

* required information

Section 1 of 21

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference This is the unique reference for this application generated by the system.

Your reference You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?
 Yes No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name

* Family name

* E-mail

Main telephone number Include country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

Are you:

Applying as a business or organisation, including as a sole trader

Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Continued from previous page...

Your position in the business Home country

The country where the headquarters of your business is located.

Business Address

If you have one, this should be your official address - that is an address required of you by law for receiving communications

Building number or name Street District City or town County or administrative area Postcode Country **Section 2 of 21****PREMISES DETAILS**

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 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.

Premises Address

Are you able to provide a postal address, OS map reference or description of the premises?

 Address
 OS map reference
 Description
Postal Address Of PremisesBuilding number or name Street District City or town County or administrative area Postcode Country **Further Details**Telephone number Non-domestic rateable value of premises (£)

Section 3 of 21**APPLICATION DETAILS**

In what capacity are you applying for the premises licence?

- An individual or individuals
- A limited company / limited liability partnership
- A partnership (other than limited liability)
- An unincorporated association
- Other (for example a statutory corporation)
- A recognised club
- A charity
- The proprietor of an educational establishment
- A health service body
- A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- The chief officer of police of a police force in England and Wales

Confirm The Following

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
- I am making the application pursuant to a statutory function
- I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative

Section 4 of 21**INDIVIDUAL APPLICANT DETAILS****Applicant Name**

Is the name the same as (or similar to) the details given in section one?

- Yes No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

First name

RESHMA

Family name

TALWAR

Is the applicant 18 years of age or older?

- Yes No

Continued from previous page...

Current Residential Address

Is the address the same as (or similar to) the address given in section one?

- Yes
- No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Applicant Contact Details

Are the contact details the same as (or similar to) those given in section one?

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

- Yes
- No

E-mail

Telephone number

Other telephone number

* Date of birth / /

* Nationality

Documents that demonstrate entitlement to work in the UK

Add another applicant

Section 5 of 21

OPERATING SCHEDULE

When do you want the premises licence to start? / /

dd mm yyyy

If you wish the licence to be valid only for a limited period, when do you want it to end / /

dd mm yyyy

Provide a general description of the premises

For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off- supplies you must include a description of where the place will be and its proximity to the premises.

It will be Off License Shop, We will be selling alcohol, cigarettes, grocery, toiletry, beverages, confectionery, vegetables,

Continued from previous page...

frozen food and dairy products.

If 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend

Section 6 of 21

PROVISION OF PLAYS

See guidance on regulated entertainment

Will you be providing plays?

- Yes No

Section 7 of 21

PROVISION OF FILMS

See guidance on regulated entertainment

Will you be providing films?

- Yes No

Section 8 of 21

PROVISION OF INDOOR SPORTING EVENTS

See guidance on regulated entertainment

Will you be providing indoor sporting events?

- Yes No

Section 9 of 21

PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

See guidance on regulated entertainment

Will you be providing boxing or wrestling entertainments?

- Yes No

Section 10 of 21

PROVISION OF LIVE MUSIC

See guidance on regulated entertainment

Will you be providing live music?

- Yes No

Section 11 of 21

PROVISION OF RECORDED MUSIC

See guidance on regulated entertainment

Will you be providing recorded music?

- Yes No

Section 12 of 21

PROVISION OF PERFORMANCES OF DANCE

Continued from previous page...

See guidance on regulated entertainment

Will you be providing performances of dance?

Yes

No

Section 13 of 21

PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE

See guidance on regulated entertainment

Will you be providing anything similar to live music, recorded music or performances of dance?

Yes

No

Section 14 of 21

LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

Yes

No

Section 15 of 21

SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

Yes

No

Standard Days And Timings

MONDAY

Start

End

Start

End

Give timings in 24 hour clock. (e.g., 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

Continued from previous page...

SATURDAY

Start

End

Start

End

SUNDAY

Start

End

Start

End

Will the sale of alcohol be for consumption:

- On the premises
 Off the premises
 Both

If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name

First name

Family name

Date of birth

/ /
 dd mm yyyy

Continued from previous page...

Enter the contact's address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Personal Licence number (if known)

Issuing licensing authority (if known)

PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- Electronically, by the proposed designated premises supervisor
- As an attachment to this application

Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

Section 16 of 21

ADULT ENTERTAINMENT

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

Give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups etc gambling machines etc.

Section 17 of 21

HOURS PREMISES ARE OPEN TO THE PUBLIC

Standard Days And Timings

MONDAY

Start

End

Start

End

Give timings in 24 hour clock. (e.g., 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.

Continued from previous page...

