

**Application for a premises licence to be granted under the Licensing Act 2003**
**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I/We CONNECT FOODS UK LTD

*(Insert name(s) of applicant)*

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

**Part 1 – Premises details**

Postal address of premises or, if none, ordnance survey map reference or description

FOODLAND, 702 LONDON ROAD, NORTH CHEAM, SM3 9BY

Post town	<u>NORTH CHEAM</u>	Postcode	<u>SM3 9BY</u>
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Telephone number at premises (if any)		
Non-domestic rateable value of premises	£	<u>12750</u>

**Part 2 - Applicant details**

Please state whether you are applying for a premises licence as **Please tick as appropriate**

a) an individual or individuals *	<input type="checkbox"/> please complete section (A)
b) a person other than an individual *	<input checked="" type="checkbox"/> please complete section (B)
i) as a limited company/limited liability partnership	<input type="checkbox"/> please complete section (B)
ii) as a partnership (other than limited liability)	<input type="checkbox"/> please complete section (B)
iii) as an unincorporated association or	<input type="checkbox"/> please complete section (B)
iv) other (for example a statutory corporation)	<input type="checkbox"/> please complete section (B)
c) a recognised club	<input type="checkbox"/> please complete section (B)
d) a charity	<input type="checkbox"/> please complete section (B)
e) the proprietor of an educational establishment	<input type="checkbox"/> please complete section (B)

f) a health service body  please complete section (B)

g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales  please complete section (B)

ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England  please complete section (B)

h) the chief officer of police of a police force in England and Wales  please complete section (B)

\* If you are applying as a person described in (a) or (b) please confirm (by ticking yes to one box below):

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

I am making the application pursuant to a

statutory function or

a function discharged by virtue of Her Majesty's prerogative

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over <input type="checkbox"/> Please tick yes			
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)					

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
<b>Surname</b>		<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over <input type="checkbox"/> Please tick yes		
<b>Nationality</b>				
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)				
Current residential address if different from premises address				
Post town			Postcode	
<b>Daytime contact telephone number</b>				
<b>E-mail address (optional)</b>				

**(B) OTHER APPLICANTS**

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name	CONNECT FOODS UK LTD
Address	28 KINGSFIELD DRIVE REDHILL, RH1 6FF
Registered number (where applicable)	16238009
Description of applicant (for example, partnership, company, unincorporated association etc.)	
Private Limited Company	
Telephone number (if any)	
E-mail address (optional)	

**Part 3 Operating Schedule**

When do you want the premises licence to start?

01	03	2026
DD	MM	YYYY
01	03	2026

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

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)

The premises is a ground floor AFRO-ASIAN grocery store located in north cheam. We operate under the name 'Foodland' and offers world foods and vegetables. The shop has single main customer entrance at the front, with clear signage and street level access. Inside, the premises is open plan, with shelving units, chilled display fridges and a staffed checkout counter near the entrance. Storage area is in under ground which is not accessible for public. (CTV installed through out the building).

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

NA

What licensable activities do you intend to carry on from the premises?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g)  
(if ticking yes, fill in box H)

Provision of late night refreshment (if ticking yes, fill in box I) Supply of alcohol (if ticking yes, fill in box J) **In all cases complete boxes K, L and M**

A

NA

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 5)	
Thur				
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</b> (please read guidance note 6)	
Sat				
Sun				

B

N/A

<b>Films</b> Standard days and timings (please read guidance note 7)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)	
Thur				
Fri			<b>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</b> (please read guidance note 6)	
Sat				
Sun				

C NA

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 7)			<b><u>Please give further details</u></b> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 5)
Wed			
Thur			<b><u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6)
Fri			
Sat			
Sun			

D

N/A

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			<b>Please give further details here</b> (please read guidance note 4)	
Thur			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 5)	
Fri			<b>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 6)	
Sat				
Sun				

E MM

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)	
Thur				
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</b> (please read guidance note 6)	
Sat				
Sun				

F *N*

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)	
Thur				
Fri			<b>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</b> (please read guidance note 6)	
Sat				
Sun				

