

APPLICATION FOR 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 20th May 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.

New Premises Licence

Premises Details

Business/Premises Name *

Peure Ghana Spot

Premises Address *

443 STREATHAM HIGH ROAD
NORBURY LONDON CROYDON SW16 3PH

Telephone number at premises (if any)

Non-domestic value of premises. *

£ 14500

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 *

Peure's Ltd

Registered Address *

443

Address line 2

Streatham High Road

Address line 3

Other Applicant (Non Individual)

Town/City *

London

County

Postcode *

SW16 3PH

Registered Number (where applicable)

17040591

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

Ltd

Telephone Number *

Email *

Operating Schedule

When do you want the premises licence to start? *

21/05/2026

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. *

Its a New Cafe and Restaurant

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)

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

a) Plays

b) Films

c) Indoor Sporting Events

Operating Schedule

- 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

e) Live Music Standard Times

Standard days and timings, where you intend to use the premises for the performance of live music. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *

Saturday

23:00

01:00

e) Live Music Standard Times

Standard days and timings, where you intend to use the premises for the performance of live music. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *

Sunday

23:00

01:00

e) Live Music

Will the Performance of Live Music take place indoors or outdoors or both? (please read guidance note 3) *

Indoors

Please provide further details. (please read guidance note 4)

Occasionally we would like to have one or 2 singers

State any seasonal variations for the Performance of Live Music. (please read guidance note 5)

N/A

Please state any non-standard timings, where you intend to use the premises for the performance of live music at different times from the Standard days and times listed? (please read guidance note 6)

N/A

f) Recorded Music Standard Times

Standard days and timings, where you intend to use the premises for the performance of recorded music. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *

Saturday

23:00

01:00

f) Recorded Music Standard Times

Standard days and timings, where you intend to use the premises for the performance of recorded music. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *

Sunday

23:00

01:00

f) Recorded Music

Will the playing of recorded music take place indoors or outdoors or both? (please read guidance note 3) *

Indoors

Please provide further details.(please read guidance note 4)

State any seasonal variations for the playing of recorded music. (please read guidance note 5)

N/A

f) Recorded Music

Please state any non-standard timings, where you intend to use the premises for the performance of recorded music at different times from the Standard days and times listed? (please read guidance note 6)

N/A

i) Provision of Late Night Refreshment Standard Times

Standard days and timings, where you intend to use the premises for late night refreshment.(please read guidance note 7) *
Please enter times in 24hr format (HH:MM)

Day *

Saturday

23:00

01:00

i) Provision of Late Night Refreshment Standard Times

Standard days and timings, where you intend to use the premises for late night refreshment.(please read guidance note 7) *
Please enter times in 24hr format (HH:MM)

Day *

Sunday

23:00

01:00

i) Provision of Late Night Refreshment

Will the provision of late night refreshment take place indoors or outdoors or both? (please read guidance note 3) *

Indoors

Please provide further details.(please read guidance note 4)

State any seasonal variations for the provision of late night refreshment.(please read guidance note 5)

N/A

Please state any non-standard timings, where you intend to use the premises for late night refreshment at different times from the Standard days and times listed?(please read guidance note 6)

N/A

j) Supply of Alcohol Standard Times

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 *

Monday

11:00

23:00

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 *

Tuesday

11:00

23:00

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 *

Wednesday

11:00

23:00

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 *

Thursday

11:00

j) Supply of Alcohol Standard Times

23:00

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 *

Friday

11:00

23:00

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 *

Saturday

11:00

01:00

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 *

Sunday

11:00

01:00

j) Supply of Alcohol

j) Supply of Alcohol

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

Both

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)

N/A

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)

N/A

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 *

Mrs

First name *

Agnes Abiana

Surname *

Nelson Cofie

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

Not Applicable

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 *

Week Days

09:00

23:30

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 *

Saturday

09:00

01:30

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 *

Sunday

09:00

01:30

Opening Hours

State any seasonal variations. (please read guidance note 5)

N/A

Opening Hours

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 6)

N/A

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)

Please see attachment

b) The prevention of crime and disorder *

Please see attachment

c) Public safety *

Please see attachment

d) The prevention of public nuisance *

Please see attachment . Also we will install a Noise Sound Limiter of necessary

e) The protection of children from harm *

Please see attachment

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 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.

Declarations



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 *

Manuel Rocha

Date *

22/04/2026

Capacity *

Authorised Agent



Declaration made

Do you wish to provide alternative correspondence details? *

Yes

Alternative Correspondence

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

Title

Mr

First name

Manuel

Surname

Rocha

Street address *

Address line 2

Address line 3

Town/City *

County

Postcode *

Alternative Correspondence

Telephone Number *

Email *

Email confirmation

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

Forename

Surname /Company Name

Email *

Telephone