

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	t any time and resume it later. You do not	t need to 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		You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
_		is passed to the admonty.
Are n agent acting	on behalf of the applicant?	

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Your position in the business	Licensing Officer	
Home country	United Kingdom	The country where the headquarters of your business is located.
Registered Address		Address registered with Companies House.
Building number or name	Iceland Foods Limited	
Street	Second Avenue	
District	Deeside Industrial Park	
City or town	Deeside	
County or administrative area	Flintshire	
Postcode	CH5 2NW	
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 ap 2003.	oplication as the premises supervisor under
* Premises licence number	18/02281/LAPRE	
Are you able to provide a posta	al address, OS map reference or description of t	he premises?
AddressOS ma	p reference O Description	
Address		
* Building number or name	Unit 8	
* Street	The Pavilion Centre	
District	Queen's Square	
* City or town	Crawley	
County or administrative area		
Postcode	RH10 1DE	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number		
Other telephone number		
Describe the premises. For exa	mple, what type of premises it is	

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Continued from previous page	Reference number for consent form (if known)	
If the consent form is already submitted, ask the proposed designated.uxRE2ises tsuperviso for cits 2221systemre erence 222s r c2221your		