

Licensing Authority:Licensing Section, Town Hall, Crawley, West Sussex, RH10  
1UZ  
licensing@crawley.gov.uk

## Application for the review of a premises licence or club premises certificate 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 Home Office (Immigration Enforcement)

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apply for the review of a premises licence under section 51 / apply for the review of a club  
premises certificate under section 87 of the Licensing Act 2003 for the premises described in  
Part 1 below

Part 1 Premises or club premises details

Postal address of premises none

3) a member of the club to which this application relates  
(please complete (A) below)

(A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable)

Please tick9 yes

Mr

Mrs

Miss

Ms

Other title  
(for example, Rev)

Surname

First names

I am 18 years old or over

Please tick9 yes

Current postal  
address if  
different from  
premises  
address

Post town

Post Code

(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Home Office  
Immigration Enforcement  
Alcohol Licensing Team  
Lunar House  
40 Wellesley Road  
Croydon  
CR9 2BY

Telephone number (if any)

E-mail address (optional)

This application to review relates to the following licensing objective(s)

- 1) the prevention of crime and disorder
- 2) public safety
- 3) the prevention of public nuisance
- 4) the protection of children from harm

Please tick one or more boxes



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.

Part 3 - Signatures (please read guidance note 4)

Signature of ~~DSSOLFQW RU DSSOLFQW TV VRO (Please Read R~~  
guidance note 5). If signing on behalf of the applicant, please state what capacity.

Signature R. Hundal

Date 16 August 2023

Capacity Responsible Authority

Contact name (where not previously given) and postal address for correspondence