

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

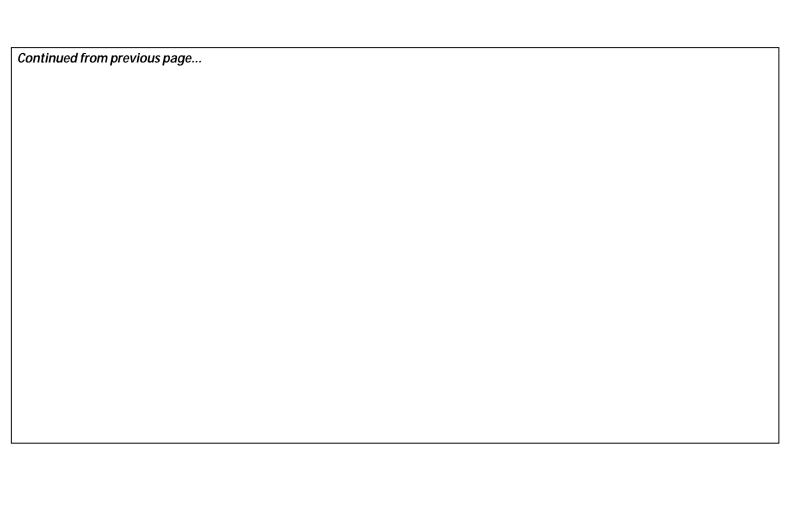
For help contact

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

* required information

Section 1 of 4		
You can save the form at any ti	ime and resume it later. You do not need to be	logged in when you resume.
System reference		
Your reference	CS/CRA71	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 behalf of the applicant?		Put "no" if you are applying on your own
YesN	lo	behalf or on behalf of a business you own or work for.
Applicant Dotails		
* First name	Marston's PLC	1
]
* Family name	as above	-

Continued from previous page		
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	Marston's House	
Street	Brewery Road	
District		
City or town	Wolverhampton	
County or administrative area		
Postcode	WV1 4JT	
Country	United Kingdom	
Agent Details		
* First name		
* Family name		
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you wou	ld prefer not to be contacted by telephone	
Are you:		
An agent that is a busine	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
A private individual actir	ng as an agent	person without any special regarstructure.
Agent Business Is your business registered in the UK with Companies House?		



Continue d'Engage manufacture ma ma				
Continued from previous page				
Public House				
Section 3 of 4				
SUPERVISOR				
Full Name Of Proposed Des	ignated Premises Supervisor			
* First name				
* Family name				
* Nationality				
* Place of birth				
* Date of birth	dd mm yyyy			
Personal licence number of proposed designated premises supervisor				
Issuing authority of that licence				
Full Name Of Existing Desig	nated Premises Supervisor			
First name				
Family name				
* Would you like this applicat the Licensing Act 2003?	ion 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		
Yes	○ No	indisposed or unable to work.		
☑ I will notify the existing	ng premises supervisor (if any) of this application	It is sufficient for the licensee to inform the existing premises supervisor in writing, without sharing the specific details of the application.		
* Will the premises licence or application?	relevant part of it be submitted with this			
Yes	○ No			
How will the consent form of be supplied to the authority?	the proposed designated premises supervisor			
 Electronically, by the proposed designated premises supervisor 				
 As an attachment to thin 	s variation			

Continued from previous page	Reference number for consent form (if known)
If the consent form is already s the proposed designated prem supervisor for its 'system refere reference'	nises
Section 4 of 4	
PAYMENT DETAILS	
This fee must be paid to the au This formality requires a fixed f	thority. If you complete the application online, you must pay it by debit or credit card.
DECLARATION	
STATEMENT IN OR IN CONNECTION TO A IN A PARTNERSHIP WHICH IS PARTNERSHIPS] IT IS AN OFFET THEY KNOW, OR HAVE REASO THEIR IMMIGRATION STATUS TO EMPLOYMENT WILL BE LIANATIONALITY ACT 2006 AND THEY DO SO IN THE KNOWLE Ticking this box indicat This section should be completed.	S AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE CTION 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 NOT A LIMITED LIABILITY PARTNERSHIP, BUT NOT COMPANIES OR LIMITED LIABILITY ENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971] FOR A PERSON TO WORK WHEN DNABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF A THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS ABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE DGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED. THOSE WHO PROVIDED THE SAME ACT OF THE EMPLOYEE IS DISQUALIFIED. THE SAME ACT OF THE SAME ACT OF THE EMPLOYEE IS DISQUALIFIED.
behalf of the applicant?"	
* Full name	John Gaunt & Partners
* Capacity	Solicitors for the applicant
* Date	26 / 07 / 2022 dd mm yyyy Remove this signatory
	Remove this signatory
Full name	
Capacity	
* Date	dd mm yyyy Remove this signatory
	Add another signatory

OFFICE USE ONLY		
Applicant reference number	CS/CRA71	
Fee paid		
Payment provider reference		
ELMS Payment Reference		
Payment status		
Payment authorisation code		
Payment authorisation date		