



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	11.00am	12 midnight
Tuesday	11.00am	12 midnight
Wednesday	11.00am	12 midnight
Thursday	11.00am	1.00 am
Friday	11.00am	1.00 am
Saturday	11.00am	1.00 am
Sunday	11.00am	12 midnight

**Question 3**

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

Day	OFF Consumption	
	Opening time	Terminal hour
Monday	11.00am	10.00pm
Tuesday	11.00am	10.00pm
Wednesday	11.00am	10.00pm
Thursday	11.00am	10.00pm
Friday	11.00am	10.00pm
Saturday	11.00am	10.00pm
Sunday	11.00am	10.00pm

**Question 4**

SEASONAL VARIATIONS

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

Christmas Eve, Christmas Day, Boxing Day, New Years Eve and New Years Day open until 1 a.m. or within any other Licensing Board Policy.
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**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	N/A	N/A
Conference facilities	Yes	Yes	Yes
Restaurant facilities	Yes	Yes	Yes
Bar meals	Yes	Yes	Yes
(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.	Yes	Yes	Yes

<i>Club or other group meetings etc.</i>	Yes	Yes	Yes
<b>(c) Activity</b> <b>Entertainment including:</b>	<b>Please confirm</b> <b>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>Recorded music –see 5(g)</i>	Yes	Yes	Yes
<i>Live performance – see 5(g)</i>	Yes	Yes	No
<i>Dance facilities</i>	Yes	Yes	No
<i>Theatre</i>	No	No	No
<i>Films</i>	No	No	No
<i>Gaming</i>	Yes	Yes	No
<i>Indoor/outdoor sports</i>	Yes	Yes	Yes
<i>Televised sport</i>	Yes	Yes	Yes
<b>(d) Activity</b>	<b>Please confirm</b> <b>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>(e) Activity</b>	<b>Please confirm</b> <b>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.

These activities may commence prior to Core Hours but will not extend beyond without the benefit of an extended hours application. The premises and facilities will generally be available for use from the commencement of daylight 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 serve as the clubhouse for Torwoodlee Golf Course and are primarily for the use of the Golf Club members however the facilities and services are available to non-members at the discretion of the management committee.

*(g) Late night premises opening after 1.00am*

<i>Where you have confirmed that you are providing live or recorded music, will the decibel level exceed 85dB?</i>	N/A
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<i>When fully occupied, are there likely to be more customers standing than seated?</i>	N/A
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**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	<b>YES</b>
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(b) Where the answer to 6(a) is YES provide statement of the **TERMS** under which they will be allowed entry

Children accompanied by an appropriate adult will be allowed access when there for any sporting purpose, when dining or when attending a pre-arranged private function.

Young persons for the same purposes but without the requirement of being accompanied by an adult.

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

0 -- 15 yrs children

16 – 17yrs young person

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

Children and Young Persons when there for any sporting purpose or when dining will be allowed access until 10 p.m. and when attending a pre-arranged private function they would be allowed access for the duration of the function.

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

All public areas

**Question 7**

**CAPACITY OF PREMISES**

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

60

**Question 8**

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

Personal details

(a) Name

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(b) *Date of birth*

[Empty box for date of birth]

(c) *Contact address*

[Empty box for contact address]

(d) *Telephone number and e-mail address*

[Empty box for telephone number and e-mail address]

(e) *Personal licence*

<i>Date of issue</i>	<i>Name of Licensing Board issuing</i>	<i>Reference no. of personal licence</i>
[Empty]	[Empty]	[Empty]

**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 ..... 15/09/17 .....

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

Telephone number and email address of signatory [Redacted] .....

\* **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.