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

You can save the form at any time and resume it later. You do not 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.

Applicant's position in the
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

If you have one, this should be your official address - that is an address required of you by law for receiving communications.

Building number or name	Omega Court
Street	372-374 Cemetery Road
District	
City or town	Sheffield
County or administrative area	
Postcode	S11 8FT
Country	United Kingdom

Section 2 of 4

PREMISES DETAILS

I/we apply to vary a premises licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003.

* Premises licence number	05/00028/LAPRE

Are you able to provide a postal address, OS map reference or description of the premises?

◉ Address　　　○ OS map reference　　　○ Description

Address

* Building number or name	London Gatwick Airport (A23 Airport Way) Premier Inn
* Street	North Terminal Gatwick Airport
District	Longbridge Way
* City or town	Crawley
County or administrative area	West Sussex
Postcode	RH6 0NX
* Country	United Kingdom

Contact Details

E-mail	lwalker@john-gaunt.co.uk

Describe the premises. For example, what type of premises it is

Hotel

Section 3 of 4

SUPERVISOR

Full Name Of Proposed Designated 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 Desi

First name

Family name

*

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 authority. If you complete the application online, you must pay it by debit or credit card.

This formality requires a fixed fee of £23

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.

☒   Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name   John Gaunt & Partners

* Capacity   Solicitors for the applicant

* Date   11 / 10 / 2021
     dd   mm   yyyy

| Remove this signatory |

Full name

Capacity

* Date   __ / __ / __
     dd   mm   yyyy

| Remove this signatory |

| Add another signatory |

Applicant reference number | LW.GAT5

Fee paid

Payment provider reference

ELMS Payment Reference

Payment status