

19102601/5E029



## SCOTTISH BORDERS LICENSING BOARD

### Licensing (Scotland) Act 2005, Section 29 APPLICATION FOR VARIATION OF PREMISES LICENCE

*If you are completing this form by hand, please write legibly in block capitals using ink*

#### Question 1

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

**St Boswells Rugby Football Club,  
Jenny Moores Road,  
St Boswells  
TD6 0AL  
Tel. No. 07753879980**

SCOTTISH BORDERS COUNCIL

13 AUG 2019

LICENSING UNIT

#### Question 2

*Please provide full name, address, postcode and \*licence number of the premises (\*if known)*

**St Boswells Rugby Football Club,  
Jenny Moores Road,  
St Boswells  
TD6 0AL**

**SB/PREM/175**

#### Question 3

*Do you propose to vary any of the information contained in the operating plan contained in the licence application?*

YES

**Where the proposed variation affects the current operating plan, please submit an operating plan including the proposed variations.**

*(if YES, please give details of the proposed variation below) (continue on a separate sheet if necessary)*

**Change the explanation at Question 5(f) as to other activities.**

**At Question 6 Change the terms and conditions for Children and Young Persons Access**

**Question 4**

Do you propose a variation to the layout plan contained in the licence?      NO

**Where the proposed variation affects the current layout plan, please submit 5 sets of plans showing the proposed new layout of the premises.**

*(if YES, please give details of the proposed variation below) (continue on a separate sheet if necessary)*

NO

**Question 5**

Do you propose to vary any other information contained or referred to in the licence, including an addition, deletion or other modification?      YES

*(if YES, please give details of the proposed variation below) (continue on a separate sheet if necessary)*

**VARIATION TO SUBSTITUTE NEW PREMISES MANAGER**

**Question 6**

Please provide details below of the name, address and personal licence number of the EXISTING Premises Manager.

**Proposed Premises Manager**

Name and telephone number

Date and place of birth

Contact address, including postcode

Email address

Personal licence

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

Is the variation in respect of Question 6 to take effect during the application period? YES/NO\*

If the answer to the above question is NO, please provide below the date from which the variation is to take effect.

**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 Application are true to the best of my knowledge and belief.

Signature [REDACTED] ..... \* (see note below)

Date ..... 13/8/19 .....

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.