

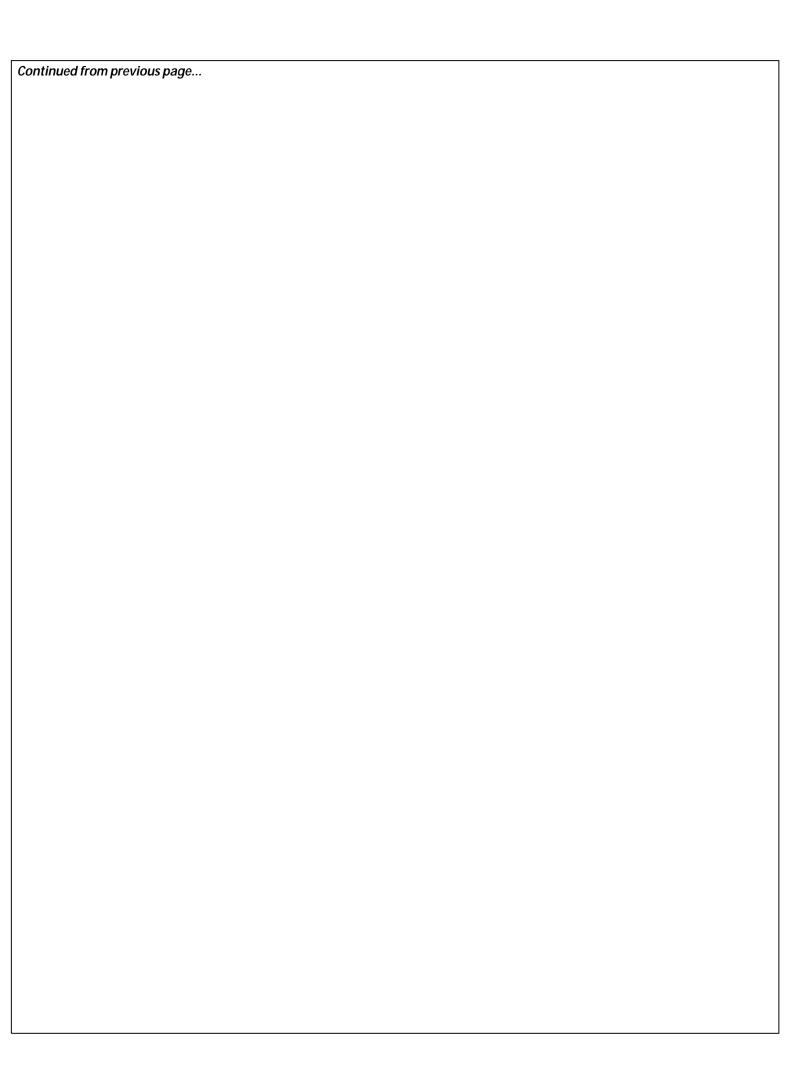
Crawley
Application to vary a premises licence to specify an individual as designated premises supervisor Licensing Act 2003

For help contact <a href="mailto:licensing@crawley.gov.uk">licensing@crawley.gov.uk</a>

\* required information

Telephone: 1293438000

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 Put "no" if you are applying on your own behalf or on behalf of a business you own or ○ No work for. **Applicant Details** \* First name



Continued from previous page			
Your position in the business	Paralegal		
Home country	United Kingdom	The country where the headquarters of you business is located.	
Agent Registered Address			