G NA

<b>Performances of dance</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 5)	
Thur				
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</b> (please read guidance note 6)	
Sat				
Sun				

H WA

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)		
Mon			Indoors	<input type="checkbox"/>	
			Outdoors	<input type="checkbox"/>	
			Both	<input type="checkbox"/>	
Tue			<b>Please give further details here</b> (please read guidance note 4)		
Wed					
Thur			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 5)		
Fri					
Sat			<b>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</b> (please read guidance note 6)		
Sun					

I **N**A

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)</b>	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			<b><u>Please give further details here</u> (please read guidance note 4)</b>	
Thur			<b><u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)</b>	
Fri			<b><u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u> (please read guidance note 6)</b>	
Sat				
Sun				

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	<input type="checkbox"/>
Day	Start	Finish		Off the premises	<input checked="" type="checkbox"/>
Both					<input type="checkbox"/>
Mon	0800	2300	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5) <i>N/A</i>		
Tue	0800	2300			
Wed	0800	2300			
Thur	0800	2300	<b>Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</b> (please read guidance note 6) <i>NO</i>		
Fri	0800	2300			
Sat	0800	2300			
Sun	0800	2300			

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):

**K**

**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 9).**

At, we are not providing any entertainment activities or services in the premises. We are going to be an Afro-Asian grocery shop with alcohol to purchase for adults.

**L**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5)
Day	Start	Finish	
Mon	0800	2300	Not applicable
Tue	0800	2300	
Wed	0800	2300	
Thur	0800	2300	<b>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</b> (please read guidance note 6)
Fri	0800	2300	Not applicable as we follow standard timings.
Sat	0800	2300	
Sun	0800	2300	

# M

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)

- A fully operational CCTV will be maintained (Already in place) footage will be retained for authorised officers upon request.
- Staff training and awareness - responsible for failing and conflict management, age verification, safequarding, admin, emergency procedures & health and safety.
- challenge 25 policy will be in place, - Refusal an incident logging will be maintained & reviewed, - Safe premises management - control access & supervision, - responsible for maintaining & communicating with council, regular review & review, - respect for neighbours
- b) The prevention of crime and disorder

The premises will be operated in a manner that actively promotes the prevention of crime & disorder. The licensor holder will ensure that an CCTV system is maintained and fully operational at all times covering key areas including shop floor, entrances and till point. Record of footfall will be made available. All staff will receive necessary training.

c) Public safety

The premises will be maintained in a safe condition to ensure the well being of customers and staff at all times. Fire safety equipment & emergency lighting will be regularly checked and maintained in accordance with legal requirements. Clear access & exit routes will be kept will comply with maximum occupancy limits. Staff training will be done.

d) The prevention of public nuisance

The premises will be operated so as to minimise any disturbance to local residents and businesses. Staff will maintain the area immediately outside the premises to discourage loitering & anti-social behaviour by reporting. Deliveries and waste collecting takes place at reasonable times. Waste storage and processing will take place systematically.

Clean signage will be displayed clearly, customers to respect neighbours & local area cleanliness.

e) The protection of children from harm

The premises will operate a strict 'Challenge 25' age verification policy. Acceptable forms of identification will be limited to a passport, photocard driving licence or a Pass - Approved ID. All staff involved in the sale of age-restricted products will receive regular training on age verification and safequarding responsibilities. An refusal log will be maintained & reviewed regularly. Age restricted products will be displayed behind the counter or in a supervised area to prevent access to children.

**Part 4 – Signatures** (please read guidance note 11)

**Signature of applicant or applicant's solicitor or other duly authorised agent** (see guidance note 12). If signing on behalf of the applicant, please state in what capacity.

