



**SCOTTISH BORDERS LICENSING BOARD**

**OPERATING PLAN**

**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

**Question 2**

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

<b>Day</b>	<b>ON Consumption</b>	
	<b>Opening time</b>	<b>Terminal hour</b>
Monday	11.00 am	12.00midnight
Tuesday	11.00 am	12.00midnight
Wednesday	11.00 am	12.00midnight
Thursday	11.00 am	12.00midnight
Friday	11.00 am	1.00am
Saturday	11.00 am	1.00am
Sunday	11.00 am	12.00midnight

**Question 3**

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

Day	OFF Consumption	
	Opening time	Terminal hour
Monday	11.00 am	10.00pm
Tuesday	11.00 am	10.00pm
Wednesday	11.00 am	10.00pm
Thursday	11.00 am	10.00pm
Friday	11.00 am	10.00pm
Saturday	11.00 am	10.00pm
Sunday	11.00 am	10.00pm

**Question 4**

SEASONAL VARIATIONS

Does the applicant intend to operate according to seasonal demand	YES
-------------------------------------------------------------------	-----

\*If YES – provide details

The Monday night of Coldstream Civic Week (Ladies night) open until 1.00am. Christmas Eve, Christmas Day, Boxing Day, New Years Eve and New Years Day open until 1 a.m.
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**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	No	No
Conference facilities	Yes	Yes	Yes
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> <b>YES/NO</b>	<b>To be provided during core licensed hours – please confirm YES/NO</b>	<b>Where activities are also to be provided outwith core licensed hours please confirm YES/NO</b>
<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>	Yes	Yes	Yes
<i>Films</i>	Yes	Yes	Yes
<i>Gaming</i>	Yes	Yes	No
<i>Indoor/outdoor sports</i>	Yes	Yes	Yes
<i>Televised sport</i>	Yes	Yes	Yes
<b>(d) Activity</b>	<i>Please confirm</i> <b>YES/NO</b>	<b>To be provided during core licensed hours – please confirm YES/NO</b>	<b>Where activities are also to be provided outwith core licensed hours please confirm YES/NO</b>
<i>Outdoor drinking facilities</i>	No	No	No
<b>(e) Activity</b>	<i>Please confirm</i> <b>YES/NO</b>	<b>To be provided during core licensed hours – please confirm YES/NO</b>	<b>Where activities are also to be provided outwith core licensed hours please confirm YES/NO</b>
<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.

These activities may commence prior to core hours but would not extend 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.

(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
-----------------------------------------------------------------------------------------	-----

**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	yes
(b)	Where the answer to 6(a) is YES provide statement of the <b>TERMS</b> under which they will be allowed entry	
	Children accompanied by an appropriate adult for the purpose of dining, attending a pre- arranged private function or when appropriate entertainment is being provided. Young persons for the same purposes but without the requirement of being accompanied.	
(c)	Provide statement regarding the <b>AGES</b> of children or young persons to be allowed entry	
	0 to 17 years	
(d)	Provide statement regarding the <b>TIMES</b> during which children and young persons will be allowed entry	
	Children and Young persons when dining allowed access until 10 p.m. 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	
	All public areas	

**Question 7**

**CAPACITY OF PREMISES**

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

195
-----

**Question 8**

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

Personal details

(a) Name

[Empty rectangular box]

(b) Date of birth

[Empty rectangular box]

(c) Contact address

[Empty rectangular box]

(d) Telephone number and e-mail address

[Empty rectangular box]

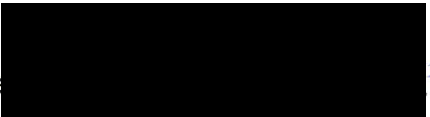
(e) Personal licence

Date of issue	Name of Licensing Board issuing	Ref number of personal licence

**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)

Date ..... 14/2/07

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.