

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.

C. L. C.	
	PREMISES LICENCE HOLDER
	LIDL GREAT BRATAIN LED 19 WORFLE ROAD
	WIMBLEDON, LOMBON SWIG LITS

Question 2

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

Lidl Great Britain Limited

Wilton Path Hawick

TD9 7DS

Licence Number: SB/PREM/536

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:

Applicant seeks an increased capacity of the alcohol display for the period 01 December each year until 02 January of the following year. The relevant capacities shall be stated in Question 7 Below. The applicant seeks the increased capacity to allow them to adequately cope with increased seasonal demand around the Christmas and New Year Period.

Question 7 Capacity of Premises

Increase in Capacity during non-seasonal trading from 48.72m² to 56.01m²

Additional capacity during seasonal trading (1 December each year until 2 January the

Max Total: 65.51m² New Plans to be effective 20.05.2021 Question 4 Do you propose a variation to the layout plan contained in the showing the proposed new layout of the premise (if YES, please give details of the proposed variation below) (continue of Remerchandising of the store, resulting in a change to the layout propose to vary any other information contained or result in the licence, including an addition, deletion or other modification (if YES, please give details of the proposed variation below) (continue of the VARIATION TO SUBSTITUTE NEW PREMISES MANAGE Question 6 Please provide details below of the name, address and personal in Premises Manager.	t plan, please submit 5 sets ises. on a separate sheet if necessary) layout. referred to fication? YES / NO*
Question 4 Do you propose a variation to the layout plan contained in the Where the proposed variation affects the current layout of plans showing the proposed new layout of the premise (if YES, please give details of the proposed variation below) (continue of Remerchandising of the store, resulting in a change to the lateral Company of the store, resulting in a change to the lateral Company of the lateral Com	t plan, please submit 5 sets ises. on a separate sheet if necessary) layout. referred to fication? YES / NO*
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Question 5 Do you propose to vary any other information contained or r in the licence, including an addition, deletion or other modific (if YES, please give details of the proposed variation below) (continue of VARIATION TO SUBSTITUTE NEW PREMISES MANAGE Question 6 Please provide details below of the name, address and personal	referred to ication? YES / NO*
in the licence, including an addition, deletion or other modification (if YES, please give details of the proposed variation below) (continue of the propo	ication? YES / NO*
VARIATION TO SUBSTITUTE NEW PREMISES MANAGE Question 6 Please provide details below of the name, address and personal	on a separate sheet if necessary)
VARIATION TO SUBSTITUTE NEW PREMISES MANAGE Question 6 Please provide details below of the name, address and personal	
	licence number of the EXISTING
Proposed Premises Manager Name and telephone number	
Date and place of birth	
Email address	
Email address Personal licence	

is the variation 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 take effect.	he variation is to

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 Applic	cation are true to the bes	st of my knowledge and belief.
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Signature ** (see note below)

Date 30.03.2021

Capacity Licensing Manager APPLICANT/AGENT (delete as appropriate)

Telephone number and email address of signatory

Tel: 0117 428 0315 Email licensing@lidl.co.uk

* 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.

I have enclosed the relevant document please tick the relevant	
Premises Licence	X
Operating Plan**	X
Layout plans**	x
Planning certificate	
Building standards certificate	
Food hygiene certificate	

* 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.

** Where the proposed variation affects the current layout plan, please submit 7 sets of plans showing the proposed new layout of the premises. Where the proposed variation affects the current operating plan, please submit an operating plan including the proposed variations.

Variations involving structural alterations should submit the relevant Section 50 certificates with their application.

For use by the Licensing Board only Application checklist	
Date received	Documents
Fee amount	Premises Licence
Receipt number	Operating Plan
Received by (INITIALS)	Layout Plans
Consideration date	Planning Certificate
Last date for consideration	Building Standard Certificate
Date of initial hearing	Food Hygiene Certificate
Date of any modification hearing	
Date granted/refused	
(delete as appropriate)	