

SCOTTISH BORDERS LICENSING BOARD

OPERATING PLAN – MARMION, MELROSE  
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

\*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	11.00am	12 midnight
Tuesday	11.00am	12 midnight
Wednesday	11.00am	12 midnight
Thursday	11.00am	1.00 a.m.
Friday	11.00am	1.00 a.m.
Saturday	11.00am	1.00 a.m.
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 Year's Eve and New Years Day open until 1.00am or in line with any other 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	No	N/A	N/A
Conference facilities	No	No	No
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> <i>Entertainment including:</i>	<i>Please confirm</i> 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
<i>Recorded music –see 5(g)</i>	Yes	Yes	Yes
<i>Live performance – see 5(g)</i>	Yes	Yes	Yes
<i>Dance facilities</i>	Yes	Yes	Yes
<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	No
<i>Televised sport</i>	Yes	Yes	No
<b>(d) Activity</b>	<i>Please confirm</i> 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
<i>Outdoor drinking facilities</i>	Yes	Yes	Yes
<b>(e) Activity</b>	<i>Please confirm</i> 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
<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.

**The premises will open prior to core hours (normally around 9 a.m.) with food available from that time. No alcohol will be sold other than within core hours and no activities will continue beyond core hours without the benefit of an extended hours licence .**

*(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 restaurant with a wide variety of meals and snacks available, there is also a function room available for Private parties and functions.**

(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?	n/a
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When fully occupied, are there likely to be more customers standing than seated?	n/a
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\*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	<b>YES</b>
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\*delete as appropriate

(b)	Where the answer to 6(a) is YES provide statement of the <b>TERMS</b> under which they will be allowed entry
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**Children accompanied by a responsible adult for the purposes of dining or partaking in light refreshments or when attending a private pre arranged function.**

**Young Persons for the same reasons but without the requirement of being accompanied.**

(c)	Provide statement regarding the <b>AGES</b> of children or young persons to be allowed entry
	<b>Children - 0 – 15 years</b>
	<b>Young Persons – 16 – 17 years</b>

(d)	Provide statement regarding the <b>TIMES</b> during which children and young persons will be allowed entry
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**Children and Young persons when dining for the duration of the meal and when attending a pre arranged private function the duration of the function**

(e)	Provide statement regarding the <b>PARTS</b> of the premises to which children and young persons will be allowed entry
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**All Public areas but excluded from the immediate area of any bar counter.**

### **Question 7**

#### **CAPACITY OF PREMISES**

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

**Seating capacity of 110 people**

### **Question 8**

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

*Personal details*

(a) Name

**Eyup Kurt**

(b) Date of birth

[REDACTED]

(c) Contact address

[REDACTED]

(d) Telephone number and e-mail address

[REDACTED]

[info@marmionsbrasserie.co.uk](mailto:info@marmionsbrasserie.co.uk)

(e) Personal licence

Date of issue	Name of Licensing Board issuing	Reference no. of personal licence
1 September 2009	Scottish Borders Licensing Board	SB/LIQ/5051

**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]

Date

24.10.2018

Capacity APPLICANT

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.