TUESDAY

Start	<input type="text" value="08:00"/>	End	<input type="text" value="22:00"/>
Start	<input type="text"/>	End	<input type="text"/>

WEDNESDAY

Start	<input type="text" value="08:00"/>	End	<input type="text" value="22:00"/>
Start	<input type="text"/>	End	<input type="text"/>

THURSDAY

Start	<input type="text" value="08:00"/>	End	<input type="text" value="22:00"/>
Start	<input type="text"/>	End	<input type="text"/>

FRIDAY

Start	<input type="text" value="08:00"/>	End	<input type="text" value="22:00"/>
Start	<input type="text"/>	End	<input type="text"/>

SATURDAY

Start	<input type="text" value="08:00"/>	End	<input type="text" value="22:00"/>
Start	<input type="text"/>	End	<input type="text"/>

SUNDAY

Start	<input type="text" value="08:00"/>	End	<input type="text" value="22:00"/>
Start	<input type="text"/>	End	<input type="text"/>

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

NA

Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

NA

Section 18 of 21

LICENSING OBJECTIVES

Describe the steps you intend to take to promote the four licensing objectives:

a) General - all four licensing objectives (b,c,d,e)

Continued from previous page...

List here steps you will take to promote all four licensing objectives together.

CCTV FOTEAGE, RECORDINGS, SELLING ALCOHAL IN A DESIGANATED AREA ONLY WHICH IS SAFE TO DISPLAY AND NOT REACABLE TO UNDERAGE 18, Alarm system connected to Police, Panic Alarm, Appropriate Signs (No Alcohol Consumption allowed in the premises, Staff only Area), Locked Display Chiller for Alcohol, Appoint appropriate staff for Security on the door, Selling Alcohol only in Permitted hours, appoint trained staff and review training time to time, Stay in touch with local Council and local Police regarding any updates on awareness of Laws and prevention of crime, We will manage Full Risk Assessment for staff or customers according to Health & Safety Measures Law, We will make sure that staff is aware of the risk assessment and precautionary measures, We will keep staff training record for inspection when required, First Aid Kit, Fire Extinguisher, Temperature Control, We will have enough staff all the time to prevent the long queues, Sufficient staff will be available while opening and closing timings to control and manage good order and safety and security, Sharp objectives like Knives, Blades will keep in control area, Challenge 25 sign will be displayed, Staff can ask to children for their Id if they are not sure about their age, The admittance of children can only be permitted if they are accompanied by an adult, Display posters at the premises stating that it is an offence to purchase alcohol on behalf of an underage person,

b) The prevention of crime and disorder

CCTV FOTEAGE, RECORDINGS, Alarm system connected to Police, Panic Alarm, Appropriate Signs (No Alcohol Consumption allowed in the premises, Staff only Area), Locked Display Chiller for Alcohol, Appoint appropriate staff for Security on the door, Selling Alcohol only in Permitted hours, appoint trained staff and review training time to time, Stay in touch with local Council and local Police regarding any updates on awareness of Laws and prevention of crime,

c) Public safety

We will manage Full Risk Assessment for staff or customers according to Health & Safety Measures Law, We will make sure that staff is aware of the risk assessment and precautionary measures, We will keep staff training record for inspection when required, First Aid Kit, Fire Extinguisher, Temperature Control,

d) The prevention of public nuisance

We will have enough staff all the time to prevent the long queues, Sufficient staff will be available while opening and closing timings to control and manage good order and safety and security,

