

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

| Section 1 of 4 | | |
|--------------------------|--|--|
| You can save the form at | t any time and resume it later. You do not | t 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 | | You can put what you want here to help you track applications if you make lots of them. It is passed to the authority. |
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| Are n agent acting | on behalf of the applicant? | |
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| Your position in the business | Licensing Officer | |
| Home country | United Kingdom | The country where the headquarters of your business is located. |
| Registered Address | | Address registered with Companies House. |
| Building number or name | Iceland Foods Limited | |
| Street | Second Avenue | |
| District | Deeside Industrial Park | |
| City or town | Deeside | |
| County or administrative area | Flintshire | |
| Postcode | CH5 2NW | |
| Country | United Kingdom | |
| | | |
| Section 2 of 4 | | |
| PREMISES DETAILS | | |
| I/we apply to vary a premises li section 37 of the Licensing Act | cence to specify the individual named in this ap 2003. | oplication as the premises supervisor under |
| * Premises licence number | 18/02281/LAPRE | |
| Are you able to provide a posta | al address, OS map reference or description of t | he premises? |
| AddressOS ma | p reference O Description | |
| Address | | |
| * Building number or name | Unit 8 | |
| * Street | The Pavilion Centre | |
| District | Queen's Square | |
| * City or town | Crawley | |
| County or administrative area | | |
| Postcode | RH10 1DE | |
| * Country | United Kingdom | |
| Contact Details | | |
| E-mail | | |
| Telephone number | | |
| Other telephone number | | |
| Describe the premises. For exa | mple, what type of premises it is | |

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| Continued from previous page | Reference number for consent form (if known) | |
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| If the consent form is already submitted, ask the proposed designated.uxRE2ises tsuperviso for cits 2221systemre erence 222s r c2221your | | |