



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.

Verdant Leisure Limited
10 Mannin Way
Caton Road
Lancaster
LA1 3SW

Question 2

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

Pease Bay Leisure Park
Pease Bay
Cockburnspath
TD13 5YP

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)

To add outdoor drinking as an activity during and outwith core hours.

Question 4

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)

To substitute the current layout plan for drawing number 1457/21/01

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.

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.

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

Signature Nicola Smith * (see note below)

Date 23 August 2021

Capacity ~~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.

<i>I have enclosed the relevant documents with this application – please tick the relevant boxes</i>	
<i>Premises Licence</i>	
<i>Operating Plan**</i>	
<i>Layout plans**</i>	
<i>Planning certificate</i>	
<i>Building standards certificate</i>	
<i>Food hygiene certificate</i>	

*** 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)	