

**PUBLIC NOTICE**  
**APPLICATION FOR THE GRANT OF A NEW PREMISES LICENCE**  
**LICENSING ACT 2003**

An application has been made by Domenica Limited for the grant of a new Premises Licence

**Premises Name & Address – Carmela Deli, 34 Carfax, Horsham, West Sussex, RH12 1EE**

The application is seeking the following licensable activities and times:

**Sale by retail of alcohol for consumption on and off the premises**  
**Monday to Thursday: 07:00hrs to 18:00hrs**  
**Friday: 07:00hrs to 20:00hrs**  
**Saturday: 07:00hrs to 18:00hrs**  
**Sunday: 10:00hrs to 16:00hrs**

**Premises Open to the public:**  
**Monday to Thursday: 07:00hrs to 18:00hrs**  
**Friday: 07:00hrs to 20:00hrs**  
**Saturday: 07:00hrs to 18:00hrs**  
**Sunday: 10:00hrs to 16:00hrs**

A copy of the application may be inspected, during office hours by appointment only, via the Licensing Department, Albery House, Springfield Road, Horsham, RH12 2GB or on our website at <https://www.horsham.gov.uk/licensing/current-licensing-applications>

If you wish to make representations for or against this application, you must do so in writing to the Licensing Department at the above address or by e-mail to [licensing@horsham.gov.uk](mailto:licensing@horsham.gov.uk) by no later than 13<sup>th</sup> February 2026, after which date, no objections will be considered.

The Council will not entertain representations where the writer requests that his identity remains anonymous. Copies of all representations will be included in the papers presented to the Licensing Committee and will therefore pass into the public domain. Representations must relate to one or more of the four Licensing Objectives: the prevention of crime and disorder, public safety, the prevention of public nuisance and the protection of children from harm.

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE OF UP TO LEVEL 5 ON THE STANDARD SCALE (CURRENTLY £5000) UNDER SECTION 158 OF THE LICENSING ACT 2003 TO KNOWINGLY OR RECKLESSLY MAKE A FALSE STATEMENT IN CONNECTION WITH THIS APPLICATION.

# Application for a Premises licence to be granted under the Licensing Act 2003

## This Form

**Please use this form to apply for a New Premises Licence.**

### **What we will do with your information:**

*We will only use the personal details you provide in order to deliver the service that you have requested or to contact you by letter, telephone or email in relation to the service that you have requested.*

*We will not send you emails about other Council services unless you have requested them elsewhere, or share this information with any other organisations unless required to do so in order to provide the service or as permitted by law.*

*Further information about how we handle your data can be found in our Privacy Policy.*

**Please confirm that you have read and accept this policy by ticking here:**



## Guidance notes

### Use Of The Form

Form Ref. No.

4612770

This form can be completed on-line. When completed it should be PRINTED and POSTED back to the Council.

### **PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

**Before completing this form please read the guidance notes which accompany the various sections. If you need to add more details to this form by hand please USE OR ATTACH ADDITIONAL SHEETS as necessary and write legibly in block capitals in black ink. You may wish to keep a copy of the completed form for your records (note a PDF copy will be sent to your email address). Please return completed application forms to Horsham District Council and any relevant authorities as listed in the Licensing Policy Statement.**

### **Guidance Notes:**

1. Describe the premises. For example the type of premises, its general situation and layout and any other information that could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place is and its proximity to the premises.

2. Where taking place in the building or other structure please tick as appropriate. Indoors may include a tent.

3. For example state the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.

4. For example (but not exclusively), where the activity will occur on additional days during the summer months.

5. For example (but not exclusively), where you wish the activity to go on longer on a particular day, e.g. Christmas Eve.

6. Please give timings in 24-hour clock format (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.

7. If you wish people to be able to consume alcohol on the premises please tick on. If you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish for people to be able to do both please tick both.

8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises that may give rise to concern in respect of children regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi nudity, films of restricted age groups, the presence of gaming machines.

9. Please list here the steps you will take to promote all four licensing objectives together.

10. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.

11. Where there is more than one applicant, the applicants or their respective agents must sign the application form.

12. This is the address that we shall use to correspond with you about this application.

Please note your application will be available for public inspection and posted on the Council's website.

