATURDAY 11AM TO 3AM

Adult Entertainment

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 10)

NO ADULT ENTERTAINEMNT. TAKEAWAY AND DELIVERY LATE NIGHT REFRESHMENT

Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 8) \* Please enter times in 24hr format (HH:MM)

Day \*

Monday to Thursday

11:00

02:00

Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 8) \* Please enter times in 24hr format (HH:MM)

Day \*

Friday to Saturday

11:00

03:00

Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 8) \* Please enter times in 24hr format (HH:MM)

Day \*

Sunday

11:00

02:00

Opening Hours

## Opening Hours

State any seasonal variations. (please read guidance note 6)

NO SEASONAL VARIATIONS. SAME ALL YEAR AROUND

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 7)

PROPOSED HOURS : SUNDAY TO THURSDAY 11AM TO 2AM FRIDAY AND SATURDAY 11AM TO 3AM

## Variation

Please identify those conditions currently imposed on the licence which you believe could be removed as a consequence of the proposed variation you are seeking.

OUR CURRENT TRADING HOURS ARE: MONDAY TO SATURDAY 11AM TO 1AM AND SUNDAY 11AM TO 00:00. PROPOSED HOURS

: SUNDAY TO THURSDAY 11:00 TO 02:00 AND FRIDAY, SATURDAY 11:00 TO 03:00

I agree to return the original premises licence or the relevant part of the original premises licence: \*

Yes

Note: This application cannot be processed until the original licence is received or a statement as to why it cannot be returned has been accepted.

## Licensing Objectives

Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:

a) General - all four licensing objectives (b, c, d and e) (please read guidance note 11)

LATE NIGHT REFRESHMENT

b) The prevention of crime and disorder

LATE NIGHT REFRESHMENT

c) Public safety

LATE NIGHT REFRESHMENT

d) The prevention of public nuisance

LATE NIGHT REFRESHMENT

e) The protection of children from harm

LATE NIGHT REFRESHMENT

## Declarations

Declaration Type \*

Joint Applicant - Individuals or Others

## Declarations

I have made or enclosed payment of the fee or. I have not made or enclosed payment of the fee because this application has been made in relation to the introduction of the late night levy. I have sent copies of this application and the plan to responsible authorities and others where applicable. I understand I must now advertise my application. I understand I must

## Declarations

now return the original premises licence, or relevant part of it or have provided an explanation why I will not be able to do this. I understand that if I do not comply with the above requirements my application will be rejected.

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

Signature/Declaration of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent (see Guidance Note 13). 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.

Full Name \*

Date \*

08/08/2025

Capacity \*

☐

Declaration made

Do you wish to provide alternative correspondence details? \*

No

## Joint Applicant Declaration

I have made or enclosed payment of the fee or. I have not made or enclosed payment of the fee because this application has been made in relation to the introduction of the late night levy. I have sent copies of this application and the plan to responsible authorities and others where applicable. I understand I must now advertise my application. I have returned the premises licence, or relevant part of it or explanation. I understand that if I do not comply with the above requirements my application will be rejected.

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

Signature/Declaration of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent (see Guidance Note 13). 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.

Full Name \*

AZEEM AND SONS LIMITED

Date \*

08/08/2025

Capacity \*

Applicant

☒

Declaration made



## Joint Applicant Declaration

Where the premises licence is jointly held, signature of a second applicant (the current premises licence holder) or second applicant's solicitor or other authorised agent (please read guidance note 14). If signing on behalf of the applicant, please state in what capacity you are authorised to sign/apply. When submitting an online application form the 'Declaration made' checkbox must be selected.

Full Name \*

AZEEM AND SONS LIMITED

Date \*

08/08/2025

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

Surname /Company Name

Email \*

Telephone