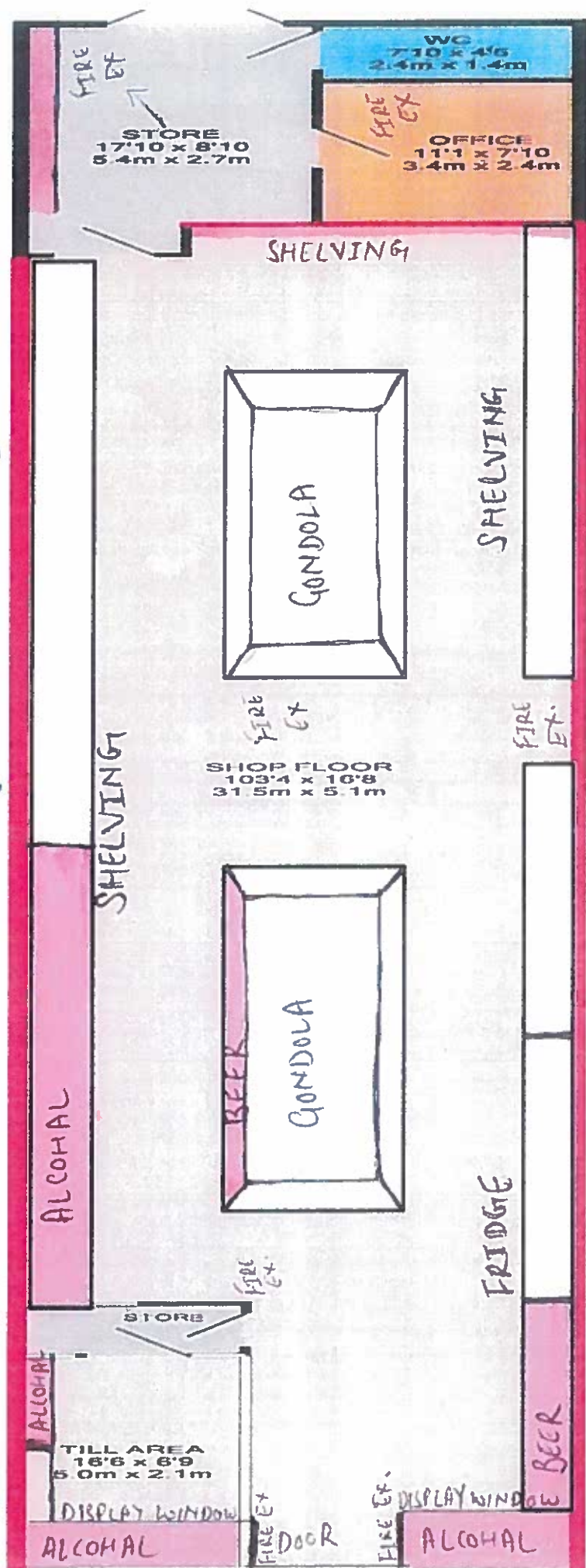
e) The protection of children from harm

SELLING ALCOHAL IN A DESIGANATED AREA ONLY WHICH IS SAFE TO DISPLAY AND NOT REACABLE TO UNDERAGE 18, Sharp objectives like Knives, Blades will keep in control area, Challenge 25 sign will be displayed, Staff can ask to children for their Id if they are not sure about their age. The admittance of children can only be permitted if they are accompanied by an adult, Display posters at the premises stating that it is an offence to purchase alcohol on behalf of an underage person,

Section 19 of 21

NOTES ON DEMONSTRATING ENTITLEMENT TO WORK IN THE UK

SHOP FLOOR 103'4 x 16'8 (31.5m x 5.1m)



SHOP FLOOR 103'4 x 16'8 (31.5m x 5.1m)

A1

TOTAL APPROX FLOOR AREA 1034 SQ FT (964 SQ M)
 Whilst every attempt has been made to ensure the accuracy of this floor plan, the contractor shall be responsible for any errors or omissions. This plan is for illustrative purposes only and should not be used for any other purpose without the written consent of the architect. The architect shall not be liable for any errors or omissions in this plan or any other documents prepared by him or her or any other person or firm in connection with this project.

I would like to make representations with regard to application list no 1/17, which relates to the sale of alcohol at The Warehouse, 12 Central Parade, New Addington, CR00JB.

I am making representation in order to oppose the application to sell alcohol at this premises.

In the Central Parade area of New Addington we have a Cumulative Impact Zone. This was initiated because of the already high concentration of outlets that sell alcohol in this area. Given the CIZ, the presumption should be that the license is not granted.

Central Parade is already the focus of crime and antisocial behaviour in the ward. I believe issues with regard to crime and antisocial behaviour are exacerbated by the number of properties that sell alcohol. Therefore, in order to uphold the licensing objectives of the prevention of crime and disorder, public safety and the prevention of public nuisance, this license should not be granted.

It is widely felt in New Addington that there are already too many shops that are licensed to sell alcohol on Central Parade. Therefore, we should look to ensure that the Parade is a vibrant mix of shops and services. Granting another premises license would not do this and for this reason as well, I think the license should not be granted.

From:
Councillor Oliver Lewis
C/O The Town Hall
Katherine Street
Croydon
CR0 1NX

A2

I Strongly object to The warehouse on 12 Central parade, New Addington selling alcohol based on...

New Addington has high crime related to Alcohol use, and I object on the basis that opening another outlet will add to the problems already in place.

Reason for objection is, I live in the impact zone of the address of applicant.

From:

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~
New Addington
Croydon
~~XXXXXXXXXX~~

Premises: 12 Central Parade, New Addington, Croydon, CR0 0JB

The London Fire Commissioner (the Commissioner) is the fire and rescue authority for London. The Commissioner is responsible for enforcing the Regulatory Reform (Fire Safety) Order 2005 (The Order) in London.

With reference to the application dated 19/04/2018, the application has been examined and the **Commissioner wants to make a representation** to the Licensing Authority in relation to this application.

