



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

**I/We\***

[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**

17 102152 / LAPRE

Part 1 – Premises details	
Postal address of premises or, if none, ordnance survey map reference or description GO KARTING FOR FUN LIMITED, CANADA HOUSE, GATWICK GOSSARDYARD, GATWICK ROAD, NORTHGATE	
Post Town CRAWLEY	Postcode RH10 9RE
Telephone number at premises (if any) 01252 732300	
Description of the premises (please read guidance note 1) GENERAL WAREHOUSE AREA OF WHICH THE MAJORITY IS DESIGNATED TO AN INDIVIDUAL GO KARTING TRACK, THE REST COMPRISES OF OFFICES AND HOSPITALITY AREAS INCLUDING A FOOD AND BEVERAGE FACILITY.	
Part 2 – Proposed Designated Premises Supervisor	
Full name of proposed designated premises supervisor	
[REDACTED]	
Nationality;	
Place of birth	
Date of Birth	
Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)	
Full name of existing designated premises supervisor (if any)	
[REDACTED]	
I would like this application to have immediate effect under section 38 of the Licensing Act 2003 (please tick <input checked="" type="checkbox"/> yes)	<input checked="" type="checkbox"/>
I have enclosed the premises licence or relevant part of it (please tick <input checked="" type="checkbox"/> yes)	<input checked="" type="checkbox"/>
(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 <input checked="" type="checkbox"/> yes
• I have made or enclosed payment of the fee	<input checked="" type="checkbox"/>
• I will give a copy of this application to the chief officer of police	<input checked="" 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:	[REDACTED]	
Date	20/12/21	
Capacity	PA & OFFICE MANAGER	
<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 note 4). If signing on behalf of the applicant please state in what capacity.</b>		
Signature:	[REDACTED]	
Date	[REDACTED]	
Capacity	[REDACTED]	

Contact name (where not previously given) and address for correspondence associated with this application		(please read guidance note 5).
Name	[REDACTED]	
Address	GO KAITING FOR FUN LIMITED TIA TEAMSPORT C1 LINDA/COUR PLACE, CAMBRIDGE BUSINESS PARK, ALTON ROAD	
Post Town	FARNHAM	Postcode GU10 5EM
Telephone number (if any)	[REDACTED]	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)		
[REDACTED]		

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.