

**OPERATING PLAN**

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

**Question 1**

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

1(a) Will alcohol be sold for consumption solely ON the premises?	NO*
1(b) Will alcohol be sold for consumption solely OFF the premises?	YES *
1(c) Will alcohol be sold for consumption both ON and OFF the premises?	NO*
*Delete as appropriate	

**Question 2**

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

Day	ON Consumption	
	Opening time	Terminal hour
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**Question 3**

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

<b>Day</b>	<b>OFF Consumption</b>	
	<b>Opening time</b>	<b>Terminal hour</b>
<i>Monday</i>	10.00 am	10.00 pm
<i>Tuesday</i>	10.00 am	10.00 pm
<i>Wednesday</i>	10.00 am	10.00 pm
<i>Thursday</i>	10.00 am	10.00 pm
<i>Friday</i>	10.00 am	10.00 pm
<i>Saturday</i>	10.00 am	10.00 pm
<i>Sunday</i>	10.00 am	10.00 pm

**Question 4**

**SEASONAL VARIATIONS**

<b>Does the applicant intend to operate according to seasonal demand</b>	<b>YES</b>
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*\*If YES – provide details*

The applicant seeks an increased capacity of alcohol display for the period of 1 December each year until 2 January of the following year. The relevant capacities shall be stated in question 7 below. The applicant seeks the increased capacity to allow them to adequately cope with increased seasonal demand around the Christmas and New Year period.

**Question 5**

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

<b>COL. 1</b> <b>5(a)</b> <b>Activity</b>	<b>COL. 2</b> <b>Please confirm</b> <b>YES/NO</b>	<b>COL. 3</b> <b>To be provided</b> <b>during core</b> <b>licensed hours –</b> <b>please confirm</b> <b>YES/NO</b>	<b>COL. 4</b> <b>Where activities are</b> <b>also to be provided</b> <b>outwith core</b> <b>licensed hours</b> <b>please confirm</b> <b>YES/NO</b>
<i>Accommodation</i>	No	N/A	N/A
<i>Conference facilities</i>	No	No	No
<i>Restaurant facilities</i>	No	No	No
<i>Bar meals</i>	No	No	No
<b>5(b) Activity</b> <b>Social functions</b> <b>including:</b>	<b>Please confirm</b> <b>YES/NO</b>	<b>To be provided</b> <b>during core</b> <b>licensed hours –</b> <b>please confirm</b> <b>YES/NO</b>	<b>Where activities are</b> <b>also to be provided</b> <b>outwith core</b> <b>licensed hours</b> <b>please confirm</b> <b>YES/NO</b>
<i>Receptions including</i> <i>Weddings, funerals,</i> <i>birthdays,</i> <i>retirements etc.</i>	No	No	No
<i>Club or other group</i> <i>meetings etc.</i>	No	No	No
<b>5(c)</b> <b>Activity</b> <b>Entertainment</b> <b>including:</b>	<b>Please confirm</b> <b>YES/NO</b>	<b>To be provided</b> <b>during core</b> <b>licensed hours –</b> <b>please confirm</b> <b>YES/NO</b>	<b>Where activities are</b> <b>also to be provided</b> <b>outwith core</b> <b>licensed hours</b> <b>please confirm</b> <b>YES/NO</b>
<i>Recorded music –</i> <b>see 5(g)</b>	Yes	Yes	Yes
<i>Live performances –</i> <b>see 5(g)</b>	No	No	No
<i>Dance facilities</i>	No	No	No
<i>Theatre</i>	No	No	No

<i>Films</i>	No	No	No
<i>Gaming</i>	No	No	No
<i>Indoor/outdoor sports</i>	No	No	No
<i>Televised sport</i>	No	No	No
<b>5(d) Activity</b>	<b>Please confirm YES/NO</b>	<b>To be provided during core licensed hours – please confirm YES/NO</b>	<b>Where activities are also to be provided outwith core licensed hours please confirm YES/NO</b>
<i>Outdoor drinking facilities</i>	No	No	No
<b>5(e) Activity</b>	<b>Please confirm YES/NO</b>	<b>To be provided during core licensed hours – please confirm YES/NO</b>	<b>Where activities are also to be provided outwith core licensed hours please confirm YES/NO</b>
<i>Adult entertainment</i>	No	No	No

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

*Background music may be played within the store outwith core licensing hours*

5(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 operate as a supermarket. The premises may open outwith the core hours for this purpose. No alcohol is sold outwith core hours*

5(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?	YES/NO*
When fully occupied, are there likely to be more customers standing than seated?	YES/NO*
*Delete as appropriate	

**Question 6 (On-sales only)**

**CHILDREN AND YOUNG PERSONS**

6(a)	When alcohol is being sold for consumption on the premises will children or young persons be allowed entry	YES/NO*
	*Delete as appropriate	

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

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

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

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

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**Question 7**

**CAPACITY OF PREMISES**

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

Capacity during non-seasonal trading: <b>Length 25.16m Height 1.8m Total 45.28m<sup>2</sup></b>
Additional capacity during seasonal trading (1 December each year until 2 January the following year) <b>Length 5.30m Height 1.8m Total 9.54m<sup>2</sup></b>
Max Total: 54.82m <sup>2</sup>

**Question 8**

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

*Personal details*

8(a) Name

Christopher Anderson

8(b) Date of birth

[Redacted]

8(c) Contact address

[Redacted]

8(d) Email address

8(e) Personal licence

Date of issue	Name of Licensing Board issuing	Reference no. of personal licence
01.09.2009	Scottish Borders	SB/LIQ/4581

**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 [Redacted] ..... \* (see note below)

Date 25/11/18 .....

Capacity Licensing Manager ..... APPLICANT/AGENT (delete as appropriate).

Telephone number and email address of signatory 01934 523121 – licensing@lidl.co.uk

**Data Protection Act 1998**

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