



**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?	<b>NO</b>
(b) Will alcohol be sold for consumption solely OFF the premises?	<b>YES</b>
(c) Will alcohol be sold for consumption both ON and OFF the premises?	<b>NO</b>

\*delete as appropriate

**Question 2**

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

<b>Day</b>	<b>ON Consumption</b>	
	<b>Opening time</b>	<b>Terminal hour</b>
Monday	N/A	N/A
Tuesday	N/A	N/A
Wednesday	N/A	N/A
Thursday	N/A	N/A
Friday	N/A	N/A
Saturday	N/A	N/A
Sunday	N/A	N/A

**Question 3**

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

Day	OFF Consumption	
	Opening time	Terminal hour
Monday	10 a.m.	8 p.m.
Tuesday	10 a.m.	8 p.m.
Wednesday	10 a.m.	8 p.m.
Thursday	10 a.m.	8 p.m.
Friday	10 a.m.	8 p.m.
Saturday	10 a.m.	8 p.m.
Sunday	10 a.m.	8 p.m.

**Question 4**

SEASONAL VARIATIONS

Does the applicant intend to operate according to seasonal demand	NO
---	----

\*If YES – provide details

**Question 5**

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

COL. 1 (a) Activity	COL. 2 Please confirm YES/NO	COL. 3 To be provided during core licensed hours – please confirm YES/NO	COL. 4 Where activities are also to be provided outwith core licensed hours please confirm YES/NO
Accommodation	N/A		
Conference facilities	NO		
Restaurant facilities	NO		
Bar meals	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, birthdays, funerals, retirements etc.	NO		
Club or other group meetings etc.	NO		
<b>(c) Activity Entertainment including:</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>
Recorded music –see 5(g)	NO		
Live performance – see 5(g)	NO		
Dance facilities	NO		
Theatre	NO		
Films	NO		
Gaming	NO		
Indoor/outdoor sports	NO		
Televised sport	NO		
<b>(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>
Outdoor drinking facilities	NO		
<b>(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>
Adult entertainment	NO		

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

**The premises operate as a General Store with Post Office facilities and will be open prior to the commencement of core hours.**

(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 General Store and Post Office in the Village of Denholm offering a wide range of produce and services.**

(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**

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

\*delete as appropriate

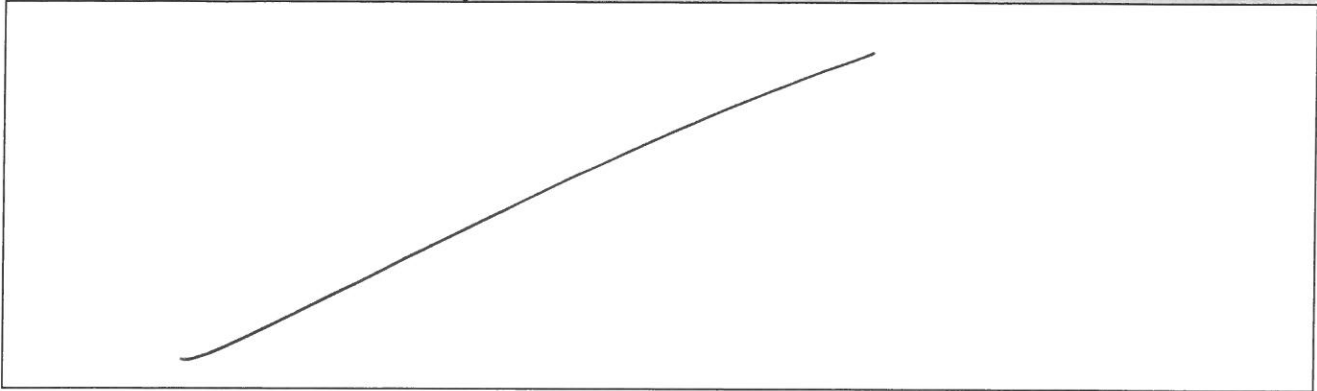
(b) Where the answer to 6(a) is YES provide statement of the **TERMS** under which they will be allowed entry

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

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

(e) Provide statement regarding the **PARTS** of the premises to which children and young

persons will be allowed entry



**Question 7**

**CAPACITY OF PREMISES**

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

2.25 m<sup>2</sup> - SEE LAYOUT PLAN.

**Question 8**

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

Personal details

(a) Name

Lynn Elizabeth Ferguson

(b) Date of birth

[REDACTED]

(c) Contact address

[REDACTED]

(d) Telephone number and e-mail address

[REDACTED]

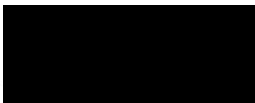
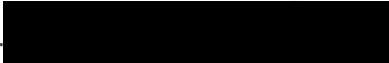
(e) Personal licence

Date of issue	Name of Licensing Board issuing	Reference no. of personal licence

**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 ..... 16/07/18 .....  
Capacity ..... APPLICANT ..... 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.