

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

Continued from previous page			
Applicant's position in the business			
business			

Continued from previous page					
Your position in the business	Paralegal				
Home country	United Kingdom	The country where the headquarters of your business is located.			
Agent Business Address					
		•			

Licensed Premises	Continued from previous page	

Continued from previous page	Reference number for consent form (if known)			
If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'				
Section 4 of 4				
PAYMENT DETAILS				
This fee must be paid to the au This formality requires a fixed f	thority. If you complete the application online, you must pay it by debit or credit card.			
	ee or 123			
DECLARATION				
I/WE UNDERSTAND THAT IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT. [APPLICABLE TO INDIVIDUAL APPLICANTS ONLY, INCLUDING THOSE IN A PARTNERSHIP WHICH IS NOT A LIMITED LIABILITY PARTNERSHIP, BUT NOT COMPANIES OR LIMITED LIABILITY * PARTNERSHIPS] IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971] FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND, PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED. ***DISCONDING THE COMPANY OF THE SAME ACT OF THE SAM				
This section should be comple behalf of the applicant?"	ted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on			
* Full name	Poppleston Allen Solicitors			
* Capacity	Solicitors for and on behalf of the applicant			
* Date				

OFFICE USE ONLY			
Applicant reference number	PizzaExpress Crawley (LG)		
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 >		