



**APPLICATION TO VARY A PREMISES LICENCE TO SPECIFY AN INDIVIDUAL AS DESIGNATED PREMISES SUPERVISOR UNDER THE LICENSING ACT 2003**

I/We\* CADDIES CRAWLEY LTD  
[full name(s) of premises licence holder(s)]

being the premises licence holder, 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 22/02720/LAPRE

**Part 1 – Premises details**

Postal address of premises or, if none, ordnance survey map reference or description  
UNIT 4C, CRAWLEY LEISURE PARK

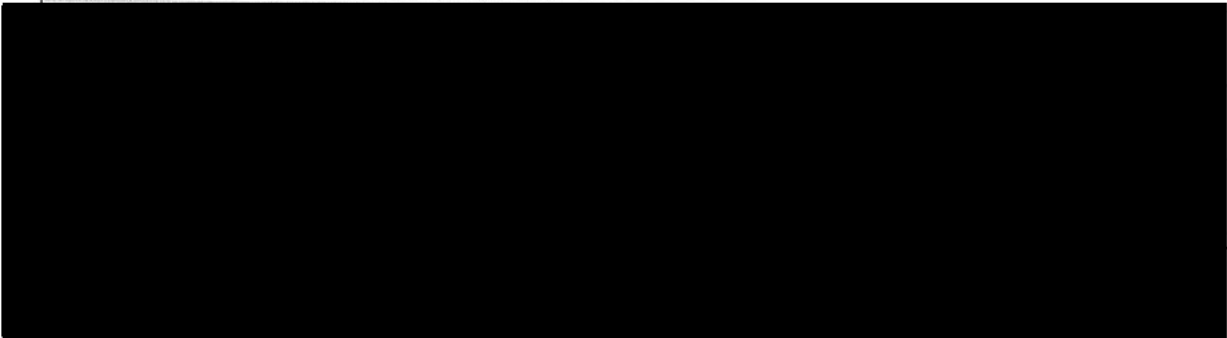
Post Town CRAWLEY Postcode RH10 8LR

Telephone number at premises (if any) [REDACTED]

Description of the premises (please read guidance note 1)  
INDOOR MINI GOLF COURSE WITH BAR ATTACHED

**Part 2 – Proposed Designated Premises Supervisor**

Full name of proposed designated premises supervisor  
SEAN O' REGAN



Full name of existing designated premises supervisor (if any)  
CHRIS CALAHAN

I would like this application to have immediate effect under section 38 of the Licensing Act 2003 (please tick ✓ yes)


I have enclosed the premises licence or relevant part of it (please tick ✓ yes)   
(If you have not enclosed the premises licence, or relevant part of it, please give reasons why not)

Reasons why I have failed to enclose the premises licence or relevant part of it

| Checklist  |                                     |
|--|-------------------------------------|
| I have   | Please tick ✓ yes                   |
| • I have made or enclosed payment of the fee   | <input type="checkbox"/>            |
| • I will give a copy of this application to the chief officer of police                            | <input type="checkbox"/>            |
| • I have enclosed the consent form completed by the proposed premises supervisor                   | <input checked="" type="checkbox"/> |
| • I have enclosed the premises licence, or the relevant part of it or explanation                  | <input checked="" type="checkbox"/> |
| • I will give a copy of this form to the existing premises supervisor, if any                      | <input checked="" type="checkbox"/> |
| • I understand that if I do not comply with the above requirements my application will be rejected | <input checked="" type="checkbox"/> |

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

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.

| Part 3 – Signatures  |   | (please read guidance note 2) |
|--|---|-------------------------------|
| <b>Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 3). If signing on behalf of the applicant please state in what capacity.</b>  |   |                               |
| Signature:   |  |                               |
| Date   | 10/3/23   |                               |
| Capacity   | MANAGER / OPS   |                               |
| <b>For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant’s solicitor or other authorised agent (please read guidance not 4). If signing on behalf of the applicant please state in what capacity.</b> |   |                               |
| Signature:   |   |                               |
| Date   |   |                               |
| Capacity   |   |                               |

| Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 5). |          |
|--|----------|
| Name   |          |
| Address  |          |
| Post Town  | Postcode |
| Telephone number (if any)  |          |
| If you would prefer us to correspond with you by e-mail your e-mail address (optional)   |          |

Guidance notes

1. Describe the premises. For example the type of premises it is.
2. The application form must be signed.
3. An applicant’s agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
4. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
5. This is the address which we shall use to correspond with you about this application.