



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.

Neil W. Gillies,

Question 2

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

'Brew 13'

13 Teviot Crescent
Hawick
TD9 9RE

SB/PREM/506

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)

Change Core Hours (On Sales) to terminate at 12 midnight Sunday to Wednesday and 1 a.m. Thursday Friday and Saturday. (Currently 11 p.m. Sunday to Thursday and 12 midnight Friday and Saturday.)

Change NO to YES in column 4 for – Conference Facilities, Restaurant and Bar Meals, Receptions etc. Club meetings, Recorded Music, Live Performance, Dance Facilities, Indoor and outdoor sport and Televised Sport.

Add appropriate explanation as to YES in column 4.

At Question 5(f) Add appropriate explanation as to other activities.

Change the terms and conditions for Children and Young Persons access.

Question 4

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

Question 5

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

Proposed Premises Manager

Name and telephone number

Date and place of birth

[Empty text box for date and place of birth]

Contact address, including postcode

[Empty text box for contact address]

Email address

[Empty text box for 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.

[Empty text box for date of variation]

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 declaration are true to the best of my knowledge and belief.

Signature [Redacted] * (see note below)

Date 14/3/18

Capacity APPLICANT/AGENT (delete as appropriate)

Telephone number and email address of signatory

[Redacted contact information]

*** 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.