

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

For help contact <a href="mailto:licensing@crawley.gov.uk">licensing@crawley.gov.uk</a>

Telephone: 1293438000

\* required information

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  Your reference  RMS - VDPS - Hillside Inn Crawley  You can put what you want here to help track applications if you make lots of the is passed to the authority.  Are you an agent acting on behalf of the applicant?  Put "no" if you are applying on your own behalf or on behalf of a business you own	
Your reference  You can put what you want here to help track applications if you make lots of the is passed to the authority.  Are you an agent acting on behalf of the applicant?  Put "no" if you are applying on your own	
track applications if you make lots of the is passed to the authority.  Are you an agent acting on behalf of the applicant?  Put "no" if you are applying on your own	
	- 1
<ul><li>Yes</li><li>No</li><li>work for.</li></ul>	
Applicant Details	
* First name Mitchells & Butlers Leisure Retail Limited	
* Family name Mitchells & Butlers Leisure Retail Limited	
* E-mail	
Main telephone number Include country code.	
Other telephone number	
☐ Indicate here if the applicant would prefer not to be contacted by telephone	
Is the applicant:	
<ul> <li>Applying as a business or organisation, including as a sole trader</li> <li>Applying as an individual</li> <li>Applying as an individual</li> <li>A sole trader is a business owned by on person without any special legal structur Applying as an individual means the applicant is applying so the applicant care employed, or for some other personal resuch as following a hobby.</li> </ul>	e. n be
Applicant Business	
Is the applicant's business registered in the UK with Companies House?  No Note: completing the Applicant Business section is optional in this form.	
Registration number 01001181	
Business name  Mitchells & Butlers Leisure Retail Limited  If the applicant's business is registered, its registered name.	use
VAT number  GB  818307823  Put "none" if the applicant is not register for VAT.	ed
Legal status Private Limited Company	

Continued from previous page	
Applicant's position in the	
Applicant's position in the business	
	'

Continued from previous page		
Your position in the busines	s Paralegal	
Home country	United Kingdom	The country where the headquarters of you business is located.
Agent Business Address		If you have one, this should be your official
Building number or name	37	address - that is an address required of you by law for receiving communications.
Street	Stoney Street	
District	The Lace Market	
City or town	Nottingham	
County or administrative are	ea	
Postcode	NG1 1LS	
Country	United Kingdom	
Section 2 of 4		
PREMISES DETAILS		
I/we apply to vary a premise section 37 of the Licensing		n this application as the premises supervisor un
* Premises licence number	05/00010/LAPRE	

Continued from previous page.			
As existing.			
Section 3 of 4			
SUPERVISOR			
Full Name Of Proposed De	signated Premises Superviso	or	
* 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 Desi	gnated Premises Supervisor		
First name			
Family name			
* Would you like this application the Licensing Act 2003?	ation to have immediate effec	ct under section 3	8 of
<ul><li>Yes</li></ul>	O No		
* Will the premises licence application?	or relevant part of it be submi	itted with this	
<ul><li>Yes</li></ul>	○ No		
How will the consent form of be supplied to the authority	of the proposed designated pro?	remises supervis	or
<ul><li>Electronically, by the p</li></ul>	proposed designated premise	es supervisor	
<ul> <li>As an attachment to the</li> </ul>	nis variation		
Reference number for cons form (if known)	sent		If the consent form is already submitted, as the proposed designated premises supervisor for its 'system reference' or 'you reference'
Section 4 of 4			
PAYMENT DETAILS			
This fee must be paid to the	e authority. If you complete th	e application onl	ne, you must pay it by debit or credit card.

Continued from previous page		
This formality requires a fixed	d fee of £23	
DECLARATION		
STATEMENT IN OR IN CO SUMMARY CONVICTION IN A PARTNERSHIP WHICE PARTNERSHIPS] IT IS AN THEY KNOW, OR HAVE RETHEIR IMMIGRATION STATO EMPLOYMENT WILL BENATIONALITY ACT 2006 ATHEY DO SO IN THE KNO	INNECTION WITH THIS APPLICATION. THE TO A FINE OF ANY AMOUNT. [APPLICABLE HIS NOT A LIMITED LIABILITY PARTNER OFFENCE UNDER SECTION 24B OF THE EASONABLE CAUSE TO BELIEVE, THAT THUS. THOSE WHO EMPLOY AN ADULT WE LIABLE TO A CIVIL PENALTY UNDER SAND, PURSUANT TO SECTION 21 OF THE WELLOGE, OR WITH REASONABLE CAUSE HELD WE WITH REASONABLE CAUSE	8 OF THE LICENSING ACT 2003, TO MAKE A OSE WHO MAKE A FALSE STATEMENT MALE TO INDIVIDUAL APPLICANTS ONLY, INCLUSHIP, BUT NOT COMPANIES OR LIMITED LESSING AND ACT 1971] FOR A PERSON THEY ARE DISQUALIFIED FROM DOING SOME ACT OF THE IMMIGRATION, ASYLUM SAME ACT, WILL BE COMMITTING AN OFF E TO BELIEVE, THAT THE EMPLOYEE IS DISCURDED TO BE COMPANIES OF THE IMMIGRATION.
* Full name	Poppleston Allen Solicitors	
* Capacity	Solicitors on behalf of the applicant	
* Date	27 / 03 / 2023 dd mm yyyy	
	Remove this signatory	
Full name		
Capacity		
* Date	dd mm yyyy	
	Remove this signatory  Add another signatory	

OFFICE USE ONLY		
Applicant reference number	RMS - VDPS - Hillside Inn Crawley	
Fee paid		
1		