## Applicant Name / Premise Details

### Applicant Name

Title or ORGANISATION	ORGANISATION
Forenames/Organisation Name	Domenica Limited
Surname/Organisation Type(e.g. Ltd Co, Partnership etc)	Ltd Co
Date of Birth	N/A
Applicant 18 years old or over?	N/A
Nationality	N/A
Address Line 1	34 Carfax
Address Line 2	
City / Town	Horsham
County	West Sussex
Postcode	RH12 1EE
Telephone	
Email	

### Premises Details

Premises Name	Carmela Deli
Address Line 1	34 Carfax
Address Line 2	
City / Town	Horsham
County	West Sussex
Postcode	RH12 1EE
Telephone	
Non-Domestic Rateable Value	25750
Email Address	

## Applicant Details

### Type Of Application

**Application for a Premises licence to be granted under the Licensing Act 2003**

**PLEASE STATE WHETHER YOU ARE APPLYING FOR A PREMISES LICENCE AS:**

a) An Individual or Individuals \* ☐ Complete Section A

b) A person other than an individual \*

i) As a Limited Company ☒ Complete Section B

ii) As a Partnership ☐ Complete Section B

iii) As an unincorporated association ☐ Complete Section B

iv) Other ☐ Complete Section B

c) A recognised Club ☐ Complete Section B

d) A Charity ☐ Complete Section B

e) The Proprietor of an educational establishment ☐ Complete Section B

f) Health Service Body ☐ 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 ☐ Complete Section B

ga) A person which is registered under Chapter 2 of part 1 of the health and Social Care Act 2008 ☐ Complete Section B

**If you are applying as a person described in (a) or (b) please confirm one of the next 3 options:**

(If yes please tick box)

I am carrying ☒ Licensable Activities on or propose to carry on business that involves the use of the premises for licensable activities;

**OR**

**I am making the application pursuant to a:**

☐ (i) Statutory function

☐ (ii) A function discharged by virtue of Her Majesty's prerogative

meaning of  
that part) in  
an  
independent  
hospital in  
England

h) Chief  
Officer of  
Police of a  
police force in  
England and  
Wales

☐ Complete Section B

## Second Individual

### Further Applicants

☐ Need to enter Second individual applicant details? (please select if YES)

☐ Need to enter Other/Further applicant details? (please select if YES)

## Operating Schedule

### Part 3 - Operating Schedule

When do you want the  
premises licence to start?

13/02/2026

If you wish the licence to be  
valid only for a limited

period, when do you want it  
to end

If 5000 or more people are  
expected to attend the  
premises at any one time,

0

please state the number  
expected to attend

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

The premises is a food-led deli and cafe with seated customer areas and a service counter. Alcohol sales, if permitted, will be ancillary to a table meal or as part of a delicatessen offering. The premises will not operate as a bar and predominantly trades during daytime hours in a quiet cafe setting.



### Licensable Activities

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

**Provision of regulated entertainment:(tick for yes)**

- |   |                                     |                                 |
|---|-------------------------------------|---------------------------------|
| a) Play(s)  | <input type="checkbox"/>            | (if ticking yes, fill in box A) |
| b) Film(s)  | <input type="checkbox"/>            | (if ticking yes, fill in box B) |
| c) Indoor sporting event(s)   | <input type="checkbox"/>            | (if ticking yes, fill in box C) |
| d) Boxing or wrestling entertainment  | <input type="checkbox"/>            | (if ticking yes, fill in box D) |
| e) Live music   | <input type="checkbox"/>            | (if ticking yes, fill in box E) |
| f) Recorded music   | <input type="checkbox"/>            | (if ticking yes, fill in box F) |
| g) Performances of dance  | <input type="checkbox"/>            | (if ticking yes, fill in box G) |
| h) Anything of a similar description to that falling within (e), (f) or (g) | <input type="checkbox"/>            | (if ticking yes, fill in box H) |
| i) Provision of late night refreshment                                      | <input type="checkbox"/>            | (if ticking yes, fill in box I) |
| j) Supply of alcohol  | <input checked="" type="checkbox"/> | (if ticking yes, fill in box J) |

