

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

For help contact

<u>licensing@crawley.gov.uk</u> Telephone: 1293438000

\* required information

ection 1 of 4		
ou can save the form at any	y time and resume it later. You do not	need to be logged in when you resume.
ystem reference	Not Currently In Use	This is the unique reference for this application generated by the system.
our reference		

Continued from previous page		
Applicant's position in the business	Director	
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
Building number or name	1	
Street	Angel Square	
District		
City or town	Manchester	
County or administrative area		
Postcode	M60 0AG	
Country	United Kingdom	
Agent Details		
* First name	Lucy	
* Family name	Allen	
* E-mail	lucy.allen@wardhadaway.com	

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Your position in the business	Paralegal				
Home country	United Kingdom	The country where the headquarters of your business is located.			
Agent Business Address		If you have one, this should be your official			
Building number or name	Sandgate House	address - that is an address required of you by law for receiving communications.			
Street	102 Quayside				
District					
City or town	Newcastle upon Tyne				
County or administrative area					
Postcode	NE1 3DX				
Country	United Kingdom				
Section 2 of 4					
PREMISES DETAILS					
I/we apply to vary a premises li section 37 of the Licensing Act		s application as the premises supervisor under			
* Premises licence number	07/00327/LAPRE				
Are you able to provide a posta	al address, OS map reference or description	of the premises?			
<ul><li>Address</li><li>OS ma</li></ul>	p reference O Description				
Address					
* Building number or name	Со-ор				
* Street	Balcombe Road				
District	Pound Hill				
* City or town	Crawley				
County or administrative area	West Sussex				
Postcode	RH10 7RU				
* Country	United Kingdom				
Contact Details					
E-mail					
Telephone number					
Other telephone number					
Describe the premises. For exa	mple, what type of premises it is				

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 paid to the authority. If you complete the application online, you must pay it by debit or credit card.
This formality requires a fixed fee of £23
DECLARATION
I/WE UNDERSTAND THAT 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. [APPLICABLE TO INDIVIDUAL APPLICANTS ONLY, INCLUDING THOSE IN A PARTNERSHIP WHICH IS NOT A LIMITED LIABILITY PARTNERSHIP, BUT NOT COMPANIES OR LIMITED LIABILITY PARTNERSHIPS] 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.
☐ Ticking this box indicates you have read and understood the above declaration
This section should be completed by the applicant, unless you answered "R 0.816 7ucant, un.5 -7.5 -7.5   S Q BT 000 rg fl