

20/00621/5ec29



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.

Co-operative Group Food Limited
1 Angel Square
Manchester
M60 0AG
T: 0141 333 0636

Question 2

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

Co-operative Food
Newton Street
Duns
Berwickshire
TD11 3DT
SB/PREM/13

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)

The current wording at Question 5 (f) should be deleted and the following wording inserted:
'The sale of food, non-food items and other household goods and the provision of ancillary consumer services within and outwith licensed hours. Home deliveries may be provided to customers. Alcohol will only be delivered in terms of and in compliance with the relevant provisions of the Licensing (Scotland) Act 2005.'

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)

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)

Change trading name of the premises to Co-op.

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

[Empty text box for date and place of birth]

Contact address, including postcode

[Empty text box for contact address]

Email address

[Empty text box for 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.

[Empty text box for date of variation]

DECLARATION BY APPLICANT OR AGENT ON BEHALF OF APPLICANT

If signing on behalf of the applicant please state in what capacity. [Redacted]

The contents of this Application are true to the best of my knowledge and belief.

Signature .. [Redacted] * (see note below)

Date 20/02/20

Capacity AGENT APPLICANT/AGENT (delete as appropriate)

Telephone number and email address of signatory 0141 333 0636, info@mshblicensing.com

*** 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.