



Crawley
Application to vary a premises licence to specify an
individual as designated premises supervisor
Licensing Act 2003

For help contact
licensing@crawley.gov.uk
Telephone: 1293438000

* required information

Section 1 of 4

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference

Not Currently In Use

This is the unique reference for this application generated by the system.

Your reference

M&S/Crawley/LAF

You can put what you want here to help you

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Applicant's position in the business

Owner/Operator

Home country

United Kingdom

The country where the applicant's headquarters are.

Registered Address

Address registered with Companies House.

Building number or name

Waterside House

Street

35 North Wharf Road

District

Paddington

City or town

London

County or administrative area

Postcode

W2 1NW

Country

United Kingdom

Agent Details

* First name

Lesley

* Family name

Foy

* E-mail

LFoy@john-gaunt.co.uk

Main telephone number

03300 584150

Include country code.

Other telephone number

☐ Indicate here if you would prefer not to be contacted by telephone

Are you:

- ☒ An agent that is a business or organisation, including a sole trader
- ☐ A private individual acting as an agent

A sole trader is a business owned by one person without any special legal structure.

Agent Business

Is your business registered in the UK with Companies House?

☐ Yes ☒ No

Note: completing the Applicant Business section is optional in this form.

Is your business registered outside the UK?

☐ Yes ☒ No

Business name

John Gaunt & Partners

If your business is registered, use its registered name.

VAT number

-

N/A

Put "none" if you are not registered for VAT.

Legal status

Partnership

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Your position in the business

Home country

The country where the headquarters of your business is located.

Agent Business Address

If you have one, this should be your official address - that is an address required of you by law for receiving communications.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

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PREMISES DETAILS

I/we apply to vary a premises licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003.

* Premises licence number

Are you able to provide a postal address, OS map reference or description of the premises?

☒ Address ☐ OS map reference ☐ Description

Address

* Building number or name

* Street

District

* City or town

County or administrative area

Postcode

* Country

Contact Details

E-mail

Telephone number

Other telephone number

Describe the premises. For example, what type of premises it is

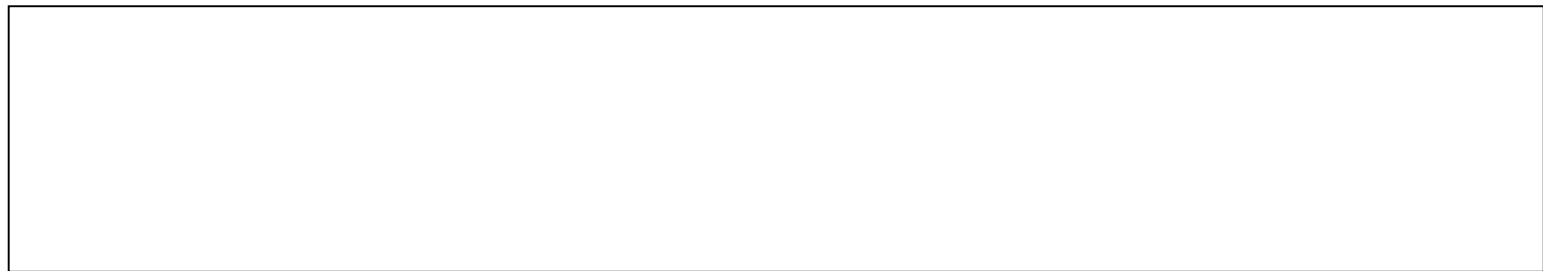
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Retail unit with licensed facilities

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SUPERVISOR

Full Name Of Proposed Designated Premises Supervisor



OFFICE USE ONLY

Applicant reference number	M&S/Crawley/LAF
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
Is Digitally signed	☐

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