

17/00431/SE29



SCOTTISH BORDERS LICENSING BOARD

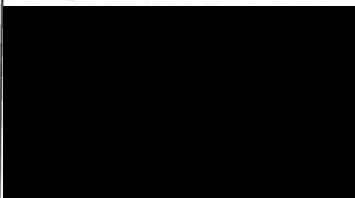
Licensing (Scotland) Act 2005, Section 29 APPLICATION FOR VARIATION OF PREMISES LICENCE

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.

Mary Richardson Fraioli



Question 2

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

Bridge Function Suite
34 North Bridge Street
Hawick
TD9 9QT

SB/PREM/434

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)

Question 5 (f) - change the description of premises to remove ground floor area with exception to toilet facilities.

Question 7 - Reduce the capacity from 300 to 200.

Question 8- change details of premises manager

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)

With exception to the toilet facility, remove the basement floor from the licensed area of the premises.

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.

Eileen Walsh

SB/LIQ/11632

Proposed Premises Manager

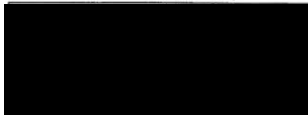
Name and telephone number

Mary Richardson Fraioli

Date and place of birth



Contact address, including postcode



Email address

None

Personal licence

Date of issue	Name of Licensing Board issuing	Reference number of personal licence
8/12/2016	Scottish Borders Licensing Board	SB/LIQ/12421

Is the variation in respect of Question 6 to take effect during the application period?


YES

*** To take effect as soon as possible ***

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 4.4.11

Capacity 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>	
<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