

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

Section 1 of 4		
You can save the form at an	y time and resume it later. You do not need	to be logged in when you resume.
System reference		
Your reference	FL - Harvester, Crawley	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 b  • Yes   • N	pehalf of the applicant?	Put "no" if you are applying on your own behalf or on behalf of a business you own owork for.
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 app	blicant would prefer not to be contacted by te	lephone
Is the applicant:		
<ul> <li>Applying as a business or organisation, including as a sole trader</li> <li>Applying as an individual</li> </ul>		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 reasons such as following a hobby.
Applicant Business		
Is the applicant's business registered in the UK with Companies House?		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, use its registered name.
VAT number GB	818307823	Put "none" if the applicant is not registered for VAT.
Legal status	Please select	
		-

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Applicant's position in the business	Premises Licence Holder	
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House
Building number or name	27	
Street	Fleet Street	
District		
City or town	Birmingham	
County or administrative area		
Postcode	B3 1JP	
Country	United Kingdom	
Agent Details		
* First name	Freja Lee - Poppleston Allen Solicitors	
* Family name	Freja Lee - Poppleston Allen Solicitors	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you wo	uld prefer not to be contacted by telephone	
Are you:		
<ul><li>An agent that is a busin</li></ul>	ness 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 act</li> </ul>	ing as an agent	, , , , , , , , , , , , , , , , , , , ,
Agent Business		
Is your business registered in the UK with Companies House?	n () Yes (• No	Note: completing the Applicant Business section is optional in this form.
Is your business registered outside the UK?	○ Yes	
Business name	Poppleston Allen Solicitors	If your business is registered, use its registered name.
VAT number GB	610752862	Put "none" if you are not registered for VAT
Legal status	Partnership	

Continued from previous page		
Your position in the business	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	a	
Postcode	NG1 1LS	
Country	United Kingdom	
Section 2 of 4		
PREMISES DETAILS		
I/we apply to vary a premises section 37 of the Licensing A		this application as the premises supervisor u
* Premises licence number		

Continued from previous page		
Licensed Premises		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desi	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		

Continued from previous page	Reference number for consent form (if known)
If the consent form is already the proposed designated pre supervisor for its 'system reference'	mises
Section 4 of 4	
PAYMENT DETAILS	
·	authority. If you complete the application online, you must pay it by debit or credit card.
This formality requires a fixed	difference of £23
DECLARATION	
STATEMENT IN OR IN CO SUMMARY CONVICTION IN A PARTNERSHIPS] IT IS AN THEY KNOW, OR HAVE R THEIR IMMIGRATION STA TO EMPLOYMENT WILL B NATIONALITY ACT 2006 A THEY DO SO IN THE KNO	TIT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE INNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MATO A FINE OF ANY AMOUNT. [APPLICABLE TO INDIVIDUAL APPLICANTS ONLY, INCOMENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971] FOR A PERSON EASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SECTION. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO SECTION ACTION AS THE IMMIGRATION, AS YLUND, PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFF WILL BE COMMITTING AND OFF WILL BE COMMITTING AN OFF WILL BE COMMITTED WILL BE WILL BE COMMITTED WILL BE WILL B
This section should be complete behalf of the applicant?"	leted by the applicant, unless you answered "Yes" to the question "Are you an agent actin
* Full name	Poppleston Allen Solicitors
* Capacity	Solicitor for and on behalf of the applicant
* Date	

OFFICE USE ONLY		
Applicant reference number	FL - Harvester, Crawley	
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 >	