

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 before midnight on Friday 29th August 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.

New Premises Licence

Premises Details

Premises Address *

SELSDON COMMUNITY CENTRE 132 ADDINGTON ROAD
SOUTH CROYDON CROYDON CR2 8LA

Telephone number at premises (if any)

Non-domestic value of premises. *

£ 500000

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 charity

Other Applicant (Non Individual)

Name *

Selsdon Centre Trust

Registered Address *

132 Addington Riad

Town/City *

Selsdon

County

Surrey

Postcode *

CR2 8LA

Registered Number (where applicable)

1087131

Other Applicant (Non Individual)

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

This is a charity that supports retired people of 60 years. Supplies food and entertainment

Telephone Number

Email *

Operating Schedule

When do you want the premises licence to start? *

01/08/2025

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. *

It is a community hall with Kitchen and bathrooms. It holds seated at tables about 60 people. Standing 150 people

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

Operating Schedule

<input checked="" type="checkbox"/>	Performances of Dance
<input type="checkbox"/>	Anything of a similar description falling under Music or Dance
<input checked="" type="checkbox"/>	Provision of late night refreshment
<input checked="" type="checkbox"/>	Supply of Alcohol

Film Standard Times

Standard days and timings, where you intend to use the premises for the exhibition of films. (please read guidance note 7) *
Please enter times in 24hr format (HH:MM)

Day *	

Live Music Standard Times

Standard days and timings, where you intend to use the premises for the performance of live music. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *	Friday
	12:00
	14:00

Live Music

Will the Performance of Live Music take place indoors or outdoors or both? (please read guidance note 3) *	Indoors
Please provide further details. (please read guidance note 4)	

Live Music

State any seasonal variations for the Performance of Live Music. (please read guidance note 5)

Please state any non-standard timings, where you intend to use the premises for the performance of live music at different times from the Standard days and times listed? (please read guidance note 6)

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

12:00

14:00

Recorded Music

Will the playing of recorded music take place indoors or outdoors or both? (please read guidance note 3) *

Indoors

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)

Dance Standard Times

Standard days and timings, where you intend to use the premises for the performance of dance. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *

Friday

12:00

14:00

Performances of Dance

Will the performances of dance take place indoors or outdoors or both? (please read guidance note 3) *

Indoors

Please provide further details. (please read guidance note 4)

State any seasonal variations for the performances of dance. (please read guidance note 5)

Please state any non-standard timings, where you intend to use the premises for the performance of dance 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 *

Weekends

12:00

23:00

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)

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)

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

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)

Designated Premises Supervisor

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 *

Week Days

09:00

17:00

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) *

It will be staffed by fully competent staff. All staff will be trained in the sale of alcohol. The staff will be trained to ask ages and do not sell to very drunk people

b) The prevention of crime and disorder *

The community hall will be staffed with the correct amount of people. Any disorders will be notified to the police with immediate effect. Notes will be taken for any disorders. If needed, there will be security people on site. There are CCTV cameras in common areas.

c) Public safety *

Fire safety equipment is held in the community hall. Fire exits are available with detailed signs. Smoke detectors are in the ceiling. Appliances are checked for safety.

d) The prevention of public nuisance *

People will be requested to leave quietly and have regard for the neighbours.

e) The protection of children from harm *

The licensee and staff will ask persons who appear to be under the age of 25 for photographic ID such as proof of age cards. Most activities are for the older people in the community.

Declarations

Declaration Type *

Joint Applicant - Individuals or Others

Joint Applicant Declaration

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. For joint applications of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). 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.



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 *

Liz O'Donoghue

Date *

20/07/2025

Capacity *

Applicant



Declaration made

For joint notifiers or second notifiers solicitor or other authorised agent (please read guidance note 3). If signing on behalf of the notifier please state in what capacity you are authorised to sign/apply. When submitting an online application form the 'Declaration made' checkbox must be selected. 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.

Full Name *

Liz o'donoghue

Date *

20/07/2025

Capacity *

Applicant

Joint Applicant Declaration



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 Liz O'Donoghue

Surname /Company Name Selsdon Centre Trust

Email *

Telephone