

Regulatory Services

2 4 NOV 2022

Legal & Licensing

SCOTTISH BORDERS LICENSING BOARD

APPLICATION FOR PREMISES LICENCE

Licensing (Scotland) Act 2005, section 20

APPLICANT INFORMATION Licensing (Scotland) Act 2005, section 20(1)

Question 1
Name, address and postcode of premises to be licensed.
Milestone Garden and Leisure Ltd
Newtown St Boswells
TD6 0PL
Question 2
Particulars of applicant
(a) Where applicant is an individual, provide full name, date and place of birth, and home address including postcode.
N/A
(b) Where applicant is a partnership, please provide full name, and postal address of partnership.
N/A
(c) Where applicant is a company, please provide name, registered office and company registration number.
Milestone Garden and Leisure Ltd
Newtown St Boswells
TD6 0PL
SC 285 408

(d) Where the ap	plicant is a club or other ody.	body, please	e provide full name	e, and postal address of
N/A				
(e) Where applications dates and place	ant is a partnership, com	pany, club (or other body, ple	ase provide the names,
Ross Grainger Alla	-	110000000000000000000000000000000000000	micotou persons.	
* Connected pers	son is defined in section	147(3) of th	e Licensing (Sco	tland) Act 2005.
Question 3				
Previous application	ons			
	been refused a premises of the same premises?	s licence un	der section 23 of t	the Licensing (Scotland)
If YES – provid	·		-	
Question 4 Previous convictio	ns			
	t or any connected pers	son ever bed	en convicted of a	relevant or NO
*If YES - provide to the state of the purpose	of this Act, a conviction	n for a relev	vant offence or fo	oreign offence is to be
disregarded if it is	spent for the purpose of th	ne Rehabilita	tion of Offenders A	Act 1974
Name & position (if applicable)	Date of conviction of sentence	or Court	Offence	Penalty
3				
DESCRIPTION OF	PREMISES Licensing (S	Scotland) Act	2005, section 20(2	?)(a)

Question 5

⁽¹⁾ In addition to any convictions held by the applicant at the time of application, applicants should also familiarise themselves with the contents of section 24(1) of the Licensing (Scotland) Act 2005 in respect of any convictions for relevant or foreign offences which they may receive during the period beginning with the making of the premises licence application and ending with determination of the application.

Receipt number	
Received by (INITIALS)	
Received by (INTIALS)	
Consideration date	
Last date for consideration	
Date of initial booring	
Date of initial hearing	
Date of any modification hearing	
Date granted/refused (delete as appropriate)	

For use by the Licensing B If application is for a premises licence -	Documents required
Operating plan	
Layout plan	
Planning certificate	
Building standards certificate	
Food hygiene certificate	
If application is for a provisional premises lic	ence - <u>Documents required</u>
Provisional planning certificate	
Operating plan	
Layout plan	

The premises are a detact Restaurant/Café and Gift Shop	thed ground floor building op	perating as	a Garden Centre
Question 6			
To be completed by members'	clubs only		_
	rules conform to the requireme (lubs) (Scotland) Regulations 2007	AND THE RESIDENCE OF THE PARTY	YES/NO*
*delete as appropriate	idos) (Ocoliana) Negulationis 2001		
*delete as appropriate	NT OR AGENT ON BEHALF OF		
*delete as appropriate DECLARATION BY APPLICA		APPLICANT	
*delete as appropriate DECLARATION BY APPLICA If signing on behalf of the ap	NT OR AGENT ON BEHALF OF	APPLICANT pacity.	
*delete as appropriate DECLARATION BY APPLICA If signing on behalf of the ap	NT OR AGENT ON BEHALF OF A	APPLICANT pacity.	(see note below
*delete as appropriate DECLARATION BY APPLICA If signing on behalf of the ap The contents of this application	NT OR AGENT ON BEHALF OF A	APPLICANT pacity. edge and belief	(see note below
*delete as appropriate DECLARATION BY APPLICA If signing on behalf of the ap The contents of this application Signature	NT OR AGENT ON BEHALF OF A plicant please state in what capa are true to the best of my knowled Capacity: APPLICAN	APPLICANT pacity. edge and belief	(see note below
*delete as appropriate DECLARATION BY APPLICA If signing on behalf of the ap The contents of this application Signature Date: 22/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	NT OR AGENT ON BEHALF OF A plicant please state in what capa are true to the best of my knowled Capacity: APPLICAN	APPLICANT pacity. edge and belief	(see note below

I have enclosed the relevant documents with this application – please tick the relevant boxes		
Operating plan	/	
Layout plan	✓	
Planning certificate		
Building standards certificate		
Food hygiene certificate		

The information on this form may be held on an electronic public register which may be available to members of the public on request.

For use by the Licensing Board o	nly			
Application checklist				
Date received				
Fee amount				