

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.

We Buzz Holdings Limited

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

Premises licence number H00358
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Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description			
Buzz Bingo Unit A, Airpark Way			
Post town	Feltham	Post code	TW13 7LX

Telephone number at premises (if any)	(020) 88670777
Non-domestic rateable value of premises	£125,001

Part 2 – Applicant details

Daytime contact telephone number			
E-mail address (optional)			
Current residential address if different from premises address	Unit 1 Castle Marina Road		
Post Town	Nottingham	Postcode	NG7 1TN

Part 3 - Variation

Please tick yes

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

☐

TO TAKE EFFECT UPON THE COMPLETION OF WORKS AS NOTIFIED TO THE LICENSING AUTHORITY IN WRITING.

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

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 read guidance note 2)

To approve internal alterations at the premises to include reconfiguration of the entrance to the club; removal of some partitions and the addition of a stage space within the premises, such alterations to take effect upon the completion of works as notified to the Licensing Authority. There are no changes to the existing licensable activities, hours and conditions.

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 read 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)

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

☐

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

☐

In all cases complete boxes K, L and M

A

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

B

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

C

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

D

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

E

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

F

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

G

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

H

Anything of a similar description to that falling within (e), (f) or (g) 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		
Mon			Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 4)	
Tue				
Wed			Please give further details here (please read guidance note 5)	
Thur				
Fri			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 6)	
Sat				
Sun			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 (please read guidance note 7)	

I

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

J

Supply of alcohol Standard days and timings (please read guidance note 8)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 9)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 6)		
Mon					
Tue					
Wed			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 7)		
Thur					
Fri					
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 8)
NONE

L

Hours premises are open to the public Standard days and timings (please read guidance note 8)			State any seasonal variations (please read guidance note 6)
Day	Start	Finish	
Mon	24 hours		
Tue	24 hours		
Wed	24 hours		
Thur	24 hours		
Fri	24 hours		
Sat	24 hours		
Sun	24 hours		
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 (please read guidance note 7)			

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 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.

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,e) (please read guidance note 11)

Bearing in mind the nature of this variation and those conditions already attached to the Premises Licence, nothing further is required.

b) The prevention of crime and disorder

See box a) above.

c) Public safety

See box a) above.

d) The prevention of public nuisance

See box a) above.

e) The protection of children from harm

See box a) above.

Please tick yes

- 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 ☒
- 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	25/07/2025
Capacity	Poppleston Allen – Solicitors for & on behalf of the 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) Angie Gardner Poppleston Allen Solicitors 37 Stoney Street The Lace Market			
Post town	Nottingham	Post code	NG1 1LS
Telephone number (if any)	0115 953 8500		
If you would prefer us to correspond with you by e-mail your e-mail address (optional) A.Gardner@popall.co.uk			

FIRE EQUIPMENT: THE LOCATION AND TYPE OF ANY SAFETY EQUIPMENT IS SHOWN AS AT PRESENT. THIS MAY BE VARIED FROM TIME TO TIME WITH THE AGREEMENT OF THE FIRE OFFICE OR AFTER A FIRE RISK ASSESSMENT.

LEGEND	
	EMERGENCY LUMINAIRE (NON - MAINTAINED)
	ILLUMINATED FIRE EXIT SIGN
	NON - ILLUMINATED FIRE EXIT SIGN
	WARNING DEVICE SOUNDER
	WARNING DEVICE VISUAL
	SMOKE DETECTOR
	MANUAL CALL POINT
	FIRE EXTINGUISHER WET CHEMICAL
	FIRE EXTINGUISHER CARBON DIOXIDE
	FIRE EXTINGUISHER FOAM TYPE
	FIRE BLANKET

CLIENT

BUZZ GROUP LIMITED
PROPERTY DEPARTMENT
UNIT 1
CASTLE MARINA ROAD
NOTTINGHAM
NG7 1TN

TITLE	LICENCING ACT 2003 PLAN
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A large red circle with the word "BUZZ" in bold white capital letters and "Bingo" in a white script font below it. The background is dark blue with colorful confetti and several numbered balls (1, 6, 22, 10, 34) scattered around.

