

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	TUR140/24	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.		
Are you an agent acting on be	half of the applicant?	Put "no" if you are applying on your own		
• Yes O N	lo	behalf or on behalf of a business you own or work for.		
Applicant Details				
* First name	Turtle Bay Restaurants Limited			
* Family name	n/a			
* E-mail				
Main telephone number		Include country code.		
Other telephone number				
Indicate here if the appli	cant would prefer not to be contacted by telep	hone		
Is the applicant:				
• Applying as a business of	or organisation, including as a sole trader	A sole trader is a business owned by one		
<ul> <li>Applying as an individua</li> </ul>	al	person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.		
Applicant Business				
Is the applicant's business registered in the UK with Companies House?	Yes O No	Note: completing the Applicant Business section is optional in this form.		
R855 - 0 B34a9/96 -7.67 8790	098 -0.5 I 0 0 0 0004 140.49001 cm 0.831 0.8	16 0.7-t8 0   1.856 -4.351 -1.669t 0 0 08 -420 0 m		

Continued from previous page.		
Applicant's position in the business		
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
Building number or name	3	]
Street	St Mary's Parsonage	]
District		]
City or town	Manchester	]
County or administrative area		]
Postcode	M3 2RD	
Country	United Kingdom	]
Agent Details		
* First name	Kuit Steinart Levy LLP	
* Family name	n/a	]
* E-mail		]
Main telephone number		Include country code.
Other telephone number		]
🔲 Indicate here if you wou	uld prefer not to be contacted by telephone	
Are you:		
<ul> <li>An agent that is a busin</li> </ul>	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
<ul> <li>A private individual acti</li> </ul>	ng as an agent	
Agent Business		
Is your business registered in the UK with Companies House?		
L		

Continued from previous page				
Your position in the business	Trainee Solicitor			
Home country	United Kingdom	The country where the headquarters of your business is located.		
Agent Registered Address		Address registered with Companies House.		
Building number or name	3			
Street	St Mary's Parsonage			
District				
City or town	Manchester			
County or administrative area				
Postcode	M3 2RD			
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	14/01451/LAPRE			
Are you able to provide a posta	al address, OS map reference or description of t	he premises?		
Address OS ma	o reference O Description			
Address				
* Building number or name	Turtle Bay			
* Street	Unit 1 - 100 High Street			
District	West Green			
* City or town	Crawley			
County or administrative area				
Postcode	RH10 1BZ			
* Country	United Kingdom			
Contact Details				
E-mail	naomishaw@kuits.com			
Telephone number	0161 838 788			
Other telephone number				
Describe the premises. For example, what type of premises it is				

Continued from previous page...

Continued from previous page.	Form (if known)
If the consent form is already the proposed designated pre supervisor for its 'system refer reference'	mises
Section 4 of 4	
PAYMENT DETAILS	
	uthority. If you complete the application online, you must pay it by debit or credit card.
This formality requires a fixed	tee of £23
DECLARATION	
STATEMENT IN OR IN CONN SUMMARY CONVICTION TO IN A PARTNERSHIP WHICH IS PARTNERSHIPS] IT IS AN OFF THEY KNOW, OR HAVE REAS THEIR IMMIGRATION STATU TO EMPLOYMENT WILL BE L NATIONALITY ACT 2006 ANI THEY DO SO IN THE KNOWL	IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE ECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON A FINE OF ANY AMOUNT. [APPLICABLE TO INDIVIDUAL APPLICANTS ONLY, INCLUDING THOSE S NOT A LIMITED LIABILITY PARTNERSHIP, BUT NOT COMPANIES OR LIMITED LIABILITY FENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971] FOR A PERSON TO WORK WHEN GONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF S. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS IABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND D, PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE EDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.
This section should be comple behalf of the applicant?"	eted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	Kuit Steinart Levy LLP
* Capacity	Solicitors and Authorised Agents
* Date	20     /     07     /     2021       dd     mm     yyyy   Remove this signatory
Full name	
Capacity	
* Date	Image: dd mm yyyy     Remove this signatory
	Add another signatory

## OFFICE USE ONLY

Applicant reference number	TUR140/24	
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		
1 <u>2</u> <u>3</u> <u>4</u>	Next >	