

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 need to l	be logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	KL/303346	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	ehalf of the applicant?	Put "no" if you are applying on your own behalf or on behalf of a business you own or
YesNo		work for.
Applicant Details		
* First name	PHR (Northern Europe) Limited	
* Family name	PHR (Northern Europe) Limited	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if the app	olicant would prefer not to be contacted by te	lephone
Is the applicant:		
Applying as a businessApplying as an individual	or organisation, including as a sole trader ual	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 No	Note: completing the Applicant Business section is optional in this form.
Registration number	10510637	
Business name	PHR (Northern Europe) Limited	If the applicant's business is registered, use its registered name.
VAT number GB		Put "none" if the applicant is not registered for VAT.
Legal status	Private Limited Company	

Continued from previous page		
Applicant's position in the business		
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
Building number or name	Building 1, Imperial Place	
Street	Elstree Way	
District		
City or town	Borehamwood	
County or administrative area		
Postcode	WD6 1JN	
Country	United Kingdom	
Agent Details		
* First name	Trethowans LLP	
* Family name	Trethowans LLP	
* 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 legal structure.
Agent Business		
Is your business registered in the UK with Companies House?	• Yes No	Note: completing the Applicant Business section is optional in this form.
Registration number	OC342356	
Business name	Trethowans LLP	If your business is registered, use its registered name.
VAT number GB	188092824	Put "none" if you are not registered for VAT.
Legal status	Limited Liability Partnership	

Continued from previous page		1
Your position in the business		
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	Trethowans LLP	
Street	London Road	
District		
City or town	Salisbury	
County or administrative area		
Postcode	SP1 3HP	
Country	United Kingdom	
Section 2 of 4		
PREMISES DETAILS		
I/we apply to vary a premises li section 37 of the Licensing Act	cence to specify the individual named in this a 2003.	oplication as the premises supervisor under
* Premises licence number	14/01577/LAPRE	
Are you able to provide a posta	al address, OS map reference or description of t	he premises?
AddressOS map	p reference O Description	
Address		
* Building number or name	Pizza Hut, Unit 5, Crawley Leisure Park	
* Street	London Road	
District	West Green	
* City or town	Crawley	
County or administrative area		
Postcode	RH10 8LR	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number		
Other telephone number		
Describe the premises. For example 1	mple, what type of premises it is	

Continued from previous page		
Restaurant		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desi	gnated Premises Supervisor	
* First name		
* Family name		
* Nationality		
* Place of birth		
* Date of birth		
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 applicati the Licensing Act 2003?	on 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 this 	svariation	

	eference number for consent [orm (if known)		
If the consent form is already subr the proposed designated premise supervisor for its 'system reference'	2 S		
Section 4 of 4			
PAYMENT DETAILS			
This fee must be paid to the author	3 3	ication online, you must pa	y it by debit or credit card.
This formality requires a fixed fee	OT £23 		
DECLARATION			
	ON WITH THIS APPLICATION." NE OF ANY AMOUNT. [APPLIC OT A LIMITED LIABILITY PARTNI	THOSE WHO MAKE A FALSE ABLE TO INDIVIDUAL APPLI ERSHIP, BUT NOT COMPANI	STATEMENT MAY BE LIABLE ON CANTS ONLY, INCLUDING THOSE ES OR LIMITED LIABILITY

OFFICE USE ONLY		
Applicant reference number	KL/303346	
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 2 3 4	Next >	