

**APPLICATION FOR A VARIATION TO 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 the 30th 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 £5000.**

## 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="24/03081/LIVDPS"/>
Current Premises address	<input type="text" value="77 Thornton Road Croydon Surrey CR7 6BD"/>

### Premises Details

Premises Licence Number *	<input type="text" value="24/03081/LIVDPS"/>
Premises Address *	<input type="text" value="77 Thornton Road Croydon Surrey CR7 6BD"/>
Telephone Number at Premises (if any)	<input type="text"/>
Non-domestic rateable value of premises. *	<input type="text"/>

### Type of Premises Licence Holder

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

I/We being the premises licence holder, apply to vary a premises licence under section 34 of the licensing Act 2003 for the premises described.

Title *	<input type="text"/>
First name *	<input type="text" value="Siyanthini"/>

Premises Licence Holder - Individual

Surname *	<div>Sivathevan</div>
Street address *	<div></div> <div></div> <div></div>
Town/City *	<div></div>
County	<div></div>
Postcode *	<div></div>
Daytime Contact Telephone Number	<div></div>
Email *	<div></div>

Variation

Do you want the proposed variation to take effect as soon as possible? *	<div>Yes</div>
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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)*	<div>No</div>
Briefly describe the nature of the proposed variation. (Please see Guidance Note 2) *	<div>Extend the sale of alcohol hours to – Monday to Sunday - 08:00 to 02:00 Remove all seasonal variation hours</div>
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.	<div></div>

Operating Schedule

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

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

Operating Schedule

- ☐
- 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 - Supply of Alcohol

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

Change an existing Activity

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 8) \*  
Please enter times in 24hr format (HH:MM)

Day \*

Every Day

08:00

02:00

## 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 9) \*

Off the premises

State any seasonal variations for the supply of alcohol. (please read guidance note 6)

None

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 7)

None

### 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)

None

## 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 \*

Every Day

06:00

02:00

### Opening Hours

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

None

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)

None

### Variation

## 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.

None

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)

• Staff will be fully trained on all licensing matters

b) The prevention of crime and disorder

• Police will be reported for any incidents of a criminal nature.  
• A comprehensive Internal & External CCTV will be installed and the recordings will be kept for minimum of 30 days. Also these recordings will be available for any responsible authorities.

c) Public safety

• Fire safety equipment are installed and will be maintained on the premises. • The Emergency Exit will be kept free from obstructions at all time.

d) The prevention of public nuisance

Adequate bins will be available for customers to dispose of their litter.

e) The protection of children from harm

• EPOS terminal with till prompt for alcohol & tobacco sale  
• The Challenge 25 Policy will be strictly followed and the relevant signs will be on display. • A register of refusal of sales will be kept and maintained on the premises. • Sprites will be located behind the counter Area.

## Declarations

Declaration Type \*

Sole Applicant - Individual or Other

## 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 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.

## Declarations

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 \*

02/09/2025

Capacity \*



Declaration made

Do you wish to provide alternative correspondence details? \*

Yes

## Alternative Correspondence Address

This is the address which we shall use to correspond with you about this application.

Please provide Contact Name (where not previously given) and postal address for correspondence associated with this application (See guidance note 15).

Title \*

First name \*

Surname \*

Street address \*




Town/City \*

County

Postcode \*

Alternative Correspondence Address

Telephone Number	<input type="text"/>
Email Address *	<input type="text"/>

Email confirmation

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

Forename	<input type="text"/>
Surname /Company Name	<input type="text"/>
Email *	<input type="text"/>
Telephone	<input type="text"/>