

18/0231/000PLH.

OCC

FOR OFFICE USE ONLY

Date received 11/8/18	Fee paid £10	Date to - Police Licensing Licensing Standards Fire Environmental Health	3/8	Reply no obs no obs	Objectors no obs	Date of Event 21/9/18.	Date Granted/ Refused
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web 11/8.



**SCOTTISH BORDERS LICENSING BOARD**  
Licensing (Scotland) Act 2005

Regulatory Services

30 JUL 2018

Legal & Licensing

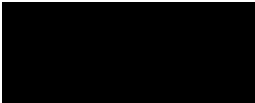
**Application for occasional licence**

Before completing this form please read the guidance notes at the end of the form.

If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written or typed in black ink. Use additional sheets, if necessary.

You may wish to keep a copy of the completed form for your records.

<b>1. LICENCE DETAILS (see note 1)</b>			
Premises licence number (if applicable)*			
Personal licence number (if applicable)*		SB/LIQ/12246	
Name of voluntary organisation (if applicable)*			
<i>*please ensure you indicate one of the above</i>			
<b>2. PERSONAL DETAILS</b>			
TITLE (delete as appropriate): Mr Mrs Miss Ms Other (please state) Mr			
Surname	Reid		
Forenames	Laurence		
DATE OF BIRTH			Day
			Month
			Year
ADDRESS WHERE ORDINARILY RESIDENT TO BE USED FOR CORRESPONDENCE PURPOSE			
[REDACTED]			
Post Town		Postcode	
[REDACTED]		[REDACTED]	

<b>TELEPHONE NUMBERS</b> Daytime Evening Mobile	
<b>FAX NUMBER</b>	

**E-MAIL ADDRESS (if you would prefer us to correspond with you by e-mail)**

**3. THE PREMISES**

**Description of premises**  
*(in particular, if there is more than one room to be used for your event, please indicate if the bar is to be located in a separate room from that which your event will take place; if you propose to use a marquee, other temporary structure or outside areas, please also provide measurements)*

The bar is positioned in the main hall of the venue

**Description of activities to be carried on in the premises**  
*(please give as much information about your event as possible ie. approx numbers attending; stewarding arrangements and numbers; full description of entertainment ie. live band, amplified music)*

Heriot Watt Students Union freshers event with recorded music/DJ, up to 100 attending, event fully staffed & stewarded.

**Full postal address of premises which this application refers to**  
*(please ensure this section is complete including postcode)*

MacArts Bridge Street, Galashiels, TD1 1SP

**4. DATE/DURATION OF LICENCE (MAXIMUM 14 DAYS – see guidance notes)**

Sunday 2nd September 2018

**5. Is alcohol to be sold on & off the premises YES/NO\* - Provide relevant details as to hours requested when alcohol will be sold on/off the premises.\* delete as appropriate**

Times for sale of alcohol for consumption on premises

7pm till Midnight

Times for sale of alcohol for consumption off premises (this section should be completed if you wish attendees of your function to be able to carry alcoholic drinks outside during the event, up to 10.00pm)

n/a

Statement of the times at which any activities other than the sale of alcohol will be carried on in the premises (ie. set up in advance of the event/clearing up afterwards/any activities to take place where no alcohol will be sold)

Set up two hours prior & clear up on hour post event

**6. CHILDREN (see note 2)**

This section must be completed where alcohol is for sale for consumption on the premises

Are children or young persons permitted entry? NO (if answered yes the remainder of this section must be completed) \*please indicate clearly

Ages of children or young persons permitted entry (children are 0-15 years young persons 16 & 17 years) - please give approx numbers expected for each if possible)

Times at which children or young persons permitted entry (please specify if you wish different times to apply for children as opposed to young persons)

Parts of premises to which children or young persons permitted entry (ref Q3 above - ie. only the function room and access to toilet facilities or not in the immediate vicinity of the bar area)

**7. CHECKLIST**

Please tick yes

Made or enclosed payment of the fee for the application---enclosed

**8. Signature and declaration by applicant (see note 3)**

**DECLARATION**

**IT IS AN OFFENCE TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION**

(Criminal Law (Consolidation) (Scotland) Act 1995 Section 44(2)(b))

The contents of this Application are true to the best of my knowledge and belief

Signature

Date 27<sup>th</sup> July 2018