



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

No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details 1560b86

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Applicant's position in the
business

Premises Licence Holder

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

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Licensed premises

Section 3 of 4

SUPERVISOR

Full Name Of Proposed Designated 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 Designated Premises Supervisor

First name

Family name

* Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?

Yes No

I will notify the existing premises supervisor (if any) of this application

* Will the premises licence or relevant part of it be submitted with this application?

Yes No

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

Electronically, by the proposed designated premises supervisor
 As an attachment to this variation

The premises licence holder can continue the supply of alcohol if, for example, the existing premises supervisor is suddenly indisposed or unable to work.

It is sufficient for the licensee to inform the existing premises supervisor in writing, without sharing the specific details of the application.

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Reference number for consent
form (if known)

OFFICE USE ONLY

Applicant reference number	<input type="text" value="PizzaExpress Crawley"/>
Fee paid	<input type="text"/>
Payment provider reference	<input type="text"/>
ELMS Payment Reference	<input type="text"/>
Payment status	<input type="text"/>
Payment authorisation code	<input type="text"/>
Payment authorisation date	<input type="text"/>
Date and time submitted	<input type="text"/>
Approval deadline	<input type="text"/>
Error message	<input type="text"/>
Is Digitally signed	<input type="checkbox"/>

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