



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

<i>(a) Will alcohol be sold for consumption solely ON the premises?</i>	NO
<i>(b) Will alcohol be sold for consumption solely OFF the premises?</i>	NO
<i>(c) Will alcohol be sold for consumption both ON and OFF the premises?</i>	YES

Question 2

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

Day	ON Consumption	
	Opening time	Terminal hour
<i>Monday</i>	11.00am	12 midnight
<i>Tuesday</i>	11.00am	12 midnight
<i>Wednesday</i>	11.00am	12 midnight
<i>Thursday</i>	11.00am	1.00 am
<i>Friday</i>	11.00am	1.00 am
<i>Saturday</i>	11.00am	1.00 am
<i>Sunday</i>	11.00am	12 midnight

Question 3

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

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

Question 4

SEASONAL VARIATIONS

Does the applicant intend to operate according to seasonal demand	YES
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*If YES – provide details

Christmas Eve, Christmas Day, Boxing Day, New Years Eve and New Years Day open until 1 a.m. or within any other Licensing Board Policy.

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	N/A	N/A	N/A
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
(c) Activity <i>Entertainment including:</i>	<i>Please confirm</i> 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>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
(d) Activity	<i>Please confirm</i> 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>	Yes	Yes	No
(e) Activity	<i>Please confirm</i> 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.

These activities may commence prior to Core Hours but will not extend beyond without the benefit of an extended hours application.

(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 premises serve as the clubhouse for Hawick Rugby Football Club and are primarily for the use of the Rugby Club and its members however the facilities and services are available to non-members at the discretion of the management committee.

(g) Late night premises opening after 1.00am

Where you have confirmed that you are providing live or recorded music, will the decibel level exceed 85dB? N/A

When fully occupied, are there likely to be more customers standing than seated? 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
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**delete as appropriate*

(b) Where the answer to 6(a) is YES provide statement of the **TERMS** under which they will be allowed entry

Children are permitted in the premises when accompanied by an appropriate adult, when there for a sporting purpose associated with the club, or when attending a pre-arranged private function.
Young Persons for the same purposes, but without the requirement of being in the company of an adult.

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

Children 0 -15 years
Young Persons 16 and 17 years

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

When there for a sporting purpose they will be clear of the premises by 10 p.m.
When attending a pre-arranged private function, for the duration of the function.
NOTE:-
For the avoidance of doubt a pre arranged private function is a function whereby the premises or part of same are booked for a private party and is not open to any person other than those specifically invited to the function.

(e) Provide statement regarding the **PARTS** of the premises to which children and young persons will be allowed entry

All public areas within the clubrooms, but excluded from the immediate vicinity of any bar counter or gaming machine.

Question 7

CAPACITY OF PREMISES

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

200

Question 8

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

Personal details

(a) Name

Lindsey Girvan

(b) Date of birth

[REDACTED]

(c) Contact address

[REDACTED]

(d) Telephone number and e-mail address

[REDACTED]

(e) Personal licence

Date of issue	Name of Licensing Board issuing	Reference no. of personal licence
25/03/2015	Scottish Borders	SB/LIQ/12209

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 [REDACTED] * (see note below)

Date 25th Sept 2019

Capacity in person APPLICANT/AGENT (delete as appropriate).

Telephone number and email address of signatory ... [REDACTED]

* **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.