



(Premises Licensing Section, Town Hall, Crawley, West Sussex, RH10 1UZ)

## Application to transfer 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 METANO 200 LTD T/A DANICO ITALIAN RESTAURANT  
(Insert name of applicant)

apply to transfer the premises licence described below under section 42 of the Licensing Act 2003 for the premises described in Part 1 below

Premises licence number

07/00353/LAPRE

### Part 1 – Premises details

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

7 HIGH STREET -

Post town

CRAWLEY

Post code

RH10 1BH

Telephone number at premises (if any)



Please give a brief description of the premises

ITALIAN RESTAURANT

Name of current premises licence holder

MARZAME LTD

Name	METANO 2020 LTD
Address	70 HIGH STREET - CRAWLEY WEST SUSSEX - RH10 1BH
Registered number (where applicable)	1238 7995
Description of applicant (for example partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	[REDACTED]
E-mail address (optional)	[REDACTED]

### Part 3

- Are you the holder of the premises licence under an interim authority notice? Please tick ☐ yes ☐
- Do you wish the transfer to have immediate effect? ☒
- If not when would you like the transfer to take effect?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

- I have enclosed the consent form signed by the existing premises licence holder Please tick ☐ yes ☒

If you have not enclosed the consent form referred to above please give the reasons why not. What steps have you taken to try and obtain the consent?

- If this application is granted I would be in a position to use the premises during the application period for the licensable activity or activities authorised by the licence (see section 43 of the Licensing Act 2003) Please tick ☐ yes ☒

- I have enclosed the premises licence Please tick ☐ yes ☐

If you have not enclosed premises licence referred to above please give the reasons why not.

LICENCE DISPLAYED DURING LOCKDOWN / REFURBISHMENT

- I have made or enclosed payment of the fee ☒
- I have enclosed the consent form signed by the existing premises licence holder or my statement as to why it is not enclosed ☒
- I have enclosed the premises licence or relevant part of it or explanation ☒
- I have sent a copy of this application to the chief officer of police today ☒
- I understand that if I do not comply with the above requirements my application will be rejected ☒

## Part 2 - Applicant details

In what capacity are you applying for the premises licence to be transferred to you?

Please tick ☐ yes

- a) an individual or individuals\* ☐ please complete section (A)
- b) a person other than an individual \*
- i. as a limited company ☒ please complete section (B)
- ii. as a partnership ☐ please complete section (B)
- iii. as an unincorporated association or ☐ please complete section (B)
- iv. other (for example a statutory corporation) ☐ please complete section (B)
- c) a recognised club ☐ please complete section (B)
- d) a charity ☐ please complete section (B)
- e) the proprietor of an educational establishment ☐ please complete section (B)
- f) a health service body ☐ please complete section (B)
- g) an individual 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 respect of 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:

Please tick ☐ yes

- 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 ☐ Mrs ☐ Miss ☐ Ms ☐

Other title   
(for example, Rev)

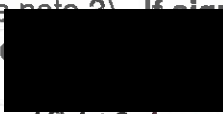
Surname

First names

Checklist	
I have	Please tick ✓ yes
• I have made or enclosed payment of the fee	<input checked="" type="checkbox"/>
• I will give a copy of this application to the chief officer of police	<input checked="" type="checkbox"/>
• I have enclosed the consent form completed by the proposed premises supervisor	<input checked="" type="checkbox"/>
• I have enclosed the premises licence, or the relevant part of it or explanation	<input checked="" type="checkbox"/>
• I will give a copy of this form to the existing premises supervisor, if any	<input checked="" type="checkbox"/>
• I understand that if I do not comply with the above requirements my application will be rejected	<input checked="" type="checkbox"/>

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION**

**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.**

Part 3 – Signatures		(please read guidance note 2)
<b>Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 2). If signing on behalf of the applicant please state in what capacity.</b>		
Signature		
Date	10/12/2020	
Capacity	OPERATION MANAGER	
<b>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 4). If signing on behalf of the applicant please state in what capacity.</b>		
Signature:		
Date		
Capacity		

Contact name (where not previously given) and address for correspondence associated with this application	
(please read guidance note 5).	
Name	
Address	
Post Town	Postcode
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	

**Guidance notes**

1. Describe the premises. For example the type of premises it is.
2. The application form must be signed.
3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
4. Where there is more than one applicant, both applicants or their respective agents must sign the application form.

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.

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 2)

**Part 4 – Signatures** (please read guidance note 3)

**Signature of applicant or applicant's solicitor or other duly authorised agent** (See guidance note 4). If signing on behalf of the applicant please state in what capacity.

Signature



Date

10/12/2020

Capacity

OPERATION MANAGER

**For joint applicants signature of second applicant, second applicant's solicitor or other authorised agent** (please read guidance note 5). If signing on behalf of the applicant please state in what capacity.

Signature

Date

Capacity

**Contact name (where not previously given) and postal address for correspondence associated with this application** (please read guidance note 6)

**Post town**

**Post Code**

**Telephone number (if any)**

**If you would prefer us to correspond with you by e-mail your e-mail address (optional)**