



## 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

*\*delete as appropriate*

##### Question 2

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

<b>Day</b>	<b>ON Consumption</b>	
	<b>Opening time</b>	<b>Terminal hour</b>
<i>Monday</i>	11.00am	11.00pm
<i>Tuesday</i>	11.00am	11.00pm
<i>Wednesday</i>	11.00am	11.00pm
<i>Thursday</i>	11.00am	1.00am
<i>Friday</i>	11.00am	1.00am
<i>Saturday</i>	11.00am	1.00am
<i>Sunday</i>	11.00am	12.00 midnight

**Question 3**

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

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

**Question 4**

SEASONAL VARIATIONS

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

<p><b>Christmas Eve, Christmas Day, Boxing Day, New Year’s Eve and New Year’s Day open until 1.00am or within any other Licensing Board Policy.</b></p>
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**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	NO	NO	NO
Conference facilities	NO	NO	NO
Restaurant facilities	YES	YES	YES
Bar meals	NO	NO	NO

<b>(b) Activity</b> <b>Social including:</b>	<b>functions</b>	<b>Please confirm</b> <b>YES/NO</b>	<b>To be provided during</b> <b>core licensed hours –</b> <b>please confirm</b> <b>YES/NO</b>	<b>Where activities are also to</b> <b>be provided outwith core</b> <b>licensed hours please</b> <b>confirm</b> <b>YES/NO</b>
Receptions including weddings, birthdays, etc.	including funerals, retirements etc.	YES	YES	YES
Club or other group meetings etc.		YES	YES	YES
<b>(c) Activity</b> <b>Entertainment including:</b>		<b>Please confirm</b> <b>YES/NO</b>	<b>To be provided during</b> <b>core licensed hours –</b> <b>please confirm</b> <b>YES/NO</b>	<b>Where activities are also to</b> <b>be provided outwith core</b> <b>licensed hours please</b> <b>confirm</b> <b>YES/NO</b>
Recorded music – see 5(g)		YES	YES	YES
Live performance – see 5(g)		YES	YES	YES
Dance facilities		NO	NO	NO
Theatre		NO	NO	NO
Films		NO	NO	NO
Gaming		NO	NO	NO
Indoor/outdoor sports		NO	NO	NO
Televised sport		NO	NO	NO
<b>(d) Activity</b>		<b>Please confirm</b> <b>YES/NO</b>	<b>To be provided during</b> <b>core licensed hours –</b> <b>please confirm</b> <b>YES/NO</b>	<b>Where activities are also to</b> <b>be provided outwith core</b> <b>licensed hours please</b> <b>confirm</b> <b>YES/NO</b>
Outdoor drinking facilities		NO	NO	NO
<b>(e) Activity</b>		<b>Please confirm</b> <b>YES/NO</b>	<b>To be provided during</b> <b>core licensed hours –</b> <b>please confirm</b> <b>YES/NO</b>	<b>Where activities are also to</b> <b>be provided outwith core</b> <b>licensed hours please</b> <b>confirm</b> <b>YES/NO</b>
Adult entertainment		NO	NO	NO

Where you have answered YES in respect of any entry in column 4 above, please provide further details below.

Activities may commence prior to core hours, but not beyond without the benefit of an Extended Hours Licence and not before 9.00am.

(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 will operate as a Restaurant, with alcohol sold predominantly but not exclusively to accompany food.

(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

\*delete as appropriate

### **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**

\*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 and Young Persons will be permitted access to the premises when accompanied by an appropriate adult, for the purpose of dining or attending a pre-arranged function.**

(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

**Children and Young Persons will be permitted access for the duration of core hours when dining or attending a pre-arranged function.**

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

**All public areas, but not in the immediate area of the bar counter/servery.**

**Question 7**

**CAPACITY OF PREMISES**

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

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**Question 8**

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

*Personal details*

(a) *Name*

Anthony Al Khoury

(b) *Date of birth*

[REDACTED]

(c) *Contact address*

[REDACTED]

(d) *Telephone number and e-mail address*

[REDACTED]


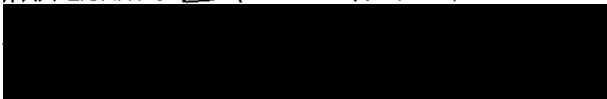
(e) *Personal licence*

<i>Date of issue</i>	<i>Name of Licensing Board issuing</i>	<i>Reference no. of personal licence</i>
12/11/2020	Scottish Borders Licensing Board	SB/LIQ/12955

**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:  ..... \* (see note below)  
Date: 09/03/21 .....  
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.