



Town Hall, Walter Stranz Square, Redditch, Worcestershire B98 8AH  
 Tel: 01527 534196 www.redditchbc.gov.uk

**Application to vary a premises licence under the Licensing Act 2003**

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

Before completing this form please read the guidance notes at the end of the form.  
 If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and **written in black ink**. Use additional sheets if necessary.  
 You may wish to keep a copy of the completed form for your records.

**I/We** WESTBOURNE LEISURE LTD

*(Insert name(s) of applicant)*

being the premises licence holder, apply to vary a premises licence under section 34 of the Licensing Act 2003 for the premises described in Part 1 below

<b>Premises licence number</b>	PREM0051
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**Part 1 – Premises Details**

<b>Postal address of premises or, if none, ordnance survey map reference or description</b>			
THE QUEENS HEAD BROMSGROVE ROAD REDDITCH			
<b>Post town</b>	REDDITCH	<b>Post code</b>	B97 4RL

<b>Telephone number at premises (if any)</b>	██████████
<b>Non-domestic rateable value of premises</b>	£ ██████████

**Part 2 – Applicant details**

<b>Daytime contact telephone number</b>	[REDACTED]		
<b>E-mail address (optional)</b>			
<b>Current postal address if different from premises address</b>	PARKFIELD HOUSE 45 PARKFIELD ROAD COLESHILL BIRMINGHAM		
<b>Post Town</b>	COLESHILL	<b>Postcode</b>	B46 3LD

**Part 3 - Variation**

Please tick yes

Do you want the proposed variation to have effect as soon as possible?

If not do you want the variation to take effect from

Day		Month		Year	

**Please describe briefly the nature of the proposed variation (Please see guidance note 1)**

INTERNAL ALTERATIONS TO LAYOUT OF PREMISES.  
 REMOVAL OF CONDITION - LAST ENTRY WILL BE 23.30  
 REMOVAL OF CONDITION - THE LICENSEE WILL BE A MEMBER OF  
 PUB WATCH

If your proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend

#### Part 4 Operating Schedule

Please complete those parts of the Operating Schedule below which would be subject to change if this application to vary is successful.

##### Provision of regulated entertainment

Please tick yes

- |  |                                     |
|--|-------------------------------------|
| a) plays (if ticking yes, fill in box A)   | <input type="checkbox"/>            |
| b) films (if ticking yes, fill in box B)   | <input type="checkbox"/>            |
| c) indoor sporting events (if ticking yes, fill in box C)  | <input checked="" type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)   | <input type="checkbox"/>            |
| e) live music (if ticking yes, fill in box E)  | <input checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)  | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)   | <input type="checkbox"/>            |
| h) anything of a similar description to that falling within (e), (f) or (g)<br>(if ticking yes, fill in box H) | <input type="checkbox"/>            |

##### Provision of entertainment facilities:

- |  |                          |
|--|--------------------------|
| i) making music (if ticking yes, fill in box I)  | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J)   | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j)<br>(if ticking yes, fill in box K) | <input type="checkbox"/> |

##### Provision of late night refreshment (if ticking yes, fill in box L)

##### Sale by retail of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

**A**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 4)		
Wed					
Thur			<b><u>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Fri					
Sat					
Sun					

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

**C**

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon	11.00	23.00	AS EXISTING LICENCE
Tue	11.00	23.00	<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4)
Wed	11.00	23.00	
Thur	11.00	23.00	<b>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</b> (please read guidance note 5)
Fri	11.00	23.00	
Sat	11.00	23.00	
Sun	11.00	23.00	

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish	Both		
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3)  AS EXISTING LICENCE CONDITIONS CONSISTENT WITH THE OPERATING SCHEDULE		
Mon	11.00	23.00			
Tue	11.00	23.00	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Wed	11.00	23.00			
Thur	11.00	23.00	<b>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Fri	11.00	23.30			
Sat	11.00	23.30			
Sun	11.00	23.00			



F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	11.00	23.00	<b>Please give further details here</b> (please read guidance note 3)  AS EXISTING LICENCE – CONDITIONS CONSISTENT WITH THE OPERATING SCHEDULE		
Tue	11.00	23.00			
Wed	11.00	23.00	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Thur	11.00	23.00			
Fri	11.00	23.30	<b>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat	11.00	23.30			
Sun	11.00	23.00			

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish				
Mon			<b>Please give further details here</b> (please read guidance note 3)			
Tue						
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)			
Thur						
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</b> (please read guidance note 5)			
Sat						
Sun						

