

PROPOSED - Iceland, Hawick

OPERATING PLAN

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

Question 1

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

<i>I(a) Will alcohol be sold for consumption solely ON the premises?</i>	NO
<i>I(b) Will alcohol be sold for consumption solely OFF the premises?</i>	YES
<i>I(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>	N/A	N/A
<i>Tuesday</i>	N/A	N/A
<i>Wednesday</i>	N/A	N/A
<i>Thursday</i>	N/A	N/A
<i>Friday</i>	N/A	N/A
<i>Saturday</i>	N/A	N/A
<i>Sunday</i>	N/A	N/A

Question 3

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

<i>Day</i>	<i>OFF Consumption</i>	
	<i>Opening time</i>	<i>Terminal hour</i>
<i>Monday</i>	10AM	10PM
<i>Tuesday</i>	10AM	10PM
<i>Wednesday</i>	10AM	10PM
<i>Thursday</i>	10AM	10PM
<i>Friday</i>	10AM	10PM
<i>Saturday</i>	10AM	10PM
<i>Sunday</i>	10AM	10PM

Question 4

SEASONAL VARIATIONS

<i>Does the applicant intend to operate according to seasonal demand</i>	NO
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**If YES – provide details*

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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 <i>5(a)</i> <i>Activity</i>	COL. 2 <i>Please confirm</i> <i>YES/NO</i>	COL. 3 <i>To be provided</i> <i>during core licensed</i> <i>hours – please</i> <i>confirm</i> <i>YES/NO</i>	COL. 4 <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>Accommodation</i>	NO	N/A	N/A
<i>Conference facilities</i>	NO	NO	NO
<i>Restaurant facilities</i>	NO	NO	NO
<i>Bar meals</i>	NO	NO	NO
<i>5(b) Activity</i> <i>Social functions</i> <i>including:</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>Receptions including</i> <i>Weddings, funerals,</i> <i>birthdays, retirements</i> <i>etc.</i>	NO	NO	NO
<i>Club or other group</i> <i>meetings etc.</i>	NO	NO	NO
<i>5(c)</i> <i>Activity</i> <i>Entertainment</i> <i>including:</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>Recorded music – see</i> <i>5(g)</i>	YES	YES	YES
<i>Live performances –</i> <i>see 5(g)</i>	NO	NO	NO
<i>Dance facilities</i>	NO	NO	NO
<i>Theatre</i>	NO	NO	NO
<i>Films</i>	NO	NO	NO

<i>Gaming</i>	NO	NO	NO
<i>Indoor/outdoor sports</i>	NO	NO	NO
<i>Televised sport</i>	NO	NO	NO
5(d) Activity	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
<i>Outdoor drinking facilities</i>	NO	NO	NO
5(e) Activity	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
<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.

Sale of groceries, including fresh and frozen foods and other non-food items to be provided both within and outwith the core licensing hours. But not before 7am or after 11pm. Activities outwith core hours may occur as ancillary.

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 sale of alcohol by retail for consumption off the premises is ancillary to the sale of groceries and other non-food items. The above shall include deliveries made using our home delivery and ecommerce services, subject to compliance with sections 119 and 120 of the Licensing (Scotland) Act 2005. The premises will also, on occasion, be used to launch new products, have product sampling and food tasting events and host 'family friendly' membership evenings.

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>	N/A
<i>When fully occupied, are there likely to be more customers standing than seated?</i>	N/A
<i>*Delete as appropriate</i>	

Question 6 (On-sales only)

CHILDREN AND YOUNG PERSONS

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

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

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

6(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?

OFF SALES 6.6M2

Question 8

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

Personal details

8(a) *Name*

WILLIAM INNES

8(b) *Date of birth*



8(c) *Contact address*



8(d) *Email address*

[Empty rectangular box for email address]

8(e) Personal licence

<i>Date of issue</i>	<i>Name of Licensing Board issuing</i>	<i>Reference no. of personal licence</i>
02.04.12	SCOTTISH BORDERS	SB/LIQ/11145

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)

Date11.10.18.....

Capacity ~~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.

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