The applicant has been informed that the Commissioner will be making a representation to the Licensing Authority.

The items that are of concern to the Commissioner are detailed

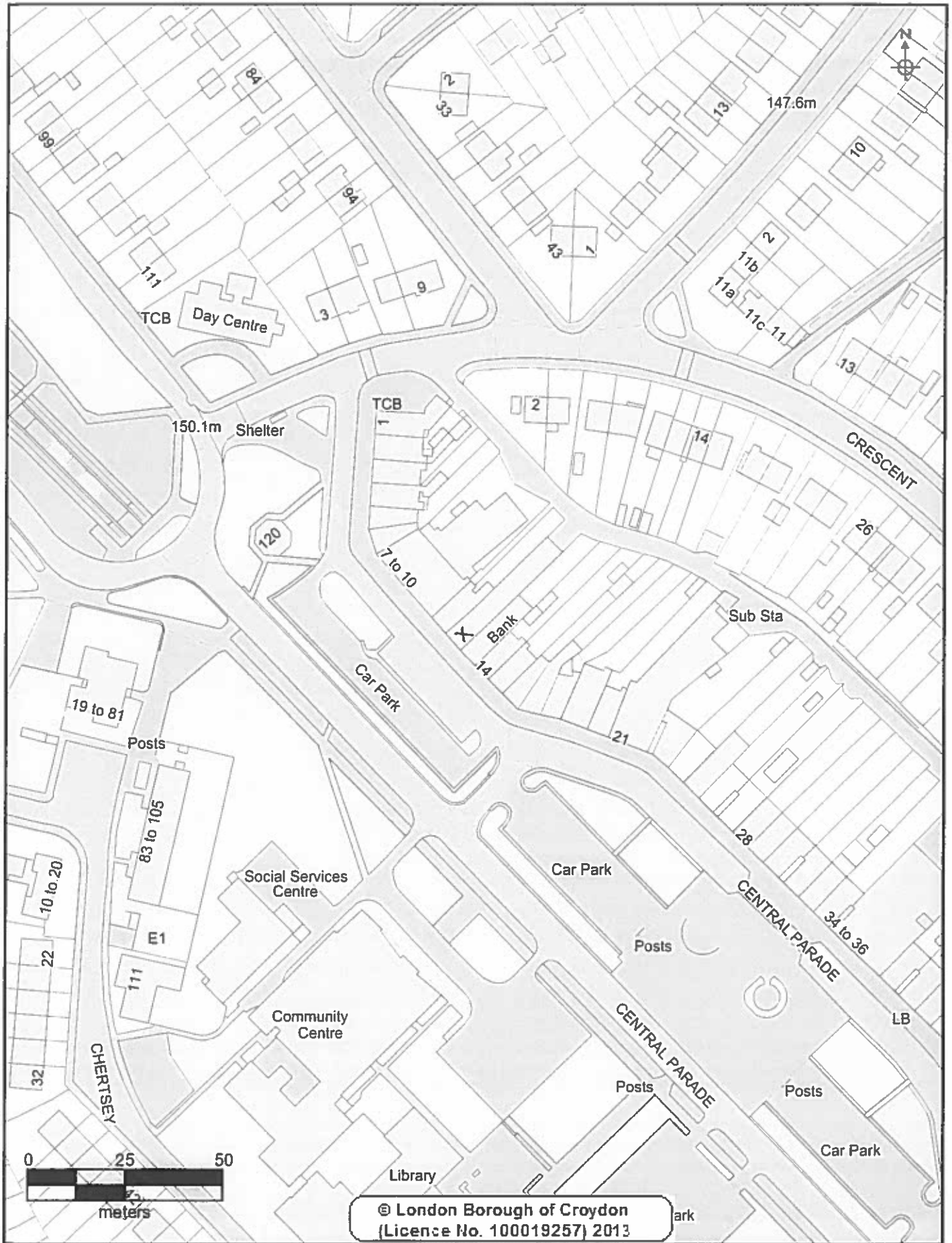
- Insufficient means of escape from rear of premises
- Excessive travel distance from rear of premises to a place of relative safety
- Large amount of combustible items stored in escape routes and a generally poor standard of housekeeping
- Significant amount of potential ignition sources present
- Unsuitable level of detection and warning

Should these matters be resolved to the satisfaction of this Commissioner at least 2 days prior to the Licensing Committee Hearing the representation will be withdrawn.

An inspecting Officer will not be attending and the Commissioner will rely on written representation alone.

From:

Fire Safety Regulation, South East 1 Team, 169 Union Street, London, SE1 0LL



CROYDON
www.croydon.gov.uk

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London Borough Croydon

Scale 1:1250

01-Jun-2018

X = 12 CENTRAL PARADE

