

17/01606/0CCLIC

FOR OFFICE USE ONLY

Date received 18-9-17	Fee paid £10 FW	Date to - Police Licensing Licensing Standards Fire Environmental Health	Reply	Objectors	Date of Event 30/9/17	Date Granted/ Refused
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pd @ Hawick
cc



Regulatory Services
19 SEP 2017
Legal & Licensing

SCOTTISH BORDERS LICENSING BOARD

Licensing (Scotland) Act 2005

Application for occasional licence

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 or typed in black ink. Use additional sheets, if necessary.

You may wish to keep a copy of the completed form for your records.

1. LICENCE DETAILS (see note 1)			
Premises licence number (if applicable)*	SB/PRÉM/443		
Personal licence number (if applicable)*	—		
Name of voluntary organisation (if applicable)*	—		
<i>*please ensure you indicate one of the above</i>			
2. PERSONAL DETAILS			
TITLE (delete as appropriate): Mr Mrs Miss Ms Other (please state)			
Surname	LACKENBY (HAWICK ANGLINE CLUB)		
Forenames	ANDREW		
DATE OF BIRTH	Day	Month	Year
	[REDACTED]		
ADDRESS WHERE ORDINARILY RESIDENT TO BE USED FOR CORRESPONDENCE PURPOSE			
HAWICK ANGLINE CLUB 5 SANDSIED			
Post Town	HAWICK		Postcode
			TD9 0HE

TELEPHONE NUMBERS Daytime Evening Mobile	
FAX NUMBER	

E-MAIL ADDRESS (if you would prefer us to correspond with you by e-mail)

3. THE PREMISES

Description of premises
(in particular, if there is more than one room to be used for your event, please indicate if the bar is to be located in a separate room from that which your event will take place; if you propose to use a marquee, other temporary structure or outside areas, please also provide measurements)

1st Floor Function Room

Description of activities to be carried on in the premises
(please give as much information about your event as possible ie. approx numbers attending; stewarding arrangements and numbers; full description of entertainment ie. live band, amplified music)

18th BIRTHDAY APPROX NUMBER ATTENDING 40
STEWARIDING WILL BE BY ANGLING CLUB
COMMITTEE

Full postal address of premises which this application refers to
(please ensure this section is complete including postcode)

HAWICK ANGLING CLUB 5 SANDBER, HAWICK
TD9 0HE

4. DATE/DURATION OF LICENCE (MAXIMUM 14 DAYS – see guidance notes)

30th SEPTEMBER 2017

5. Is alcohol to be sold on & off the premises YES/NO* - Provide relevant details as to hours requested when alcohol will be sold on/off the premises-* delete as appropriate

Times for sale of alcohol for consumption on premises

6.00pm to 12.00pm

Times for sale of alcohol for consumption off premises (this section should be completed if you wish attendees of your function to be able to carry alcoholic drinks outside during the event, up to 10.00pm)

Statement of the times at which any activities other than the sale of alcohol will be carried on in the premises (ie. set up in advance of the event/clearing up afterwards/any activities to take place where no alcohol will be sold)

6. CHILDREN (see note 2)

This section must be completed where alcohol is for sale for consumption on the premises

Are children or young persons permitted entry? YES/NO (if answered yes the remainder of this section must be completed) *please indicate clearly

Ages of children or young persons permitted entry (children are 0-15 years young persons 16 & 17 years) - please give approx numbers expected for each if possible)

CHILDREN 0-15 YEARS 4
YOUNG PERSONS 16-17 4

Times at which children or young persons permitted entry (please specify if you wish different times to apply for children as opposed to young persons)

CHILDREN 0-15 6.00pm to 10.00pm

Parts of premises to which children or young persons permitted entry

(ref Q3 above - ie. only the function room and access to toilet facilities or not in the immediate vicinity of the bar area)

ONLY THE FUNCTION ROOM AND ACCESS TO TOILETS

7. CHECKLIST

Please tick yes

Made or enclosed payment of the fee for the application

8. Signature and declaration by applicant (see note 3)

DECLARATION

IT IS AN OFFENCE TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

(Criminal Law (Consolidation) (Scotland) Act 1995 Section 44(2)(b))

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

Signature

Date

18-09-2017

usual C+Y.P. statement