

**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 Wednesday 10th June 2026 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

Please note - an applicant has the right to know the name and address of any person making representations, so they can assess from a fairness point of view, if the person is genuinely likely to be affected by the licensable activities if the application is granted as applied for. Therefore, you must supply your name and address when making any representations. Please contact the Licensing Team should you wish to discuss this at 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

26/00510/LIVDPS

Current Premises address

Shell Addington 128 Kent Gate Way Croydon CR0 5AR

Premises Details

Premises Licence Number *

26/00510/LIVDPS

Business/Premises Name *

SHELL UK OIL PRODUCTS LIMITED

Premises Address *

Shell Addington 128 Kent Gate Way Croydon CR0 5AR

Telephone Number at Premises (if any)

Non-domestic rateable value of premises. *

£ 52500

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) *

AMEND THE SALES OF ALCOHOL FOR CONSUMPTION OFF THE PREMISES TO 00:00 - 00:00 MONDAY - SUNDAY.

Variation

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.

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, late night refreshment or supply of alcohol (please read guidance note 3) *

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

No changes to licensable activities being requested

Type of Variation - j) Supply of Alcohol

Type of Variation - j) Supply of Alcohol

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

Change an existing Activity

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 8) *

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 9) *

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 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 Changes

Do you wish to make changes to the standard days and timings that the premises is open to the public? *

No

Opening Hours

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

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.

UNDER ANNEX 1 - MANDATORY CONDITIONS - POINT 3 WOULD NEED TO BE REMOVED REFERRING TO PERMITTED HOURS BEING 07:00 - 23:00 HOURS.

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)

NO CHANGES TO THE EXISTING CONDITIONS CAPTURED ON THE PREMISES LICENCE

b) The prevention of crime and disorder

NO CHANGES TO THE EXISTING CONDITIONS CAPTURED ON THE PREMISES LICENCE

c) Public safety

NO CHANGES TO THE EXISTING CONDITIONS CAPTURED ON THE PREMISES LICENCE

d) The prevention of public nuisance

NO CHANGES TO THE EXISTING CONDITIONS CAPTURED ON THE PREMISES LICENCE

e) The protection of children from harm

NO CHANGES TO THE EXISTING CONDITIONS CAPTURED ON THE PREMISES LICENCE

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

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 *

Mark Brown

Date *

13/05/2026

Capacity *

Authorised Agent



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 *

Mr

First name *

Mark

Surname *

Brown

Street address *

Lockett House

Address line 2

13 Church Street

Address line 3

Town/City *

Kidderminster

County

Postcode *

DY10 2AH

Alternative Correspondence Address

Telephone Number *

Email Address *

Email confirmation

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

Forename

Surname /Company Name

Email *

Telephone