

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>I(a) Will alcohol be sold for consumption solely ON the premises?</i>	<i>NO</i>
<i>I(b) Will alcohol be sold for consumption solely OFF the premises?</i>	<i>YES</i>
<i>I(c) Will alcohol be sold for consumption both ON and OFF the premises?</i>	<i>NO</i>
<i>*Delete as appropriate</i>	

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>	N/A	N/A
<i>Tuesday</i>	N/A	N/A
<i>Wednesday</i>	N/A	N/A
<i>Thursday</i>	N/A	N/A
<i>Friday</i>	N/A	N/A
<i>Saturday</i>	N/A	N/A
<i>Sunday</i>	N/A	N/A

Question 3

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

<i>Day</i>	<i>OFF Consumption</i>	
	<i>Opening time</i>	<i>Terminal hour</i>
<i>Monday</i>	10AM	10PM
<i>Tuesday</i>	10AM	10PM
<i>Wednesday</i>	10AM	10PM
<i>Thursday</i>	10AM	10PM
<i>Friday</i>	10AM	10PM
<i>Saturday</i>	10AM	10PM
<i>Sunday</i>	10AM	10PM

Question 4

SEASONAL VARIATIONS

<i>Does the applicant intend to operate according to seasonal demand</i>	<i>NO</i>
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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

COL. 1 <i>5(a)</i> <i>Activity</i>	COL. 2 <i>Please confirm</i> <i>YES/NO</i>	COL. 3 <i>To be provided</i> <i>during core licensed</i> <i>hours – please</i> <i>confirm</i> <i>YES/NO</i>	COL. 4 <i>Where activities are</i> <i>also to be provided</i> <i>outwith core licensed</i> <i>hours please confirm</i> <i>YES/NO</i>
<i>Accommodation</i>	NO	N/A	N/A
<i>Conference facilities</i>	NO	NO	NO
<i>Restaurant facilities</i>	NO	NO	NO
<i>Bar meals</i>	NO	NO	NO

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

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

The premises may open for general trade prior to the commencement of core hours. Recorded music may be played, such as Spar Radio prior to the commencement of core hours. This is background level only.

Gaming relates to National Lottery tickets/cards that can be purchased prior to core hours.

5(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 primary activity undertaken in the premises is the general retail sale of the following: Groceries; confectionery, bread & cakes, crisps/snacks, non-foods, toiletries, frozen & chilled foods, fruit/vegetables/flowers, news & magazines, toys, tobacco & cigarettes, beers/wines/spirits and other alcoholic products, non-alcoholic drinks. Charity collection point and charitable events take place. Food to Go. Click & collect. Home Deliveries. Paypoint payment. National Lottery outlet. External automated cash machine. Sampling & promotional activities.

5(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

6(a)	<i>When alcohol is being sold for consumption on the premises will children or young persons be allowed entry</i>	N/A
	<i>*Delete as appropriate</i>	

6(b) *Where the answer to 6(a) is YES provide statement of the **TERMS** under which they will be allowed entry*

N/A

6(c) *Provide statement regarding the **AGES** of children or young persons to be allowed entry*

N/A

6(d) *Provide statement regarding the **TIMES** during which children and young persons will be allowed entry*

N/A

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

N/A

Question 7

CAPACITY OF PREMISES

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

OFF SALES – 28.83^{M2}

Question 8

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

Personal details

8(a) *Name*

ALAN JACK

8(b) *Date of birth*

[REDACTED]

8(c) *Contact address*

[REDACTED]

8(d) *Email address*

[REDACTED]

8(e) *Personal licence*

<i>Date of issue</i>	<i>Name of Licensing Board issuing</i>	<i>Reference no. of personal licence</i>
17.04.13	SCOTTISH BORDERS LICENSING BOARD	SB/LIQ/11768

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 ...Alison Smith – TLT Solicitors..... * (see note below)

Date 12.04.22

Capacity AGENT

Telephone number and email address of signatory 0333 006 1297 Alison.Smith@TLTsolicitors.com