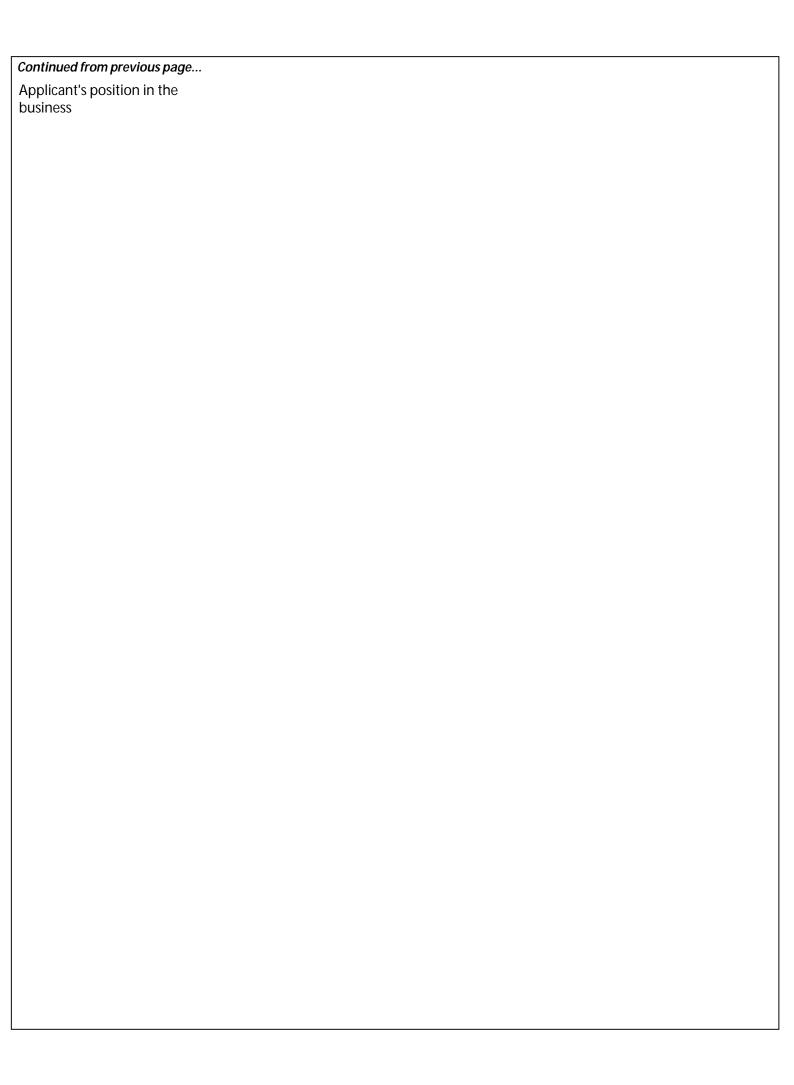


Crawley

Application to vary a premises licence to specify an individual as designated premises supervisor Licensing Act0.00o569e11 0 0 11te11 0 0 1.04 190.m

Licensing Actu.000569e i	110011te11001.04	190.m 0 11 112.082 1 .t	180 Tr 100 TZ 0rm67 TT	וו טכ

\bigcirc 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	Select Service Partner UK Ltd		
* Family name	n/a		
* E-mail			
Main telephone number			Include country code.
Other telephone number			
☐ Indicate here if the applic	cant would prefer not to be conta	cted by telep	hone
ls the applicant:			
Applying as a business of Applying as an individual	r organisation, including as a sole Il	trader	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			
ls the applicant's business registered in the UK with Companies House?	• Yes		Note: completing the Applicant Business section is optional in this form.



Continued from musicus none		
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		Address registered with Companies House.
Building number or name	Premier Place 2 & A Half	
Street	Devonshire Square	
District		
City or town	London	
County or administrative area		
Postcode	EC2M 4UJ	
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	14/01561/LAPER	
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	Jamies Van	
* Street	Unit 17 North Terminal Landside	
District	Gatwick Airport Arrivals Road	
* City or town	Gatwick	
County or administrative area		
Postcode	RH6 0NP	
* 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		
Cafe		
0 11 0 54		
Section 3 of 4 SUPERVISOR		
Full Name Of Proposed Desi	gnated Premises Supervisor	
* First name	Harwinder	
* Family name	Cheema	
* Nationality		
* Place of birth		
* Date of birth		
Personal licence number of proposed designated premises supervisor	17/01958/LAPER	
Issuing authority of that licence	Crawley	
Full Name Of Existing Design	nated Premises Supervisor	
First name	Ronald	
Family name	Hill	
* 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
Yes	○ No	existing premises supervisor is suddenly indisposed or unable to work.
☑ I will notify the existin	g 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 pro	pposed designated premises supervisor	

Continued from previous page	Reference number for consent form (if known)
If the consent form is already su the proposed designated prem supervisor for its 'system refere reference'	ises
Section 4 of 4	
PAYMENT DETAILS	
This fee must be paid to the aut	thority. If you complete the application online, you must pay it by debit or credit card.
This formality requires a fixed fe	ee of £23
DECLARATION	
STATEMENT IN OR IN CONNECT SUMMARY CONVICTION TO A IN A PARTNERSHIP WHICH IS NOT PARTNERSHIPS] IT IS AN OFFE THEY KNOW, OR HAVE REASO THEIR IMMIGRATION STATUS. TO EMPLOYMENT WILL BE LIA NATIONALITY ACT 2006 AND, THEY DO SO IN THE KNOWLED. Ticking this box indicated.	AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE CTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON FINE OF ANY AMOUNT. [APPLICABLE TO INDIVIDUAL APPLICANTS ONLY, INCLUDING THOSE NOT A LIMITED LIABILITY PARTNERSHIP, BUT NOT COMPANIES OR LIMITED LIABILITY NCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971] FOR A PERSON TO WORK WHEN NABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS BLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE DGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED. Des you have read and understood the above declaration ed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on the company of the properties of the company of the compa
behalf of the applicant?"	
* Full name	Squire Patton Boggs (UK) LLP
* Capacity	Solicitors for and on behalf of the applicant
* Date	27 / 04 / 2021 dd mm yyyy