

**OPERATING PLAN**

Licensing (Scotland) Act 2005, section 20(2)(b)(i)

**Question 1**

STATEMENT REGARDING ALCOHOL BEING SOLD ON PREMISES/OFF PREMISES OR BOTH

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

**Question 2**STATEMENT OF **CORE** TIMES WHEN ALCOHOL WILL BE SOLD FOR CONSUMPTION **ON** PREMISES

Day	ON Consumption	
	Opening time	Terminal hour
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**Question 3**

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

<b>Day</b>	<b>OFF Consumption</b>	
	<b>Opening time</b>	<b>Terminal hour</b>
<i>Monday</i>	10:00 hrs	22:00 hours
<i>Tuesday</i>	10:00 hrs	22:00 hours
<i>Wednesday</i>	10:00 hrs	22:00 hours
<i>Thursday</i>	10:00 hrs	22:00 hours
<i>Friday</i>	10:00 hrs	22:00 hours
<i>Saturday</i>	10:00 hrs	22:00 hours
<i>Sunday</i>	10:00 hrs	22:00 hours

**Question 4**

SEASONAL VARIATIONS

<i>Does the applicant intend to operate according to seasonal demand</i>	<del>YES/NO</del> *
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*\*If YES – provide details*

**Question 5**

PLEASE INDICATE THE OTHER ACTIVITIES OR SERVICES THAT WILL BE PROVIDED ON THE PREMISES IN ADDITION TO SUPPLY OF ALCOHOL

<b>COL. 1</b> <b>5(a)</b> <b>Activity</b>	<b>COL. 2</b> <b>Please confirm</b> <b>YES/NO</b>	<b>COL. 3</b> <b>To be provided</b> <b>during core</b> <b>licensed hours –</b> <b>please confirm</b> <b>YES/NO</b>	<b>COL. 4</b> <b>Where activities are</b> <b>also to be provided</b> <b>outwith core</b> <b>licensed hours</b> <b>please confirm</b> <b>YES/NO</b>
<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
<b>5(b) Activity</b> <b>Social functions</b> <b>including:</b>	<b>Please confirm</b> <b>YES/NO</b>	<b>To be provided</b> <b>during core</b> <b>licensed hours –</b> <b>please confirm</b> <b>YES/NO</b>	<b>Where activities are</b> <b>also to be provided</b> <b>outwith core</b> <b>licensed hours</b> <b>please confirm</b> <b>YES/NO</b>
<i>Receptions including</i> <i>Weddings, funerals,</i> <i>birthdays,</i> <i>retirements etc.</i>	No	No	No
<i>Club or other group</i> <i>meetings etc.</i>	No	No	No
<b>5(c)</b> <b>Activity</b> <b>Entertainment</b> <b>including:</b>	<b>Please confirm</b> <b>YES/NO</b>	<b>To be provided</b> <b>during core</b> <b>licensed hours –</b> <b>please confirm</b> <b>YES/NO</b>	<b>Where activities are</b> <b>also to be provided</b> <b>outwith core</b> <b>licensed hours</b> <b>please confirm</b> <b>YES/NO</b>
<i>Recorded music –</i> <b>see 5(g)</b>	Yes	Yes	Yes
<i>Live performances –</i> <b>see 5(g)</b>	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>5(d)</b> <b>Activity</b>	<b>Please confirm</b> <b>YES/NO</b>	<b>To be provided</b> <b>during core</b> <b>licensed hours –</b> <b>please confirm</b> <b>YES/NO</b>	<b>Where activities are</b> <b>also to be provided</b> <b>outwith core</b> <b>licensed hours</b> <b>please confirm</b> <b>YES/NO</b>
<i>Outdoor drinking</i> <i>facilities</i>	No	No	No
<b>5(e)</b> <b>Activity</b>	<b>Please confirm</b> <b>YES/NO</b>	<b>To be provided</b> <b>during core</b> <b>licensed hours –</b> <b>please confirm</b> <b>YES/NO</b>	<b>Where activities are</b> <b>also to be provided</b> <b>outwith core</b> <b>licensed hours</b> <b>please confirm</b> <b>YES/NO</b>
<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 play background music in the retail areas of the store. The premises are open on a 24 hours basis. The retail shop is accessible between 05:00hours and 23:00 hours each day and therefore music may be played out with core licensing hours. The premises can use of a night pay window during the hours of 23:00 hours and 05:00 hours if required.

**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 premises comprise of general convenience store with off sale facility adjacent to petrol/derv filling station forecourt.

**5(g) Late night premises opening after 1.00am – N/A**

Where you have confirmed that you are providing live or recorded music, will the decibel level exceed 85dB?	YES/NO*
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When fully occupied, are there likely to be more customers standing than seated?	YES/NO*
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\*Delete as appropriate

**Question 6 (On-sales only)**

CHILDREN AND YOUNG PERSONS - N/A

6(a)	When alcohol is being sold for consumption on the premises will children or young persons be allowed entry	YES/NO*
	*Delete as appropriate	

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

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

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

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

**Question 7**

**CAPACITY OF PREMISES**

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

Off sales display: 26.314625 m<sup>2</sup>

**Question 8**

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

*Personal details*

8(a) *Name*

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8(b) *Date of birth*

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8(c) *Contact address*

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8(d) *Email address and telephone number*

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8(e) *Personal licence*

<b>Date of issue</b>	<b>Name of Licensing Board issuing</b>	<b>Reference no. of personal licence</b>

**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 

\* (see note below)

Date 19/12/2022

Capacity Solicitor ~~APPLICANT~~/AGENT (delete as appropriate).

Telephone number and email address of signatory .....

Agent: Harper Macleod LLP, 45 Gordon Street, Glasgow, G1 3PE  
Tel: 0141 227 9388 

**\* 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.