

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 by midnight on the 08.04.2026 to the following address:

**London Borough of Croydon
Street and Environmental 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.

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

E: licensing@croydon.gov.uk

New Premises Licence

Premises Details

Business/Premises Name *

Manfex Limited

Premises Address *

81 CHURCH STREET CROYDON CROYDON CR0 1RH

Telephone number at premises (if any)

Non-domestic value of premises. *

£ 24000

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:

an individual or individuals

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

Individual Applicant

Title *

Mr

First name *

Felix Yaw Amaning

Surname *

Manfe

Current residential address *

Address line 2

Individual Applicant

Address line 3

Town/City *

County

Postcode *

Date of Birth *

I am 18 years old or over

Nationality *

Daytime Contact Telephone Number *

Email *

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)

Operating Schedule

When do you want the premises licence to start? *

08/04/2026

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. *

The premises, trading as Manfex African Caribbean Food, is a well-managed, small-scale convenience store. The store offers a wide range of everyday essentials, groceries, and locally sought-after products, and intends to provide alcohol for off-site consumption if this application is approved. The premises falls within a designated Cumulative Impact Zone (CIZ). We fully acknowledge the sensitivities and responsibilities that come with operating in such an area. Accordingly, we have implemented robust management arrangements to ensure the premises does not contribute to cumulative issues. These measures include: -A strict Challenge 25 policy; -Comprehensive CCTV coverage; -Ongoing staff training in responsible alcohol retailing; -Clear policies to prevent public nuisance and anti-social behaviour.

Operating Schedule

We are committed to upholding the four licensing objectives and are confident that, due to the nature of the premises and the preventative measures in place, this application will not add to the cumulative impact in the area.

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

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

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

11:00

23:00

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 *

Felix Yaw Amaning

Surname *

Manfe

Street address *

Town/City *

County

Designated Premises Supervisor

Postcode *

Personal Licence Number (if known)

Issuing Licensing Authority (if known)

18640

Greenwich

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 9). *

N/A

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

08:30

23:00

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)

The premises is situated within a Cumulative Impact Zone (CIZ), designated to manage concerns around the potential negative effects of a high concentration of licensed venues in the area. We fully acknowledge the sensitivities associated with operating in such a location and have carefully developed a comprehensive set of control measures within our operating schedule. These measures are specifically designed to uphold the licensing objectives and to ensure that the operation of this premises does not add to any existing cumulative impact in the area.

b) The prevention of crime and disorder *

A CCTV system shall be installed and maintained to the standards outlined in the current Home Office Guidance. The system will remain in good working order at all times. Recordings shall be retained for a minimum of thirty-one (31) days and made available immediately upon request to the Police or authorised officers of the Local Authority (as

Licensing Objectives

	<p>defined by Section 13 of the Licensing Act 2003). CCTV cameras shall be installed to cover all entry and exit points to the premises. A trained member of staff, capable of operating the CCTV system and downloading footage, shall be on duty at all times the premises is open for trade. This individual must be able to provide footage upon immediate request by the Police or authorised officers of the Local Authority. The CCTV system shall be capable of capturing clear facial recognition and head-and-shoulder images of every person entering or leaving the premises. All staff directly involved in the sale of alcohol to consumers, as well as any staff responsible for providing in-house operational training (including managers), shall receive training on the Licensing Act 2003 at least once every six (6) months. All training shall be formally documented and signed off by both the Designated Premises Supervisor (DPS) and the individual staff member. The training log shall be kept on site and made available immediately upon request to the Police or authorised officers from the Local Authority. An Incident Log shall be maintained on the premises and made immediately available for inspection by Police or authorised officers from the Local Authority. The log shall record, at a minimum: a) All complaints received. b) Any incidents of disorder. c) Any faults with the CCTV system. d) Any visits from relevant authorities or emergency services. Each incident shall be recorded in the log immediately after it occurs.</p>
c) Public safety *	<p>The premises will be maintained in a clean, safe, and well-managed condition at all times. Regular health and safety risk assessments will be carried out to identify and address any potential hazards. Comprehensive fire safety measures will be in place, including clearly marked escape routes, appropriate signage, and regularly tested fire alarms and extinguishers. A Refusals Register shall be maintained, detailing the date and time of each refused sale of alcohol. It shall also record the name of the staff member who refused the sale and a brief description of the individual attempting the purchase. Entries must be made immediately following each refusal. The register shall be kept on the premises and made available immediately upon request to the Police or authorised officers from the Local Authority.</p>
d) The prevention of public nuisance *	<p>Notice(s) shall be on display in the premises asking customers to leave the premise quietly and not to congregate outside the shop. The premise shall operate an alcohol refusals policy – alcohol will not be sold to: a) Any person recognised or identified as a street drinker (regardless of their level of intoxication b) Any person found to be drinking alcohol in the street c) Any person who is drunk or appears to be drunk d) Any person suspected of trying to buy alcohol for another who is drunk or appears to be drunk e) Any person unable to provide valid ID when requested by staff f) Any person who is verbally or physically abusive towards staff or customers g) To any person suspected of trying to buy alcohol for another person(s) who may be underage</p>
e) The protection of children from harm *	<p>The premises will operate a robust Challenge 25 policy to prevent the sale of alcohol to underage individuals. This</p>

Licensing Objectives

policy will be clearly communicated to customers through prominent signage displayed at points of sale and throughout the premises. Only valid photographic identification will be accepted as proof of age. Acceptable forms of ID include a passport, UK or EU photocard driving licence, military ID, or a PASS-accredited proof of age card. All staff involved in the sale of alcohol will receive comprehensive training on the Challenge 25 policy as part of their induction and as part of ongoing refresher training. No sale of alcohol will be made to any individual who appears to be under the age of 25 and is unable to provide acceptable photographic identification upon request.

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.



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 *

Beiza Tzivelek

Date *

10/03/2026

Declarations

Capacity *



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

Address line 3

Town/City *

Telephone Number *

Email *

Email confirmation

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

Forename

Email confirmation

Surname /Company Name

ESI Licensing and Legal Consultancy

Email *

Telephone