

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			
Your reference	L/CRA149/7	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 behalf of the applicant?		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	HR (Northern Europe) Limited		
* Family name	HR (Northern Europe) Limited		
* E-mail			
Main telephone number		Include country code.	
Other telephone number			
Indicate here if the application	ant would prefer not to be contacted by tel	ephone	
Is the applicant:			
 Applying as a business or organisation, including as a sole trader Applying as an individual 		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 O No	Note: completing the Applicant Business section is optional in this form.	
Registration number	0510637		
Business name	HR (Northern Europe) Limited	If the applicant's business is registered, use its registered name.	
VAT number GB 45	54146652	Put "none" if the applicant is not registered for VAT.	
Legal status Pr	rivate Limited Company		

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Applicant's position in the business	Limited Company		
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 woo	uld prefer not to be contacted by telephone		
Are you:			
 An agent that is a busir 	ness or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.	
 A private individual acting as an agent 			
Agent Business Is your business registered ir the UK with Companies House?	n 💿 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			

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Your position in the business	Associate	
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 are	a	
Postcode	SP1 3HP	
Country	United Kingdom	
Section 2 of 4		
PREMISES DETAILS		
I/we apply to vary a premise section 37 of the Licensing A		nis application as the premises supervisor und
* Premises licence number	14/01577/LAPRE	
Are you able to provide a po	stal address, OS map reference or description	on of the premises?
 Address OS map reference 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 are	a	
Postcode	RH10 8LR	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number		
Other telephone number		
Describe the premises. For e	example, what type of premises it is	

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Restaurant		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desi	ignated Premises Supervisor	
* First name		
* Family name		
* Nationality		
* Place of birth		
* Date of birth	dd mm yyyy	
Personal licence number of proposed designated premises supervisor		
Issuing authority of that licence		
Full Name Of Existing Design	nated Premises Supervisor	
First name		
Family name		
* Would you like this applicat	ion to have immediate effect under section 38	3 of the premises licence holder can continue the supply of alcohol if, for example, the
the Licensing Act 2003?	• No	existing premises supervisor is suddenly indisposed or unable to work.
* Date you would like this application to have effect under section 38 of the Licensing Act 2003	indisposed n wridden, ervisor iwithout shard	ng)Tj j T* se 1 Tfiningm supervisor is sudder enlexamppecific details2003 9 (Date you would like this)Tj TWill t continu

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How will the consent form of the proposed designated premises supervisor be supplied to the authority?				
 Electronically, by the pressure 	oposed designated premises supervisor			
 As an attachment to this 	svariation			
Reference number for conse form (if known)	nt	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 onli	ne, you must pay it by debit or credit card.		
This formality requires a fixed	d fee of £23			
DECLARATION				
I/WE UNDERSTAND THAT IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MA SUMMARY CONVICTION TO A FINE OF ANY AMOUNT. [APPLICABLE TO INDIVIDUAL APPLICANTS ONLY, INC IN A PARTNERSHIP WHICH IS NOT A LIMITED LIABILITY PARTNERSHIP, BUT NOT COMPANIES OR LIMITED L PARTNERSHIPS] IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971] FOR A PERSON THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO O TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLWI NATIONALITY ACT 2006 AND, PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFF THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS D IC TICKING this box indicates you have read and understood the above declaration				
This section should be comp behalf of the applicant?"	leted by the applicant, unless you answered	"Yes" to the question "Are you an agent acting		
* Full name	Trethowans LLP			
* Capacity	Solicitors on behalf of the Applicant			
* Date	01 / 09 / 2023 dd mm yyyy			
	Remove this signatory			
Full name				
Capacity				
* Date	dd mm yyyy			
	Remove this signatory			
	Add another signatory			