**In all cases complete boxes K, L and M (see later pages)**

[illegible]

## J - Supply of Alcohol

### J - Supply of Alcohol

Will the sale of alcohol be for consumption on the premises, off the premises or both? Please select.  
(Read guidance note 6)

Both On Sales & Off Sales

State any seasonal variations for the supply of alcohol (please read guidance note 4)

Non-standard timings.  
Where you intend to use the premises for the provision of

supply of alcohol at different times to those listed in the column below, please

list (please read guidance note 5)

#### Standard timings (read guidance note 6)

##### Start

Mon	07:00
Tues	07:00
Wed	07:00
Thur	07:00
Fri	07:00
Sat	07:00
Sun	10:00

##### FINISH

Mon	18:00
Tues	18:00
Wed	18:00
Thur	18:00
Fri	20:00
Sat	18:00
Sun	16:00



## Designated Premises Supervisor

### Specify the designated premises supervisor.

State the name and details of the individual whom you wish to specify on the licence as the designated premises supervisor.

Title	<input type="text"/>
Forenames	<input type="text"/>
Surname	<input type="text"/>
Date of Birth	<input type="text"/>
Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>
City / Town	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Telephone	<input type="text"/>
Email Address	<input type="text"/>
Personal Licence Number (if known)	<input type="text"/>
Issuing Licencing Authority (if known)	<input type="text"/>

## K - Adult Entertainment

### K - Specify adult entertainment or services, activities, other entertainment or matters

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 8)

## L - Premises open to public

### L - Hours Premises are open to public

State any seasonal variations (please read guidance note 4)

Non-standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 5)

### Standard timings (read guidance note 6)

#### Start

Mon	<input type="text" value="07:00"/>
Tues	<input type="text" value="07:00"/>
Wed	<input type="text" value="07:00"/>
Thur	<input type="text" value="07:00"/>
Fri	<input type="text" value="07:00"/>
Sat	<input type="text" value="07:00"/>
Sun	<input type="text" value="10:00"/>

#### FINISH

Mon	<input type="text" value="18:00"/>
Tues	<input type="text" value="18:00"/>
Wed	<input type="text" value="18:00"/>
Thur	<input type="text" value="18:00"/>
Fri	<input type="text" value="20:00"/>
Sat	<input type="text" value="18:00"/>
Sun	<input type="text" value="16:00"/>

## M - Licensing objectives:

### M - Describe the steps you intend to take to promote the four licensing objectives:

a) General fit all four licensing objectives (b,c,d,e) (See guidance note 9)

b) The prevention of crime and disorder

c) Public Safety

d) The prevention of public nuisance

e) The protection of children from harm

## Checklist

### Checklist (If yes please tick)

- ☒ 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 other where applicable
- ☒ I have enclosed the consent form completed by the individual I wish to be 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

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 (£5000) 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.**

## Signatures

### Part 4 - Signatures

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.

#### Declaration

• [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)

• 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)

Signature



Date

15/01/2026

Capacity

Business Owner and Director

## Contact name

### Contact name (where not previously given)

and address for correspondence associated with this application. (Please read guidance note 12)

☐

Click here if you need to specify a name not previously given for correspondence

### Pay & Submit

Enter Total Amount Due

£190

You have two options for paying for the application you have made:

**Option 1** - Pay online now using your Debit/Credit Card. A copy of the form will then be emailed to you. Please **PRINT & SIGN** it and **POST** back to the Public Health & Licensing Team at Horsham District Council at the address below.

**Option 2** - Pay by cheque. Submit the form online and a copy will be emailed to you. Please **PRINT & SIGN** it and **POST** it with a cheque made payable to **Horsham District Council** to the following address.

*(Please quote the form number on the back of the cheque)*

**Public Health and Licensing**

**Horsham District Council**

**Parkside**

**Chart Way**

**Horsham**

**West Sussex**

**RH12 1RL**

Submit cheque in post (make cheques payable to 'Horsham District Council')

**Option 1**

☐

Pay online.

**Option 2**

☒

Submit cheque in post (make cheques payable to 'Horsham District Council')

**Submit**