

SCOTTISH BORDERS LICENSING BOARD

OPERATING PLAN Licensing (Scotland) Act 2005, section 20(2)(b)(i)

Question 1

STATEMENT REGARDING ALCOHOL BEING SOLD ON PREMISES/OFF PREMISES OR BOTH

| (a) Will alcohol be sold for consumption solely ON the premises? | NO |
|--|-----|
| (b) Will alcohol be sold for consumption solely OFF the premises? | NO |
| (c) Will alcohol be sold for consumption both ON and OFF the premises? | YES |

Question 2

STATEMENT OF **CORE** TIMES WHEN ALCOHOL WILL BE SOLD FOR CONSUMPTION **ON** PREMISES

| Day | ON Consumption | | |
|-----------|----------------|---------------|--|
| | Opening time | Terminal hour | |
| Monday | 11.00 a.m. | 10.00 p.m. | |
| Tuesday | 11.00 a.m. | 10.00 p.m. | |
| Wednesday | 11.00 a.m. | 10.00 p.m. | |
| Thursday | 11.00 a.m. | 10.00 p.m. | |
| Friday | 11.00 a.m. | 10.00 p.m. | |
| Saturday | 11.00 a.m. | 10.00 p.m. | |
| Sunday | 11.00 a.m. | 10.00 p.m. | |

Question 3

STATEMENT OF **CORE** TIMES WHEN ALCOHOL WILL BE SOLD FOR CONSUMPTION **OFF** PREMISES

| Day | OFF Consumption | | |
|------------------|-----------------|---------------|--|
| | Opening time | Terminal hour | |
| Monday | 10.00am | 10.00pm | |
| Tuesday | 10.00am | 10.00pm | |
| Wednesday | 10.00am | 10.00pm | |
| Thursday 10.00am | | 10.00pm | |
| Friday | 10.00am | 10.00pm | |
| Saturday 10.00am | | 10.00pm | |
| Sunday | 10.00am | 10.00pm | |

Question 4

SEASONAL VARIATIONS

| Does the applicant intend to operate according to seasonal demand | NO |
|---|----|
| *If YES – provide details | |
| N/A | |
| | |
| | |

Question 5

PLEASE INDICATE THE OTHER ACTIVITIES OR SERVICES THAT WILL BE PROVIDED ON THE PREMISES IN ADDITION TO SUPPLY OF ALCOHOL

| COL. 1 | COL. 2 | COL. 3 | COL. 4 |
|-----------------------|-----------------------|---|--|
| (a) Activity | Please confirm YES/NO | To be provided during core licensed hours – please confirm YES/NO | Where activities are also to be provided outwith core licensed hours please confirm YES/NO |
| Accommodation | No | No | No |
| Conference facilities | No | No | No |
| Restaurant facilities | No | No | No |
| Bar meals | YES | YES | No |

| (b) Activity Social functions including: | Please confirm YES/NO | To be provided during core licensed hours – please confirm YES/NO | Where activities are also to be provided outwith core licensed hours please confirm YES/NO |
|---|-----------------------------|---|--|
| Receptions including weddings, funerals, birthdays, retirements etc | No | No | No |
| Club or other group meetings etc. | YES | YES | No |
| (c) Activity Entertainment including: | Please confirm YES/NO | To be provided during core licensed hours – please confirm YES/NO | Where activities are also to be provided outwith core licensed hours please confirm YES/NO |
| Recorded music -see 5(g) | YES | YES | No |
| Live performance - see 5(g) | YES | YES | No |
| Dance facilities | No | No | No |
| Theatre | No | No | No |
| Films | No | No | No |
| Gaming | No | No | No |
| Indoor/outdoor sports | No | No | No |
| Televised sport | No | No | No |
| (d) Activity | Please confirm YES/NO | To be provided during core licensed hours – please confirm YES/NO | Where activities are also to be provided outwith core licensed hours please confirm YES/NO |
| Outdoor drinking facilities | No | No | No |
| (e) Activity | Please confirm YES/NO | To be provided during core licensed hours – please confirm YES/NO | Where activities are also to be provided outwith core licensed hours please confirm YES/NO |
| Adult entertainment | No | No | No |

Where you have answered YES in respect of any entry in column 4 above, please provide further details below.

Note:- Any food offering will be brought in by way of outside caterers and provided as part of brewery tour/visit package. There will be no food preparation on the premises.

(f) any other activities

If you propose to provide any activities other than those listed in 5(a) – (e) please provide details or further information in the box below.

The premises adjoin the tempest brewery and consist of a Tap Room Tasting area with casual seating and a small retail area offering the various bottled beers produced as well as a quantity of other marketing material. The brewery predominantly supplies direct to trade

however there is a small sale by retail to the general public offering by way of off sales. The on sale facility is in the main to facilitate Real Ale/Craft Ale enthusiasts and those enjoying a guided tour of the Brewery who are then able to taste and purchase in the Tap Room Tasting area.

(g) Late night premises opening after 1.00am

Where you have confirmed that you are providing live or recorded music, will the decibel level exceed 85dB?

N/A

When fully occupied, are there likely to be more customers standing than seated?

N/A

Question 6 (On-sales only)

CHILDREN AND YOUNG PERSONS

(a) When alcohol is being sold for consumption on the premises will children or young persons be allowed entry

Yes

(b) Where the answer to 6(a) is YES provide statement of the **TERMS** under which they will be allowed entry

Children and Young Persons accompanied by an appropriate adult when the adult is purchasing from the retail shop area.

(c) Provide statement regarding the AGES of children or young persons to be allowed entry

Children - 0 to 15 years

Young Persons 16 - 17 years

(d) Provide statement regarding the **TIMES** during which children and young persons will be allowed entry

Throughout Off Sales Hours

(e) Provide statement regarding the PARTS of the premises to which children and young persons will be allowed entry

The Shop area within the premises

Question 7

CAPACITY OF PREMISES

What is the proposed capacity of the premises to which this application relates?

20 square metres

25 persons

| - | | - |
|-----|---------|---|
| () | uestion | × |
| w | uestion | · |

PREMISES MANAGER (NOTE: not required where application is for grant of provisional premises licence)

| licenc | e) | | | | |
|--------|-------------------------------------|--|--|--|--|
| Perso | Personal details | | | | |
| (a) | Name | | | | |
| Annika | Annika Meiklejohn | | | | |
| (b) | Date of birth | | | | |
| | | | | | |
| (c) | Contact address | | | | |
| | | | | | |
| (d) | Telephone number and e-mail address | | | | |
| | | | | | |
| | | | | | |

(e) Personal licence

| Date of issue | Name of Licensing Board issuing | Ref number of personal licence |
|---------------|----------------------------------|--------------------------------|
| 31/8/2009 | Scottish Borders Licensing Board | SB/LIQ/3871 |

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 operating plan are true to the best of my knowledge and belief.

| Signature | * (see note below) |
|-------------------|---|
| Date 26 - 10 - 17 | |
| Capacity | APPLICANT/AGENT (delete as appropriate) |
| (2) | natory |

^{*} **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.