

18/01323/50029

SCOTTISH BORDERS COUNCIL



20 APR 2018

LICENSING UNIT

SCOTTISH BORDERS LICENSING BOARD

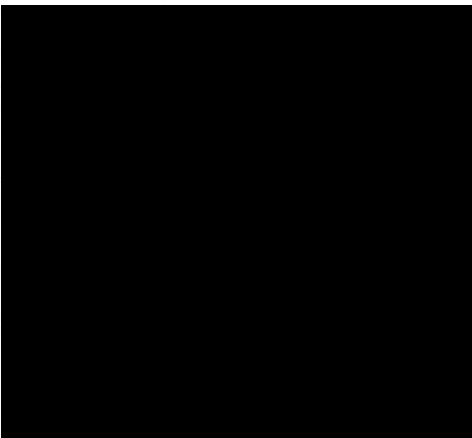
**Licensing (Scotland) Act 2005, Section 29
APPLICATION FOR VARIATION OF PREMISES LICENCE**

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.

LINDA WHARTON



Question 2

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

SB/PREM/32
AYTON MINI MARKET
HIGH STREET
AYTON
BERWICKSHIRE

Empty rectangular box at the top of the page.

Question 3

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

YES / NO*

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)

YES.

INCREASE TOTAL FOOTAGE FROM 11 TO ~~16.725~~ METERS.

14.8 m²

Question 4

Do you propose a variation to the layout plan contained in the licence? **YES** / NO *

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)

YES

we propose to increase space for alcohol to 16.725 meter, to create the space we have moved cigarettes into draws under the till counter and this has freed up the space behind the till. We also propose to move our bread section to other side of shop so this space can be re allocated to beer stacks at the other side of the till counter..

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 yseparate sheet if necessary)

no

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.

Proposed Premises Manager

Name and telephone number

Date and place of birth

Contact address, including postcode

Email address

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.

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  * (see note below)

Date 19/4/2018

Capacity ... OWNER APPLICANT/AGENT (delete as appropriate)

Telephone number and email address of signatory 

* 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.

<i>I have enclosed the relevant documents with this application – please tick the relevant boxes</i>	
<i>Premises Licence</i>	✓
<i>Operating Plan**</i>	✓
<i>Layout plans**</i>	X5
<i>Planning certificate</i>	
<i>Building standards certificate</i>	
<i>Food hygiene certificate</i>	

** Where the proposed variation affects the current layout plan, please submit 7 sets of plans showing the proposed new layout of the premises. Where the proposed variation affects the current operating plan, please submit an operating plan including the proposed variations.

Variations involving structural alterations should submit the relevant Section 50 certificates with their application.

For use by the Licensing Board only Application checklist	
Date received	Documents
Fee amount	Premises Licence
Receipt number	Operating Plan
Received by (INITIALS)	Layout Plans
Consideration date	Planning Certificate
Last date for consideration	Building Standard Certificate
Date of initial hearing	Food Hygiene Certificate
Date of any modification hearing	
Date granted/refused (delete as appropriate)	