

- 4 NOV 2022
Legal & Licensing

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	tion 1	ti	es	11	0
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Please provide the name, address, postcode, date and place of birth, and contact telephone number of the current Licensee.

	telephone number of the current Licensee.
	Keuin Ferguson (Secretary) Lodge St. James B.U.R.A No. 424
	Lodge St. James B.U.R.A No. 424
ĺ	8 Union Street
	Hawick
	TD9 9LF
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Question 2

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

Lodge St. James B.U.R.A No. 424

8 Union Street

Hawick

TD9 9LF

SB/PREM/472

Question 3

Do you propose to vary any of the information contained in the operating plan contained in the licence application?

YES

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)

Q2- Change the following on sales hours.

Monday and Wednesday 6.00pm-11.00pm change to 11.00am – 12.00 midnight. Tuesday 6.00pm-midnight change to 11.00am – 12.00 midnight Thursday, Friday & Saturday 6.00pm – 12.00 midnight change to 11.00am – 01.00am Sunday 12.30 pm – 8.00pm change to 11.00am -12.00 midnight

Q3 - Change off sales hours from Nil to Monday- Sunday 10.00am-10.00pm

Q4 – change wording for seasonal variation.

Q5 - activities.

Change Conference facilities from No to Yes in columns 2,3 &4

Change Receptions etc from No to Yes in column 4

Change Club meetings from No to Yes in column 4

Change Recorded music from No to Yes in column 4

Change Live performances from No to Yes in column 4

Change Dance facilities from No to Yes in column 4

Change Films facilities from No to Yes in columns 2,3 &4

Change Indoor sports facilities from No to Yes in columns 2,3 &4

Change Gaming facilities from No to Yes in columns 2, and 3

Change Televised sport facilities from No to Yes in columns 2,3 &4

Add wording in relation to activities listed in column 4 to read 'These activities may commence prior to core hours. No activity will go beyond core hours other than with an Extended Hours Licence.'

Question 4

Do you propose a variation to the layout plan contained in the licence? 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)

		•	
N/A			

Question 5 Do you prop in the licence	oose to vary any other information contained o e, including an addition, deletion or other mod	r referred to lification? NO
	give details of the proposed variation below) (continue	
, ,,		on a soparate shoot in necessary)
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VARIATION	TO SUBSTITUTE NEW PREMISES MANAG	BER
Question 6		
Please provid Premises Mai	le details below of the name, address and persona	al licence number of the EXISTING
T TOTHISCS WA	nager.	
	remises Manager	
Name and tel	ephone number	<u> </u>
Date and plac	e of birth	
Contact addre	ess, including postcode	
Email address		
Personal licen	00	
Date of issue	Name of Licensing Board issuing	Reference number of personal licence
- Eu		
Is the variation	in respect of Question 6 to take effect during the	application period? YES/NO
If the answer to is to take effect	o the above question is NO, please provide below t.	the date from which the 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	f this Application are true to the best of my knowledge and belief.
Signature:	* (see note below)
Date:24/09/2022	Capacity: APPLICANT/AGENT (delete as appropriate)
Telephone num	per and email address of signatory:

I have enclosed the relevant documents with this application – please tick the relevant boxes		
Premises Licence		
Operating Plan**		
Layout plans**		
Planning certificate	BAR RESERVE	
Building standards certificate		
Food hygiene certificate	Single County County	

^{**} 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)		