Reigate & Banstead Borough Council Town Hall, Castlefield Road, Reigate RH2 0SH

**T:** 01737 276672

E: licensing@reigate-banstead.gov.uk

## Vary a Premises Licence

Ref: DSFX1690290882451

Review			
Please review the details to below to ensure they are correct before proceeding. If the details shown are not correct, click previous to enter the correct licence number.			
Current Licence number	18/00233/LAPREM		
Current Premises address	The Bulls Head Public House 55 High Street Reigate Surrey RH2 9AE		
Premises Details			
Premises Licence Number *	18/00233/LAPREM		
Premises Address *	The Bulls Head Public House 55 High Street Reigate Surrey RH2 9AE		
Telephone Number at Premises (if any)			
Non-domestic rateable value of premises. * For further details on how to find the non-domestic rateable value of the premises please consult further guidance on the council's premises related licensing pages.	£ 23200.00		
Type of Premises Licence Holder			
Type of Premises Licence Holder *	Non-Individual(s)		
Premises Licence Holder - Non Individual			
Name *	Punch Partnerships (PTL) Limited		
Street address *	Elsley Court		

Premises Licence Holder - Non Individual		
	20 - 22 Great Titchfield Street	
Town/City *	London	
County		
Postcode *	W1W 8BE	
Registered number (where applicable)	03512363	
Description of applicant (for example partnership, company, unincorporated association etc.) *	Company	
Email *	nikki.rennie@flintbishop.co.uk	
Daytime Contact Telephone Number		
Variation		
Do you want the proposed variation to take effect as soon as possible? *	Yes	
Variation		
Do you want the proposed variation to have effect in relation to the introduction of the late night levy? (Please see Guidance Note 1)*	No	
Briefly describe the nature of the proposed variation. (Please see Guidance Note 2) *	Application is made to amend the licensing plan in accordance with drawing number 11.081.PT.G.201 which accompanies this application.	
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.		
Operating Schedule		

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

Operating Schedule			
Provision of regulated entertainment (please read guidance note 3) *			
	Plays		
	Films		
	Indoor Sporting Events		
	Boxing or Wrestling		
	Live Music		
	Recorded Music		
	Performances of Dance		
	Anything of a similar description falling under Music or Dance		
	Provision of late night refreshment		
	Supply of Alcohol		
✓	Plan Only		
Declarations			
Declaration Type *		Sole Applicant - Individual or Other	
Decla	arations		

I agree to pay the prescribed fee or I do not need to make payment of the fee because this application has been made in relation to the introduction of the late night levy. I understand that copies of this application and the plan will be sent to the responsible authorities and others where applicable. I understand I must now advertise my application. I agree that on receipt

## **Declarations**

of the updated premises licence to destroy any and all previous versions of the licence. 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

Signature/Declaration of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent (see Guidance Note 13). If signing/applying on behalf of the applicant, please state your name and in what capacity you are authorised to sign/apply. When submitting an on-line application form the 'Declaration made' checkbox must be selected.

Full Name *	Nikki Rennie Flint Bishop LLP	
Date *	25/07/2023	
Capacity *	Applicant's Solicitor	
✓ Declaration made		
Do you wish to provide alternative correspondence details? *	Yes	
Alternative Correspondence Address		
This is the address which we shall use to correspond with you	about this application.	
Please provide Contact Name (where not previously given) and postal address for correspondence associated with this application (See guidance note 15).		
Title *	Ms	
First name *	Nikki	
Surname *	Rennie	
Street address *	Flint Bishop LLP	
	2 Prospect Place	
	Pride Park	
Town/City *	Derby	
County		
Postcode *	DE24 8HG	

Alternative Correspondence Address	
Telephone Number	01332226151
Email Address *	nikki.rennie@flintbishop.co.uk

Email confirmation			
On submission an email confirmation will be sent using the details below			
Forename	Nikki		
Surname /Company Name	Rennie		
Email *	nikki.rennie@flintbishop.co.uk		
Telephone	01332226151		