Section 3 of 4 SUPERVISOR  Full Name Of Proposed Designated Premises Supervisor  * First name  * Family name  * Nationality  * Place of birth  * Date of birth  * Wald graph of proposed designated premises supervisor  Issuing authority of that licence  Full Name Of Existing Designated Premises Supervisor  First name  * Would you like this application to have immediate effect under section 38  * Would you like this application to have immediate effect under section 38  * Would you like this application to have immediate effect under section 38  * Would you like this application to have immediate effect under section 38  * Would you like this application to have immediate effect under section 38  * Would you like this application to have immediate effect under section 38  * Would you like this application to have immediate effect under section 38  * Would you like this application to have immediate effect under section 38  * Would you like this application to have immediate effect under section 38  * Would you like this application to have immediate effect under section 38  * Would you like this application to have immediate effect under section 38  * Would you like this application to have immediate effect under section 38  * Would you like this application to have immediate effect under section 38  * Would you like this application to have immediate effect under section 38  * Would you like this application to have immediate effect under section 38  * Would you like this application to have immediate effect under section 38  * Would you like this application to have immediate effect under section 38  * Would you like this application to have immediate effect under section 38  * Would you like this application to have immediate effect under section 38  * Would you like this application to have immediate effect under section 38  * Would you like this application to have immediate effect under section 38  * Would you like this application to have	Continued from previous page				
SUPERVISOR  Full Name Of Proposed Designated Premises Supervisor  * First name  * Family name  1  * Nationality  * Place of birth  * Date of birth  * Date of birth  # Date of b	Retail Business				
SUPERVISOR  Full Name Of Proposed Designated Premises Supervisor  * First name  * Family name  1  * Nationality  * Place of birth  * Date of birth  * Date of birth  # Date of b					
SUPERVISOR  Full Name Of Proposed Designated Premises Supervisor  * First name  * Family name  1  * Nationality  * Place of birth  * Date of birth  Date of birth  dd mm yyyyy  Personal licence number of proposed designated premises supervisor  Issuing authority of that licence  Full Name Of Existing Designated Premises Supervisor  First name  Family name  * Would you like this application to have immediate effect under section 38 The premises licence holder can continue the Licensing Act 2003?  * Yes  No  No  No  No  No  No  No  No  No  N					
Full Name Of Proposed Designated Premises Supervisor  * First name  * Family name  * Nationality  * Place of birth  * Date of birth  Date of birth  # Date of birth  Date of birth  # Date of bir					
* First name  * Family name  Nationality  Place of birth  Date of birth  Date of birth  Date of birth  Composed designated premises supervisor  Issuing authority of that licence  Full Name Of Existing Designated Premises Supervisor  First name  * Would you like this application to have immediate effect under section 38 of the premises licence holder can continue the supply of alcohol if, for example, the existing premises supervisor is suddenly indisposed or unable to work.	SUPERVISOR				
* Family name  * Nationality  * Place of birth  * Date of birth  D	Full Name Of Proposed Designation	gnated Premises Supervisor			
* Nationality  * Place of birth  * Date of birth  D	* First name				
* Place of birth  * Date of birth  D	* Family name	I			
* Date of birth    dd	* Nationality				
Personal licence number of proposed designated premises supervisor  Issuing authority of that licence  Full Name Of Existing Designated Premises Supervisor  First name  * Would you like this application to have immediate effect under section 38 of the premises licence holder can continue the Licensing Act 2003?  • Yes  • No	* Place of birth				
Personal licence number of proposed designated premises supervisor  Issuing authority of that licence  Full Name Of Existing Designated Premises Supervisor  First name  Family name  * Would you like this application to have immediate effect under section 38 of the premises licence holder can continue the Licensing Act 2003?  • Yes  • No	* Date of birth	dd mm yyyy			
Full Name Of Existing Designated Premises Supervisor  First name  * Would you like this application to have immediate effect under section 38 of the premises licence holder can continue the Licensing Act 2003?  • Yes  • No  No  No  No  • No  • No	proposed designated				
First name  Family name  * Would you like this application to have immediate effect under section 38 of the premises licence holder can continue the Licensing Act 2003?  • Yes  • No					
* Would you like this application to have immediate effect under section 38 of the premises licence holder can continue the Licensing Act 2003?  • Yes  • No  No  No  • No  • No	Full Name Of Existing Designated Premises Supervisor				
* Would you like this application to have immediate effect under section 38 of the premises licence holder can continue the Licensing Act 2003?  • Yes  • No  No  • No	First name				
the Licensing Act 2003?  • Yes  • No  • No	Family name				
<ul> <li>Yes</li> <li>No</li> <li>indisposed or unable to work.</li> </ul>					
☑ I will notify the existing premises supervisor (if any) of this application	<ul><li>Yes</li></ul>	○ No			
	□ I will notify the existing	g premises supervisor (if any) of this applicat	tion		

Continued from previous page  Reference number for consent form (if known)
If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'
Section 4 of 4
PAYMENT DETAILS
This fee must be par3a 8.504 t 667.80L rg 1 i 8.5T 6LTarm renalrmpleteg 1 i pplica 0 i onlYn617 Tm (PAYMENT DE

OFFICE USE ONLY	
Applicant reference number	M-00954149
Fee paid	
Payment provider reference	
ELMS Payment Reference	