19/00564/SEC33



#### SCOTTISH BORDERS LICENSING BOARD

## Licensing (Scotland) Act 2005

**Sections 33, 34 and 35** 

#### APPLICATION FOR TRANSFER OF PREMISES LICENCE/ PROVISIONAL PREMISES LICENCE\*

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.

Is this application made in terms of Section 33 of the Licensing (Scotland) Act 2005?

YES/NO\*

Is this application made in terms of Section 34 of the Licensing (Scotland) Act 2005?

YES/NO\*

Is the applicant applying for a variation with the transfer application

YE8/NO\*

#### **APPLICANT INFORMATION**

1 4 FEB 2019

#### Question 1

Please provide the name, address, postcode, date and place of birth, and contact telephone number of the current Licensee.

Donald Peter Moffat,	
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#### Question 2

Where the application is made by the current licence holder 'applicant' is the person(s) into whose name the licence is to be transferred.

Where applicant is an individual, provide full name, date and place of birth, home address including postcode, telephone number and e-mail address.

Derek John O'Donnell,	

Where applicant is a partnership, please provide full name, and postal address of partnership.
N/A
Where applicant is a company, please provide name, registered office and company registration number and a contact address.
N/A
Where the applicant is a club or other body, please provide full name, and postal address of club or other body.
N/A
Where applicant is a partnership, company, club or other body, please provide the names, dates and places of birth, and home addresses of connected persons.*
N/A
* Connected person is defined in section 147(3) of the Licensing (Scotland) Act 2005.
Question 3 Previous applications Has the applicant been refused a premises licence under section 23 of the Licensing (Scotland) Act 2005 in respect of the same premises?  If YES – provide full details
The first term detailed

#### Question 4

#### **Previous convictions**

Has the applicant or any connected person ever been convicted of a relevant or foreign offence a YES/NO\*

\*If YES - provide full details

For the purpose of this Act, a conviction for a relevant offence or foreign offence is to be disregarded if it is spent for the purpose of the Rehabilitation of Offenders Act 1974

Name & position (if applicable)	Date of conviction or sentence	Court	Offence	Penalty

ne premises

If you do not wish to apply for a variation of the licence with the transfer application, please go to page 7 and date and sign the application form.

If you do wish to apply for a variation of the licence with the transfer application, please complete the rest of the application form.

<sup>&</sup>lt;sup>a</sup> In addition to any convictions held by the applicant at the time of application, applicants should also familiarise themselves with the contents of section 24(1) of the Licensing (Scotland) Act 2005 in respect of any convictions for relevant or foreign offences which they may receive during the period beginning with the making of the premises licence application and ending with determination of the application.

## MINOR VARIATIONS

Question 7  Do you consider the proposed variation to be a minor variation?  (If YES, please answer the rest of question 3. If NO please go to question 4)	NO
Do you propose a variation to the layout plan which is not inconsistent with the operating plan for the Premises? (if YES, please give details of the proposed variation below)	NO
Do you propose to restrict the terms on which children and young persons are admitted to the premises? (if YES, please give details of the proposed variation below)	NO
Do you propose to vary the information contained in the licence relating to the premises manager, including a variation to substitute a new premises manager? (if YES, please go to question 5 below)	NO
Do you propose any other variation as prescribed by Section 29(6)(d) of the 2005 Act? (if YES, please give details of the proposed variation below)	NO

## **OTHER VARIATIONS**

NO
YES
f Sales) Irant or Gaming. Theatre,
NO
NO

## VARIATION TO SUBSTITUTE NEW PREMISES MANAGER

	in respect of Question 9 to take effect during the the above question is NO, please provide below	
le the verieties	in respect of Question Q to take affect delication	
Date of issue	Name of Licensing Board issuing	Reference number of personal licence
Personal licen		Defense
Email addios		*
Email address		
Contact addre	ss, including postcode	
<u></u>		
Date and plac	e of birth	
Name and tel	ephone number	
	remises Manager	
1		

# 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 Abblication are true to the be	st of my knowledge and belief.
Signatur * (see note	below)
Date /4/2///	
Capacity APPLICAN	Γ/AGENT (delete as appropriate)
Telephone number and email address of signatory	
I have enclosed the relevant docum please tick the rele	
Premises Licence	
Operating Plan**	AND THE PROPERTY OF THE PROPER
Layout plans**	
Planning certificate	
Building standards certificate	
Food hygiene certificate	

#### \* 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.

\*\* Where the proposed variation affects the current layout plan, please submit 7 sets of plans showing the proposed new layout of the premises. Where the proposed variation affects the current operating plan, please submit an operating plan including the proposed variations.

Variations involving structural alterations should submit the relevant Section 50 certificates with their application.

For use by the Licensing Board only Application checklist		
Date received	Documents	
Fee amount	Premises Licence	
Receipt number	Operating Plan	
Received by (INITIALS)	Layout Plans	
Consideration date	Planning Certificate	
Last date for consideration	Building Standard Certificate	
Date of initial hearing	Food Hygiene Certificate	
Date of any modification hearing		
Date granted/refused (delete as appropriate)		