

17/0230/SEC29



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.

Stobo Castle Health Spa Limited
Stobo
EH45 8NY



Question 2

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

Stobo Castle Health Spa Limited
Stobo
EH45 8NY



SB/PREM/145

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 and Off Sales to commence at 11 a.m. on Sunday (Currently 12.30 p.m.)

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

Change Seasonal Variation to YES (Currently NO) Details - Festive Season dates open until 1 a.m..

At Question 5 – Listed Activities – Change NO to YES in columns 2,3 and 4 for Conference Facilities, Bar Meals, Receptions etc., Club or other Group Meetings and Televised Sport.

Change NO to YES in column 4 for Restaurant Facilities and Recorded Music.

Change NO to YES in columns 2 and 3 for Live Performance, Theatre, Films and Gaming.

Change explanation as to Yes in column 4.

At question 5(f) Change wording as to other activities.

At Question 6 – Change the terms of 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

Contact address, including postcode

Email address

Personal licence

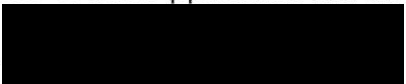
Date of issue	Name of Licensing Board issuing	Reference number of personal licence

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)

Date12/12/2017.....

Capacity ~~AGENT~~ APPLICANT (delete as appropriate)

Telephone number and email address of signatory