

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 no later than 26.03.2026 to the following address:

London Borough of Croydon
Streets & Environment 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

Business/Premises Name *

THAMES CASH & CARRY

Premises Address *

UNIT 6, COMMERCE PARK 19 COMMERCE WAY
CROYDON CROYDON CR0 4YL

Telephone number at premises (if any)

Non-domestic value of premises. *

£ 355000

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 *

THAMES C&C LTD

Registered Address *

Unit 6 Commerce Park

Address line 2

19 Commerce Way

Address line 3

Other Applicant (Non Individual)

Town/City *

Croydon

County

Postcode *

CR0 4YL

Registered Number (where applicable)

05323039

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

PRIVATE LIMITED COMPANY

Telephone Number *

Email *

Operating Schedule

When do you want the premises licence to start? *

01/04/2026

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. *

THIS IS A LONG ESTABLISHED AWRS REGISTERED WHOLE SALER FOR RETAILERS. THE BUSINESS NOW ALSO LIKE TO OPEN IT STORE FOR GENERAL PUBLIC. THIS IS A LARGE PREMISES WITH VERY LARGE BUSINESS RATES AND OTHER COSTS. IT IS IMPORTANT NOW FOR THE BUSINESS TO OPEN FOR GENERAL PUBLIC TO HAVE ALL PRODUCTS AVAILABLE LIKE COSTGO TO MANAGE IT'S COST. THE STORE HAS MORE THAN 6 STAFF WORKING ON THE FLOOR, IN ADDITION MANY OFFICE STAFF. ROBUST SECURITY SYSTEM WITH DEDICATED STAFF MONITORING IN PLACE. THE MANAGER ALSO HAS BEEN OPERATING LICENSED RETAIL STORE MORE THAN 10 YEARS. ALCOHOL WILL FORM SMALL PART OF THE OVERALL BUSINESS. THE WOULD BE OPENING 24 HOURS WHEN IT OPENS FOR GENERAL PUBLIC,

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)

Operating Schedule

Provision of regulated entertainment, late night refreshment or supply of alcohol (please read guidance note 2) *

a) Plays

b) Films

c) Indoor Sporting Events

d) Boxing or Wrestling

e) Live Music

f) Recorded Music

g) Performances of Dance

h) Anything of a similar description falling under Music or Dance

i) Provision of Late Night Refreshment

j) Supply of Alcohol

j) 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

00:00

00:00

j) Supply of Alcohol

Will the supply of alcohol be for consumption on premises or off premises or both? (please read guidance note 8) *

Off Premises

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

No

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 *

KARTIK PRAVINBHAI

Surname *

PATEL

Street address *

Town/City *

County

Postcode *

Personal Licence Number (if known)

Issuing Licensing Authority (if known)

Adult Entertainment

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use

NONE

Adult Entertainment

of the premises that may give rise to concern in respect of children (please read guidance note 9). *

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

00:00

00:00

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)

ATTACHED DUE TO TEXT LIMIT HERE

b) The prevention of crime and disorder *

ATTACHED DUE TO TEXT LIMIT HERE

c) Public safety *

ATTACHED DUE TO TEXT LIMIT HERE

d) The prevention of public nuisance *

ATTACHED DUE TO TEXT LIMIT HERE

e) The protection of children from harm *

ATTACHED DUE TO TEXT LIMIT HERE

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

Proposed conditions for THAMES CASH AND CARRY

1. The CCTV system will display, on screen and on any recording, the correct time and date that images were captured.
2. A CCTV system must be installed at the premises covering the entrance, the external area and all licensable internal areas. A head and shoulders image to identification standard must be captured of every person entering the premises. Images shall be kept for 31 days and supplied to the police or local authority on request.
3. CCTV signage will be displayed, reminding customers that CCTV is in operation.
4. Staff will be trained in relation to conflict management and the protection of children from harm, refresher training shall be given every 6 months. Training records will be made available for inspection upon request by police or other responsible authority
5. An incident log shall be kept at the premises and made available on request to the Police or an authorised officer of the London Borough of Croydon. The log will record the following:
 - Date of the incident
 - Time of the incident
 - Location of the incident
 - Persons concerned in the incident
 - Summary of incident
 - Identification of emergency personnel concerned where available
 - All crimes reported to the venue
 - Any incidents of disorder
6. A challenge 25 policy must be in operation at the premises with operate signage on display throughout the premises.
7. A refusal book or electronic system to record all refusals of sales shall be maintained on the premises and made available to the police and local authority officers upon reasonable request
8. Signage must be displayed in a prominent position on the premises requesting that customers leave quietly.

Declarations

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 *

Date *

25/02/2026

Capacity *

Authorised Agent

Declaration made

Do you wish to provide alternative correspondence details? *

Alternative Correspondence

Please provide Contact Name and postal address for correspondence associated with this application.

Title

First name

Surname

Street address *

Address line 2

Alternative Correspondence

Address line 3

Town/City *

County

Postcode *

Telephone Number *

Email *

Email confirmation

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

Forename

Surname /Company Name

Email *

Telephone