<b>Declaration</b>	<ul style="list-style-type: none"><li>[Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] 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).</li><li>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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)</li></ul>
Signature	[Redacted]
Date	15/01/2026
Capacity	DIRECTOR CONNECT GOODS UK LTD + DPS

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent** (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	
Capacity	

[Redacted]

**Checklist:**

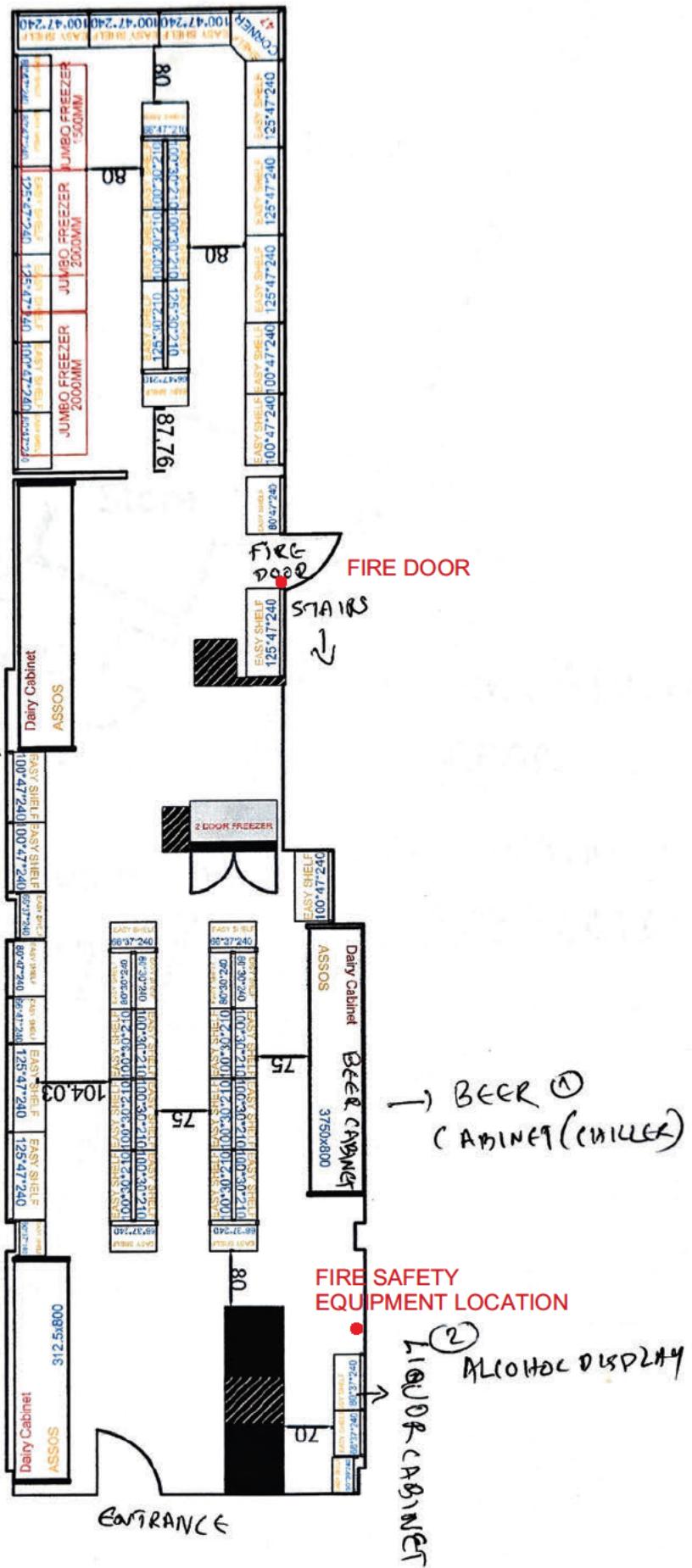
**Please tick to indicate agreement**

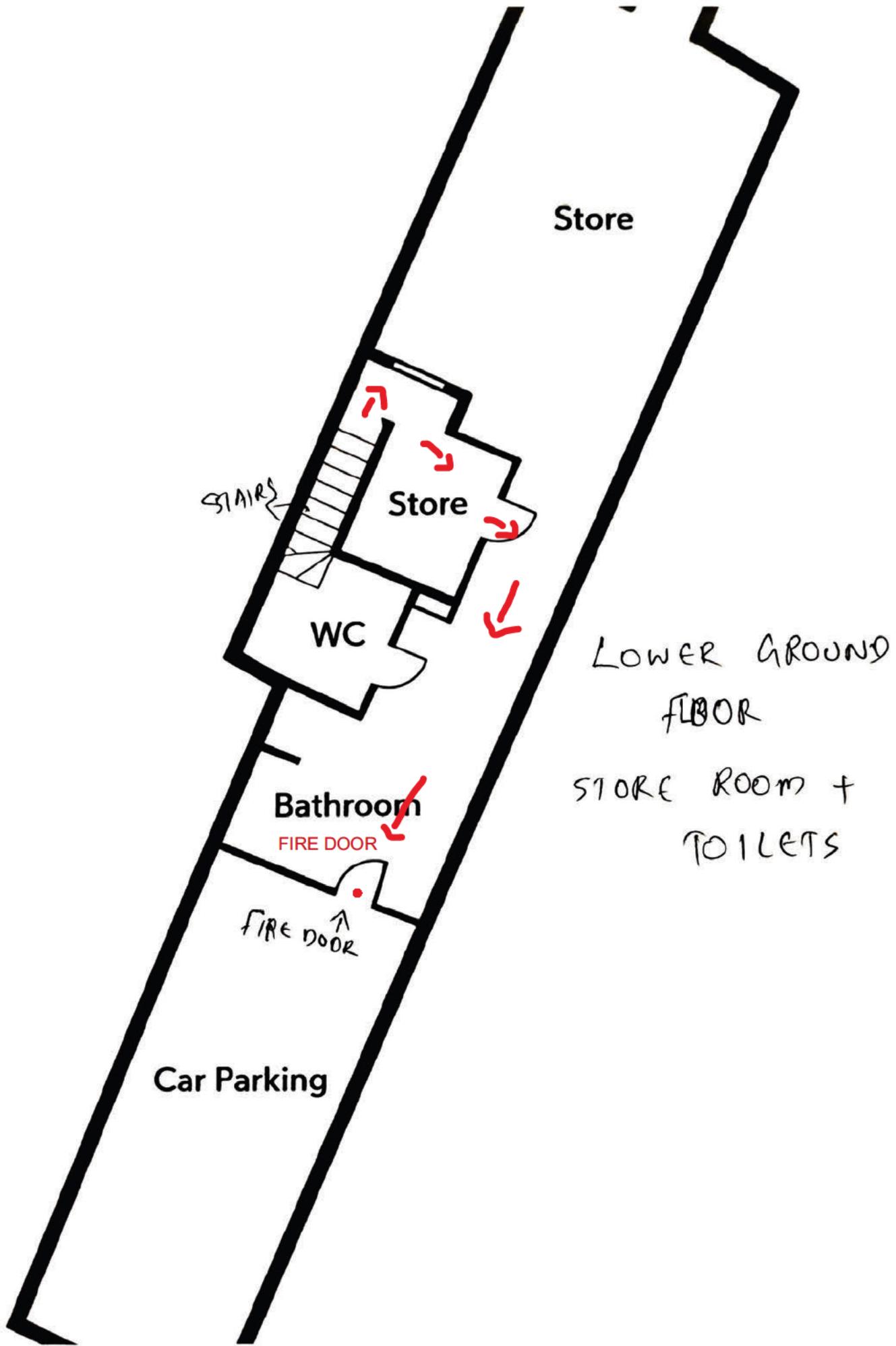
- I have made or enclosed payment of the fee.
- I have enclosed the plan of the premises.
- I have sent copies of this application and the plan to responsible authorities and others where applicable.
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.
- I understand that 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 a 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 or my share code issued by the Home Office online right to work checking service (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.**

GROUND  
FLOOR  
GRADING FLOOR







HM Land Registry  
Official copy of  
title plan

Title number **SGL221827**  
Ordnance Survey map reference **TQ2365NE**  
Scale **1:1250**  
Administrative area **Sutton**



Plan 1  
BIPIN THOMAS  
16/05/2005

Plan 2

This official copy is incomplete without the preceding notes page.