

17/01228/5EC29



SCOTTISH BORDERS LICENSING BOARD

Licensing (Scotland) Act 2005, Section 29 APPLICATION FOR VARIATION OF PREMISES LICENCE

If you are completing this form by hand, please write legibly in block capitals using ink

Question 1

Please provide the name, address, postcode, date and place of birth, and contact telephone number of the current Licensee.

The Main Street Trading Company Ltd. (Per William De La Hey)

**Main Street
St Boswells
TD6 0AT**

Tel 01835 824650

Question 2

*Please provide full name, address, postcode and *licence number of the premises (*if known)*

The Main Street Trading Company Ltd.

**Main Street,
St Boswells
Melrose
TD6 0AT**

SB/PREM/503

Question 3

Do you propose to vary any of the information contained in the operating plan contained in the licence application?

YES

Where the proposed variation affects the current operating plan, please submit an operating plan including the proposed variations.

(if YES, please give details of the proposed variation below) (continue on a separate sheet if necessary)

At Question 7- Capacity - Change the Delicatessen and gift shop alcohol display area to 53.89 Sq.m in 50 Sq.m of floor area.

(Currently shown as 25 but should be shown as 7.5 Sq.m. in 2.3 Sq.m. of floor area)

Question 4

Do you propose a variation to the layout plan contained in the licence? YES

Where the proposed variation affects the current layout plan, please submit 5 sets of plans showing the proposed new layout of the premises.

(if YES, please give details of the proposed variation below) (continue on a separate sheet if necessary)

Show re arranged Delicatessen and Coffee Shop/Restaurant lay out including the upgraded Alcohol Display area within the delicatessen shop area and extension to counter area.

Question 5

Do you propose to vary any other information contained or referred to in the licence, including an addition, deletion or other modification?

YES /NO

(if YES, please give details of the proposed variation below) (continue on a separate sheet if necessary)

VARIATION TO SUBSTITUTE NEW PREMISES MANAGER

Question 6

Please provide details below of the name, address and personal licence number of the EXISTING Premises Manager.

[Empty box for details of existing Premises Manager]

Proposed Premises Manager

Name and telephone number

[Empty box for Proposed Premises Manager name and telephone number]

Date and place of birth

[Empty box for Proposed Premises Manager date and place of birth]

Contact address, including postcode

[Redacted contact address box]

Email address

[Redacted email address box]

Personal licence

Date of issue	Name of Licensing Board issuing	Reference number of personal licence

Is the variation in respect of Question 6 to take effect during the application period? YES/NO*

If the answer to the above question is NO, please provide below the date from which the variation is to take effect.

[Redacted date box]

DECLARATION BY APPLICANT OR AGENT ON BEHALF OF APPLICANT

If signing on behalf of the applicant please state in what capacity.

The contents of this Application are true to the best of my knowledge and belief.

Signature [Redacted] * (see note below)

Date 18.8.17

Capacity APPLICANT/AGENT (delete as appropriate)

Telephone number and email address of signatory

[Redacted telephone and email address box]

*** Data Protection Act 1998**

The information on this form may be held on an electronic public register which may be available to members of the public on request.