

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		
		I
O N	0	Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.
Applicant Details		
* First name	Travelodge Hotels Limited	
* Family name		
* E-mail		
Main telephone number		Include country code.
Other telephone number		
Indicate here if the app	licant would prefer not to be contacted by te	lephone
Is the applicant:		
 Applying as a business or organisation, including as a sole trader Applying as an individual 		A sole trader is a business owned by one 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.
Registration number	00769170	
Business name	Travelodge Hotels Limited	If the applicant's business is registered, use its registered name.
VAT number -		Put "none" if the applicant is not registered for VAT.
Legal status	Private Limited Company	

Continued from previou	us page		
Applicant's position i business	in the		
Home country		United Kingdom	The country where the applicant's headquarters are.
Registered Address			Address registered with Companies House
Building number or r	name	Sleepy Hollow	
Street		Aylesbury Road	
District			
City or town		Thame	
County or administra	ative area	Oxfordshire	
Postcode		OX9 3AT	
Country		United Kingdom	
Agent Details			
* First name		Woods Whur	
* Family name			
* E-mail			
Main telephone num	nber		Include country code.
Other telephone nur	nber		
Indicate here i	f you wo	uld prefer not to be contacted by telephone	
Are you:			
 An agent that 	is a busiı	ness or organisation, including a sole trader	A sole trader is a business owned by one
 A private individual acting as an agent 			
Agent Business			
Is your business reg the UK with Compar House?		n 💿 Yes n 🔿 No	Note: completing the Applicant Business section is optional in this form.
Registration number	•	08973858	
Business name		Woods Whur	If your business is registered, use its registered name.
VAT number	GB	187289453	Put "none" if you are not registered for VAT.
Legal status		Private Limited Company	

Continued from previous page		
Your position in the business		
Home country	United Kingdom	The country where the headquarters of your business is located.
Agent Registered Address		
Building number or name	St James House	
Street	28 Park Place	
District		

Continued from previous page			
Hotel			
Section 3 of 4			
SUPERVISOR			
Full Name Of Proposed Desig	gnated 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 Designated Premises Supervisor			
First name			
Family name			
* Would you like this applicati the Licensing Act 2003?	on to have immediate effect under section 3	B othe 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	g premises supervisor (if any) of this applica	tion ^I t 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		
* Reasons why the premises licence or relevant part of it will not be submitted with this application			
Updated Premises Licence not yet received following transfer application submitted on 14/08/2023.			

Continued from previous page	
How will the consent form of the proposed designated premises supervisor be supplied to the authority?	
 Electronically, by the proposed designated premises supervisor 	
 As an attachment to this variation 	
Reference number for consent form (if known)	If the consent form is already submitted, ask the proposed designated premises

