

**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**

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

*\*delete as appropriate*

**Question 2**

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

<b>Day</b>	<b>ON Consumption</b>	
	<b>Opening time</b>	<b>Terminal hour</b>
<b>Monday</b>	11.00 am	12.00 midnight
<b>Tuesday</b>	11.00 am	12.00 midnight
<b>Wednesday</b>	11.00 am	12.00 midnight
<b>Thursday</b>	11.00 am	12.00 midnight
<b>Friday</b>	11.00 am	01.00 am
<b>Saturday</b>	11.00 am	01.00 am
<b>Sunday</b>	11.00 am	12.00 midnight

**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 am	10.00 pm
Tuesday	10.00 am	10.00 pm
Wednesday	10.00 am	10.00 pm
Thursday	10.00 am	10.00 pm
Friday	10.00 am	10.00 pm
Saturday	10.00 am	10.00 pm
Sunday	10.00 am	10.00 pm

**Question 4**

**SEASONAL VARIATIONS**

Does the applicant intend to operate according to seasonal demand	YES
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\*If YES – provide details

Christmas Eve, Christmas Day, Boxing Day, New Years Eve and New Years Day open until 1.00 am or within Licensing Board Policy
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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	YES	YES	YES
Restaurant facilities	YES	YES	YES
Bar meals	NO	NO	NO
(b) Activity	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
Social functions including: Receptions including weddings, funerals,	YES	YES	YES

<i>birthdays, retirements etc.</i>			
<i>Club or other group meetings etc</i>	YES	UYES	YES
<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>	YES	YES	YES
<i>Dance facilities</i>	YES	YES	YES
<i>Theatre</i>	NO	NO	NO
<i>Films</i>	YES	YES	YES
<i>Gaming</i>	YES	YES	NO
<i>Indoor/outdoor sports</i>	YES	YES	YES
<i>Televised sport</i>	YES	YES	YES
<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>
<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.

**These activities may commence prior to core hours, but will not extend beyond without the benefit of an Extended Hours Licence.**

*(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.*

A takeaway food service will be provided via a delicatessen counter at the front area of the premises.

**(g) Late night premises opening after 1.00am**

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

*\*delete as appropriate*

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

**CHILDREN AND YOUNG PERSONS**

(a)	<i>When alcohol is being sold for consumption on the premises will children or young persons be allowed entry</i>	<b>YES</b>
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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 unsupervised to the front area of the premises being used as a takeaway delicatessen.

Children will be allowed access to the restaurant areas when accompanied by an adult for the purpose of a meal or partaking of refreshments.

Young persons for the same reason but unaccompanied.

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

Children 0-15 years

Young persons 16-17 years

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

Delicatessen area – From opening time 0700 hrs to 1800 hrs.

Restaurant areas- From opening time to 2300 hrs unless they are attending a private function where they will be permitted to stay to end of core hours.

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

All public areas including toilets.

**Question 7**

**CAPACITY OF PREMISES**

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

70

**Question 8**

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

*Personal details*

(a) *Name*

Jordan MacFarlane

(b) *Date of birth*

[REDACTED]

(c) *Contact address*

[REDACTED]

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

[REDACTED]

(e) *Personal licence*

<i>Date of issue</i>	<i>Name of Licensing Board issuing</i>	<i>Reference number of personal licence</i>
05/12/2019	South Lanarkshire Licensing Board	SL/LAN/856

**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:

[REDACTED]

ate: