



SCOTTISH BORDERS LICENSING BOARD

OPERATING PLAN – SB/PREM/

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

Name, address and postcode of premises to be licensed.

Netherbyres House Eyemouth TD14 5SE

Question 1

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

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

Question 2

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

<i>Day</i>	<i>ON Consumption</i>	
	<i>Opening time</i>	<i>Terminal hour</i>
<i>Monday</i>	11am	Midnight
<i>Tuesday</i>	11am	Midnight
<i>Wednesday</i>	11am	Midnight
<i>Thursday</i>	11am	1am

<i>Friday</i>	11am	1am
<i>Saturday</i>	11am	1am
<i>Sunday</i>	11am	Midnight

Question 3

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

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

Question 4

SEASONAL VARIATIONS

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

If additional Hours are required, these will be dealt with by means of an Application for Extension of Permitted Hours.

Question 5

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

COL. 1 5(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	No	No	No
Conference facilities	No	No	No
Restaurant facilities	Yes	Yes	Yes
Bar meals	No	No	No

5(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
Club or other group meetings etc.	Yes	Yes	Yes

5(c) Activity Entertainment 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
Recorded music – see 5(g)	Yes	Yes	Yes
Live performances – see 5(g)	Yes	Yes	Yes
Dance facilities	No	No	No
Theatre	No	No	No
Films	No	No	No
Gaming	No	No	No
Indoor/outdoor sports	Yes	Yes	Yes
Televised sport	No	No	No

<i>5(d)</i> <i>Activity</i>	<i>Please confirm</i> <i>YES/NO</i>	<i>To be provided</i> <i>during core licensed</i> <i>hours – please</i> <i>confirm</i> <i>YES/NO</i>	<i>Where activities are</i> <i>also to be provided</i> <i>outwith core licensed</i> <i>hours please confirm</i> <i>YES/NO</i>
<i>Outdoor drinking</i> <i>facilities</i>	Yes	Yes	Yes

<i>5(e)</i> <i>Activity</i>	<i>Please confirm</i> <i>YES/NO</i>	<i>To be provided</i> <i>during core licensed</i> <i>hours – please</i> <i>confirm</i> <i>YES/NO</i>	<i>Where activities are</i> <i>also to be provided</i> <i>outwith core licensed</i> <i>hours please confirm</i> <i>YES/NO</i>
<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.

Activities answered 'yes' in column 4 may take place outwith core hours, namely later, with the benefit of a general or special extension, or prior to the commencement of licensed hours, if a function, conference or training course started prior to 11am. In this case no alcohol would be sold or supplied prior to the commencement of licensed 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 will be a venue for events of various types, including principally Weddings, but also conferences, corporate events, training courses, and other various functions.

When not being used, bedrooms may be used by the owners and their family and friends.

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

Question 6 (On-sales only)

CHILDREN AND YOUNG PERSONS

6(a)	<i>When alcohol is being sold for consumption on the premises will children or young persons be allowed entry</i>	YES
	<i>*Delete as appropriate</i>	

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

Children and Young Persons may be present at events, as appropriate. Children will require to be accompanied by an adult and young persons supervised by an appropriate adult.

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

No restriction 0-17years

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

Children and Young Persons may stay until the end of a private pre booked function, subject to management discretion.

6(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?

100

Question 8

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

Personal details

8(a) *Name*

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8(b) *Date of birth*

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8(c) *Contact address*

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8(d) *Email address*

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8(e) *Personal licence*

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

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 (note below)

Date

Capacity AGENT (delete as appropriate).

Telephone number and email address of signatory

Macdonald Licensing
21a Rutland Square
Edinburgh, EH1 2BB

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*** 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.