

13 NOV 2020



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.

MOHAMMED [REDACTED] MEER

Question 2

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

SAFFRON (PEEBLES) LTD
RESTAURANT AND TAKE AWAY
68 HIGH STREET
INNERLEITHEN
EH44 6HF
SB/PREM/494

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)

AT THE MOMENT WE ARE OPERATING AS AN ON
LICENSE, BUT DUE TO CURRENT CIRCUMSTANCES
WE WOULD LIKE TO APPLY FOR AN OFF. LICENSE
- SALE OF ALCOHOL. FROM 10AM TO 10PM EVERY DAY.
* ON LICENSE VARIATION.

Question 4

11 AM TO 12 MIDNIGHT EVERY DAY.

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)

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)

VARIATION TO SUBSTITUTE NEW PREMISES MANAGER

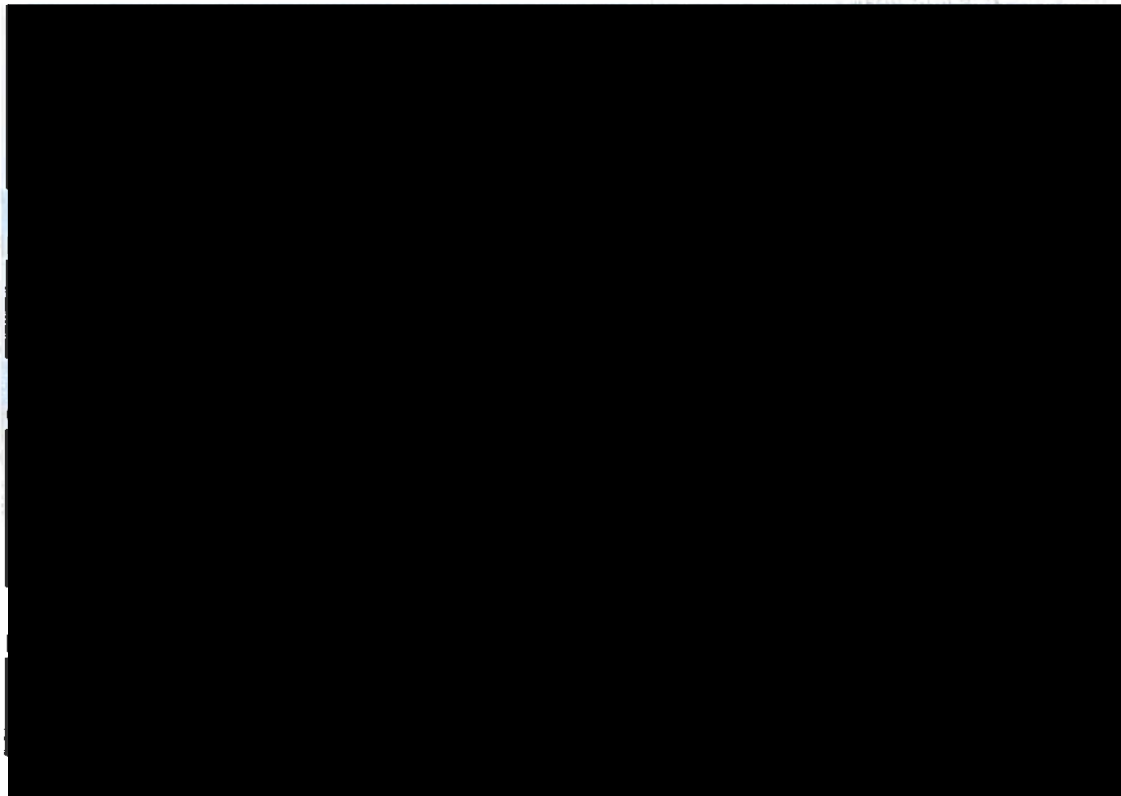
Question 6

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

MR. MOHAMMED [REDACTED] MEER
[REDACTED]

Proposed Premises Manager

Name and telephone number



Personal licence

Date of issue	Name of Licensing Board issuing	Reference number of personal licence
	SCOTTISH DRUG LICENSING BOARD	SB/LIQ/10833

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.

NO VARIATION TO PREMISES MANAGER

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: 12-11-20

Capacity: APPLICANT/AGENT (delete as appropriate)

Telephone number and email address of signatory: