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.
Your reference	GM/26508.245	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?

(•) Yes ( ) No

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	Sainsbury's Supermarkets Limited
* Family name	Sainsbury's Supermarkets Limited
* E-mail	gmoore@wslaw.co.uk
Main telephone number	
Other telephone number	

Include country code.

[ ] Indicate here if the applicant would prefer not to be contacted by telephone

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 ( ) No

Note: completing the Applicant Business section is optional in this form.

Registration number	03261722	
Business name	Saisnbury's Supermarkets Limited	If the applicant's business is registered, use its registered name.
VAT number	- 660454836	Put "none" if the applicant is not registered for VAT.
Legal status	Private Limited Company	

© Queen's Printer and Controller of HMSO 2009

Continued from previous page...

Applicant's position in the business	Store Manager	
Home country	United Kingdom	The country where the applicant's headquarters are.

Registered Address — Address registered with Companies House.

Building number or name	33
Street	Holborn
District	
City or town	London
County or administrative area	
Postcode	EC1N 2HT
Country	United Kingdom

Agent Details

* First name	Gary	
* Family name	Moore	
* E-mail	gmoore@wslaw.co.uk	
Main telephone number	[redacted]	Include country code.
Other telephone number		

☐ Indicate here if you would prefer not to be contacted by telephone

Are you:

- ◉ An agent that is a business 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 in the UK with Companies House? ◉ Yes ○ No — Note: completing the Applicant Business section is optional in this form.

Registration number	OC334359	
Business name	Winckworth Sherwood LLP	If your business is registered, use its registered name.
VAT number	- N/A	Put "none" if you are not registered for VAT.
Legal status	Limited Liability Partnership	

© Queen's Printer and Controller of HMSO 2009

Continued from previous page...

Your position in the business	Licensing Assistant
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	Minerva House
Street	5 Montague Close
District	
City or town	London
County or administrative area	
Postcode	SE1 9BB
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	05/00086/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	Sainsbury's
* Street	Crawley Avenue
District	West Green
* City or town	Crawley
County or administrative area	West Sussex
Postcode	RH10 8NF
* Country	United Kingdom

Contact Details

E-mail	
Telephone number	
Other telephone number	

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

© Queen's Printer and Controller of HMSO 2009

Continued from previous page...

A Supermarket.

Section 3 of 4

SUPERVISOR

Full Name Of Proposed Designated Premises Supervisor

* First name: Richard Kenneth

* Family name: HAY

* Nationality: [redacted]

* Place of birth: [redacted]

* Date of birth: [redacted]

Personal licence number of proposed designated premises supervisor: LN200600117

Issuing authority of that licence: Adur District Council

Full Name Of Existing Designated Premises Supervisor

First name: Martin

Family name: CAWDRY

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

○ Yes ◉ No

The premises licence holder can continue the supply of alcohol if, for example, the 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: 31 / 05 / 2020 (dd / mm / yyyy)

☐ I will notify the existing 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 relevant part of it be submitted with this application?

○ Yes ◉ No

* Reasons why the premises licence or relevant part of it will not be submitted with this application

The applicant's agent is working remotely from home due to Covid-19 virus lockdown and unable to lodge the premises licence with this application.

© Queen's Printer and Controller of HMSO 2009

Continued from previous page...

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

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: Winckworth Sherwood LLP

* Capacity: Agent for and on behalf of the applicant

* Date: 29 / 05 / 2020 (dd / mm / yyyy)

Remove this signatory

Full name

Capacity

* Date: / / (dd / mm / yyyy)

Remove this signatory

© Queen's Printer and Controller of HMSO 2009

Continued from previous page...

Add another signatory

OFFICE USE ONLY

Applicant reference number	GM/26508.245
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	☐

© Queen's Printer and Controller of HMSO 2009