**H**

<p><b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)</p>			<p><u>Please give a description of the type of entertainment you will be providing</u></p>		
Day	Start	Finish	<p><b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><u>Please give further details here</u> (please read guidance note 3)</p>		
Wed					
Thur			<p><b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4)</p>		
Fri					
Sat			<p><b>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</b> (please read guidance note 5)</p>		
Sun					

1

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the facilities for making music you will be providing</b>		
			<b>Will the facilities for making music be indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors <input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue			<b>State any seasonal variations for the provision of facilities for making music</b> (please read guidance note 4)		
Wed					
Thur			<b>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Fri					
Sat					
Sun					

**J**

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b>Will the facilities for dancing be indoors or outdoors or both – please tick</b> (see guidance note 2)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
			<b>Please give a description of the facilities for dancing you will be providing</b>	
Day	Start	Finish		
Mon			<b>Please give further details here</b> (please read guidance note 3)	
Tue				
Wed			<b>State any seasonal variations for providing dancing facilities</b> (please read guidance note 4)	
Thur				
Fri			<b>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing at different times to those listed in the column on the left, please list</b> (please read guidance note 5)	
Sat				
Sun				

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within i or j</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the type of entertainment facility you will be providing</u></b>		
Day	Start	Finish	<b><u>Will the entertainment facility be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed					
Thur			<b><u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u></b> (please read guidance note 4)		
Fri					
Sat			<b><u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sun					

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	23.00	02.00	<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	23.00	02.00			
Wed	23.00	02.00		<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)	
Thur	23.00	02.00			
Fri	23.00	02.30	<b>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat	23.00	02.30			
Sun	23.00	00.00			

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)</b>	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol (please read guidance note 4)</b>		
Mon	10.00	02.00			
Tue	10.00	02.00			
Wed	10.00	02.00			
Thur	10.00	02.00			
Fri	10.00	02.30			
Sat	10.00	02.30			
Sun	10.00	00.00	<b>Non-standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 5)</b>		

**N**

**Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)**

NONE



O

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon	07.30	02.30	<b>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</b> (please read guidance note 5)
Tue	07.30	02.30	
Wed	07.30	02.30	
Thur	07.30	02.30	
Fri	07.30	03.00	
Sat	07.30	03.00	
Sun	07.30	00.30	

Please identify those conditions currently imposed on the licence which you believe could be removed as a consequence of the proposed variation you are seeking

REMOVAL OF CONDITION - DST ENTRY WILL BE 23.30

REMOVAL OF CONDITION - THE LICENSEE WILL BE A MEMBER OF PUB WATCH

Please tick yes

- I have enclosed the premises licence
- I have enclosed the relevant part of the premises licence

If you have not ticked one of these boxes please fill in reasons for not including the licence, or part of it, below

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

**P** Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:

**a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)**

AS EXISTING LICENCE

**b) The prevention of crime and disorder**

INSTALLATION OF DIGITAL CCTV SYSTEM. CAMERA LOCATIONS TO BE TO THE APPROVAL OF WEST MERCIA POLICE LICENSING OFFICER. RECORDINGS WILL BE KEPT FOR 14 DAYS. STAFF ARE TO BE GIVEN ONGOING TRAINING INCLUDING IDENTIFICATION OF ANTISOCIAL OR UNUSUAL BEHAVIOUR

**c) Public safety**

AS EXISTING LICENCE

**d) The prevention of public nuisance**

AS EXISTING LICENCE

**e) The protection of children from harm**

AS EXISTING LICENCE

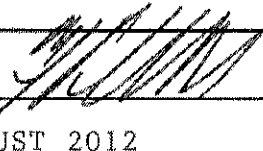
Please tick yes

- I have made or enclosed payment of the fee
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I understand that I must now advertise my application
- I have enclosed the premises licence or relevant part of it or explanation
- I understand that if I do not comply with the above requirements my application will be rejected

**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**

**Part 5 – Signatures** (please read guidance note 10)

**Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent** (please read guidance note 11). If signing on behalf of the applicant please state in what capacity.

Signature	 T.A. POULTNEY
Date	23RD AUGUST 2012
Capacity	AUTHORISED AGENT

Where the premises licence is jointly held signature of 2nd applicant (the current premises licence holder) or 2nd applicant's solicitor or other authorised agent (please read guidance note 12). If signing on behalf of the applicant please state in what capacity.

Signature	
Date	
Capacity	

**Contact name (where not previously given) and address for correspondence associated with this application** (please read guidance note 13)

TERRY A. POULTNEY


KIDDERMINSTER  
WORCESTERSHIRE

Post town KIDDERMINSTER Post code 

Telephone number (if any) 

If you would prefer us to correspond with you by e-mail your e-mail address (optional)