

**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** Greene King Retailing Limited

.....  
(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> 000235
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**Part 1 – Premises Details**

Postal address of premises or, if none, ordnance survey map reference or description  Bromley Arms Main Street			
Post town	Southwell	Postcode	NG25 0UL

Telephone number at premises (if any)	n/a
Non-domestic rateable value of premises	£42000.00 – Band C

<b>Brief description of premises</b> (Please see Guidance Note 2) Public house
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**Part 2 – Applicant details**

Daytime contact telephone number	
E-mail address (optional)	

Current postal address if different from premises address			
Post town		Postcode	

### Part 3 - Variation

Please tick as appropriate

Do you want the proposed variation to have effect as soon as possible? ☒ Yes ☐ No

If not, from what date do you want the variation to take effect?

DD		MM		YYYY			

Do you want the proposed variation to have effect in relation to the introduction of the late night levy?  
(Please see guidance note 1) ☐ Yes ☒ No

**Please describe briefly the nature of the proposed variation** (Please see guidance note 2)

To change the layout and design of the premises in accordance with the submitted plan, drawing number 3549-207. The main changes include the addition of a licensed functions room and reconfiguration of fixed seating.

To add the following conditions:

- All staff who have direct dealings with customers shall be trained in the following:
  - (i) Licensing law and in particular that relating to the sale of alcohol;
  - (ii) The Challenge 25 policy;
  - (iii) The premises licence and its conditions.
- An incident log will be kept and maintained at the premises and all incidents shall be recorded in it. As a minimum, the log will record the date and time of the incident, the name of the person making the entry, the nature of the incident and any actions taken.
- The DPS/ manager will undertake a weekly inspection of the public areas of the premises to identify anything might present an identifiable risk to public safety. Any risks identified that are deemed to be unreasonable must be rectified at the earliest possible opportunity.
- A Challenge 25 policy shall operate in the premises in relation to the sale of alcohol.

The hours and licensable activities authorised by the premises licence are to remain unaltered.

Any part of the variation application that changes the plan/layout at the premises to be of no effect until the work has been completed.

Locations of fire safety equipment subject to change in accordance with the requirements of the responsible authorities or following a risk assessment.

Any detail shown on the plan that is not required by the licensing plan regulations is indicative only and subject to change.

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:

n/a

#### **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 see guidance note 3)**

**Please tick all that apply**

a) plays (if ticking yes, fill in box A)

☐

- b) films (if ticking yes, fill in box B) ☐
- c) indoor sporting events (if ticking yes, fill in box C) ☐
- d) boxing or wrestling entertainment (if ticking yes, fill in box D) ☐
- e) live music (if ticking yes, fill in box E) ☐
- f) recorded music (if ticking yes, fill in box F) ☐
- g) performances of dance (if ticking yes, fill in box G) ☐
- h) anything of a similar description to that falling within (e), (f) or (g)  
(if ticking yes, fill in box H) ☐

**Provision of late night refreshment** (if ticking yes, fill in box I) ☐

**Supply of alcohol** (if ticking yes, fill in box J) ☐

**In all cases complete boxes K, L and M**

A

<b>Plays</b> <b>Standard days and timings</b> (please read guidance note 8)			<b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b> (please read guidance note 4)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 5)		
Tue					
Wed			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 6)		
Thur					
Fri			<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 7)		
Sat					
Sun					

**B**

<b>Films</b> <b>Standard days and timings</b> (please read guidance note 8)			<b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b> (please read guidance note 4)	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 5)		
Mon					
Tue					
			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 6)		
Wed					
Thur					
			<b><u>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</u></b> (please read guidance note 7)		
Fri					
Sat					
Sun					

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 8)			<b><u>Please give further details</u></b> (please read guidance note 5)
Day	Start	Finish	
Mon			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 6)
Wed			
Thur			
Fri			<b><u>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</u></b> (please read guidance note 7)
Sat			
Sun			

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 8)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 4)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 5)		
Tue					
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 6)		
Thur					
Fri			<b><u>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</u></b> (please read guidance note 7)		
Sat					
Sun					



**E**

<b>Live music</b> Standard days and timings (please read guidance note 8)			<b><u>Will the performance of live music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 4)	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 5)		
Mon					
Tue					
			<b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 6)		
Wed					
Thur					
			<b><u>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</u></b> (please read guidance note 7)		
Fri					
Sat					
Sun					

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 8)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 4)		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 5)			
Mon						
Tue						
			<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 6)			
Wed						
Thur						
			<b><u>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</u></b> (please read guidance note 7)			
Fri						
Sat						
Sun						

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 8)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 4)	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 5)		
Mon					
Tue					
Wed					
			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 6)		
Thur					
Fri					
Sat					
			<b><u>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</u></b> (please read guidance note 7)		
Sun					

## H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 8)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 4)	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 5)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 6)		
Fri					
Sat			<b><u>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</u></b> (please read guidance note 7)		
Sun					

I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 8)			<b><u>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 4)	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 5)		
Mon					
Tue					
			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 6)		
Wed					
Thur					
			<b><u>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</u></b> (please read guidance note 7)		
Fri					
Sat					
Sun					

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 8)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 9)		On the premises	<input type="checkbox"/>
					Off the premises	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 6)			
Mon						
Tue						
Wed						
Thur						
Fri			<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</b> (please read guidance note 7)			
Sat						
Sun						

**K**

**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 10).

None.

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 8)			<b><u>State any seasonal variations</u></b> (please read guidance note 6)
Day	Start	Finish	
Mon			
Tue			
Wed			
Thur			
Fri			<b><u>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</u></b> (please read guidance note 7)
Sat			
Sun			

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.

None.

Please tick as appropriate

- 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 not enclosed the premises licence or relevant part of premises licence.

**M** 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 and e) (please read guidance note 11)**

- All staff who have direct dealings with customers shall be trained in the following:
  - (i) Licensing law and in particular that relating to the sale of alcohol;
  - (ii) The Challenge 25 policy;
  - (iii) The premises licence and its conditions.

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

- An incident log will be kept and maintained at the premises and all incidents shall be recorded in it. As a minimum, the log will record the date and time of the incident, the name of the person making the entry, the nature of the incident and any actions taken.

**c) Public safety**

- The DPS/ manager will undertake a weekly inspection of the public areas of the premises to identify anything might present an identifiable risk to public safety. Any risks identified that are deemed to be unreasonable must be rectified at the earliest possible opportunity.

**d) The prevention of public nuisance**

As per the existing premises licence.

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

- A Challenge 25 policy shall operate in the premises in relation to the sale of alcohol.

Checklist:


Please tick to indicate agreement

- I have made or enclosed payment of the fee; or ☒
- I have not made or enclosed payment of the fee because this application has been made in relation to the introduction of the late night levy. ☐
- I have sent copies of this application and the plan to responsible authorities and others where applicable. **ONLINE SUBMISSION** ☐
- 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, 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.**

**Part 5 – Signatures** (please read guidance note 12)

**Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent** (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	5 January 2026
Capacity	Solicitor to Applicant

**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 14). 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 15)



Post town	<input type="text"/>	Post code	<input type="text"/>
Telephone number (if any)	<input type="text"/>		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
<input type="text"/>			