

19/02581/5ec29



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.

Iceland Foods Limited
Second Avenue, Deeside Industrial Park
Deeside, Flintshire, CH5 2NW

1 - AUG 2019

LICENSING UNIT

Question 2

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

Iceland
33/43 High Street
Galashiels
TD1 1RY

Licence Number: SB/PREM/320

Question 3

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

YES / NO*

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)

Question 4

Do you propose a variation to the layout plan contained in the licence? YES / 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)

Change to layout to increase the capacity from 4.4m² to 4.55m²

(Layout plan ref: Galashiels-243-LIQ01)

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 / NO*

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

N/A

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.

N/A

Proposed Premises Manager

Name and telephone number

N/A

Date and place of birth

N/A

Contact address, including postcode

N/A

Email address

N/A

Personal licence

Date of issue	Name of Licensing Board issuing	Reference number of personal licence
N/A		


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.

N/A

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  * (see note below)

Date ..26 July 2019.....

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.