



**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

(a) Will alcohol be sold for consumption solely ON the premises?	NO
(b) Will alcohol be sold for consumption solely OFF the premises?	NO
(c) Will alcohol be sold for consumption both ON and OFF the premises?	YES

\*delete as appropriate

**Question 2**

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

<i>Day</i>	<i>ON Consumption</i>	
	<i>Opening time</i>	<i>Terminal hour</i>
<i>Monday</i>	11:00	22:00
<i>Tuesday</i>	11:00	22:00
<i>Wednesday</i>	11:00	22:00
<i>Thursday</i>	11:00	22:00
<i>Friday</i>	11:00	22:00
<i>Saturday</i>	11:00	22:00
<i>Sunday</i>	11:00	22:00

**Question 3**

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

Day	OFF Consumption	
	Opening time	Terminal hour
Monday	10:00	22:00
Tuesday	10:00	22:00
Wednesday	10:00	22:00
Thursday	10:00	22:00
Friday	10:00	22:00
Saturday	10:00	22:00
Sunday	10:00	22:00

**Question 4**

SEASONAL VARIATIONS

Does the applicant intend to operate according to seasonal demand	NO
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\*If YES – provide details

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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

COLUMN 1 (a) Activity	COLUMN 2 Please confirm YES/NO	COLUMN 3 To be provided during core licensed hours – please confirm YES/NO	COLUMN 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	NO	NO	NO
Bar meals	NO	NO	NO
(b) Activity Social functions including:	Please confirm YES/NO	To be provided during core licensed hours – please confirm YES/NO	Where activities are also to be provided outwith core licensed hours please confirm YES/NO
Receptions including weddings, funerals, birthdays, retirements etc.	NO	NO	NO
Club or other group	NO	NO	NO

<i>meetings etc</i>			
<b>(c) Activity</b> <b>Entertainment including:</b>	<b>Please confirm</b> <b>YES/NO</b>	<b>To be provided during core licensed hours – please confirm YES/NO</b>	<b>Where activities are also to be provided outwith core licensed hours please confirm YES/NO</b>
<i>Recorded music – see 5(g)</i>	YES	YES	YES
<i>Live performance – see 5(g)</i>	NO	NO	NO
<i>Dance facilities</i>	NO	NO	NO
<i>Theatre</i>	NO	NO	NO
<i>Films</i>	NO	NO	NO
<i>Gaming</i>	NO	NO	NO
<i>Indoor/outdoor sports</i>	NO	NO	NO
<i>Televised sport</i>	NO	NO	NO
<b>(d) Activity</b>	<b>Please confirm</b> <b>YES/NO</b>	<b>To be provided during core licensed hours – please confirm YES/NO</b>	<b>Where activities are also to be provided outwith core licensed hours please confirm YES/NO</b>
<i>Outdoor drinking facilities</i>	NO	NO	NO
<b>(e) Activity</b>	<b>Please confirm</b> <b>YES/NO</b>	<b>To be provided during core licensed hours – please confirm YES/NO</b>	<b>Where activities are also to be provided outwith core licensed hours please confirm 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 will not extend beyond other than with the benefit of an occasional extension. The premises are primarily a delicatessen/takeaway business and will operate from around 9.00am daily with no sale of alcohol other than within core hours.

(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 primarily operate as a takeaway delicatessen specialising in cheeses and charcuterie products and for the off-sale of wines and local beers/spirits to accompany food purchases. A limited seating area (one window bench -max 4 persons and two tables/chairs max 6) will offer customers the opportunity to taste the products accompanied by a drink.

(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
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*\*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 allowed access unaccompanied for the purposes of purchasing products from the delicatessen.

Children accompanied by an adult will be allowed access to the seated area for the purposes of consuming products.

Young persons for the same reason but without being accompanied by an adult.

(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 will be allowed entry 09:00 – 18:00 unaccompanied by an adult and between 1800 and 2200 when accompanied by an adult.

Young persons will be allowed access at all times unaccompanied.

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

Children and young persons will be allowed access to the delicatessen serving area.

Children accompanied by an adult will be allowed access to the seated area for the purposes of consuming products.

Young persons for the same reason but without being accompanied by an adult.

**Question 7**

**CAPACITY OF PREMISES**

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

Seated area- 10 persons

**Question 8**

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

*Personal details*


(a) *Name*

Julie Caroline McLean
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(b) *Date of birth*


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(c) *Contact address*


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


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(e) *Personal licence*

<i>Date of issue</i>	<i>Name of Licensing Board issuing</i>	<i>Reference number of personal licence</i>
TO BE CONFIRMED		

**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: Julie McLean

Date: 16/5/22

Capacity: Director

**APPLICANT/AGENT** (delete as appropriate)

Telephone number and email address of signatory: 