

17/00276/OCC LIC

applicant is

Selkirk Conservative Club

telt ref

OCC

FOR OFFICE USE ONLY

Date received	Fee paid	Date to - Police Licensing Licensing Standards Fire Environmental Health	Reply	Objectors	Date of Event	Date Granted/ Refused
1/6/17	£10.00 <i>cash</i>	2/6/17 <i>twob.</i>	6/6/17	attached <i>obj.</i>	24/6/17.	

19N



### SCOTTISH BORDERS LICENSING BOARD

Licensing (Scotland) Act 2005

*Extended hours.*

SCOTTISH BORDERS COUNCIL

### Application for ~~occasional~~ licence

1 - JUN 2017

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.

LICENSING UNIT

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

#### 1. LICENCE DETAILS (see note 1)

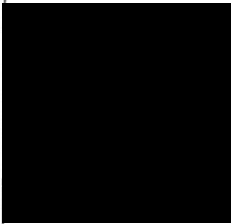

Premises licence number (if applicable)*	SB/REM/197
Personal licence number (if applicable)*	<del>SB/LIQ/3319</del>
Name of voluntary organisation (if applicable)*	

\*please ensure you indicate one of the above

#### 2. PERSONAL DETAILS

TITLE (delete as appropriate): Mr Mrs Miss Ms Other (please state)			
Surname	SCOTT		
Forenames	MARTIN JAMES		
DATE OF BIRTH	Day	Month	Year
	[REDACTED]		
ADDRESS WHERE ORDINARILY RESIDENT TO BE USED FOR CORRESPONDENCE PURPOSE			
SELKIRK CONSERVATIVE CLUB			
Post Town	Postcode		
SELKIRK	TD7 4LE		

X

<b>TELEPHONE NUMBERS</b> Daytime Evening Mobile	 
<b>FAX NUMBER</b>	

**E-MAIL ADDRESS (if you would prefer us to correspond with you by e-mail)**  
 selkirkconclub@gmail.com

**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)*

**LOUNGE BAR**

**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)*

**BRITISH & IRISH LIONS VERSUS NEW ZEALAND ALL BLACKS RUGBY INTERNATIONAL APPROX 40 PEOPLE ATTENDING. BAR WILL BE OPEN TO PROVIDE ALCOHOL FROM 8.00AM TO 11.00AM. ALSO BREAKFASTS WILL BE PROVIDED AT HALF TIME. THE GAME WILL BE SHOWN LIVE ON THE BIG SCREEN KICK OFF 8.35AM. NORMAL SATURDAY LICENCING HOURS WILL THEN COME INTO EFFECT FROM 11.00AM TO 01.00AM**

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

**SELKIRK CONSERVATIVE CLUB, ETRICK TERRACE, SELKIRK, TD7 4LE**

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

**24<sup>TH</sup> JUNE SATURDAY**

**5. Is alcohol to be sold on the premises YES/ \* - Provide relevant details as to hours requested when alcohol will be sold on the premises-\* delete as appropriate**

<b>Times for sale of alcohol for consumption on premises</b> 8.00AM TO 11.00AM ( OCCASIONAL ) 11.00AM TO 01.00AM ( NORMAL )	<b>Times for sale of alcohol for consumption off premises</b> <i>(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)</i>
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**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)*  
**07.00AM PREP WORK FOR BREAKFASTS**

**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? NO** (if answered yes the remainder of this section must be completed) *\*please indicate clearly*

<b>Ages of children or young persons permitted entry</b> <i>(children are 0-15 years young persons 16 &amp; 17 years) – please give approx numbers expected for each if possible)</i>	<b>Times at which children or young persons permitted entry</b> <i>(please specify if you wish different times to apply for children as opposed to young persons)</i>
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**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)*

**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** 1.6.17