

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 time and resume it later. You do not r	need to be logged in when you resume.				
System reference					
○ No	Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.				
Applicant Details					

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		
Building number or name	20	
Street	Broad Walk	
District		
City or town	Crawley	
County or administrative area		
Postcode	RH10 1HQ	
Maxim tryephone number 2.0932	2. U 214 112 10225CCQ to 4520CCA utttry sculfitsy. 19.6346.220 99 8-005	

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Your position in the business	DIRECTOR	
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		
Street		
District		
City or town		
County or administrative area		
Postcode		
Country	United Kingdom	
Section 2 of 4		
PREMISES DETAILS		
I/we apply to vary a premises li section 37 of the Licensing Act	icence to specify the individual named in this a 2003.	pplication as the premises supervisor under
* Premises licence number		
Are you able to provide a post	al address, OS map reference or description of t	the premises?
Address	· · · · · · · · · · · · · · · · · · ·	
* Buildingnce numnce nameOAStS	MOROCCAN CAFE	

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MOROCCAN STYLE CAFE SERVING A RANGE OF ALCOHOLIC AND NON ALCOHOLIC BEVERAGES					
Section 3 of 4					
SUPERVISOR					
Full Name Of Proposed Desig	nated Premises Supervisor				
* First name					
* Family name					
* Nationality					
* Place of birth					
* Date of birth					

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
IVAME 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, INCLIDING THOSE IN A PARTINERSHIP WHICH IS NOT A LIMITED LIABILITY PARTINERSHIP, BUT NOT COMPANIES OR LIMITED LIABILITY PARTINERSHIPS IT IS AN OFFENCE UNDER SECTION 248 OF THE IMMIGRATION ACT 1971] FOR 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.