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

#### **Question 2**

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

	ON Consumption		
Day	Opening time	Terminal Hours	
Monday	N/A	N/A	
Tuesday	N/A	N/A	
Wednesday	N/A	N/A	
Thursday	N/A	N/A	
Friday	N/A	N/A	
Saturday	N/A	N/A	
Sunday	N/A	N/A	

## Question 3

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

	OFF Consumption	
Day	Opening time	Terminal Hours
Monday	10.00	22.00
Tuesday	10.00	22.00
Wednesday	10.00	22.00
Thursday	10.00	22.00
Friday	10.00	22.00
Saturday	10.00	22.00
Sunday	10.00	22.00

### **Question 4**

#### **SEASONAL VARIATIONS**

oes the applicant intend to operate according to seasonal demand	YES/NO*
YES – provide details	
<u> </u>	

## Question 5

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

COL.1 5(a)	COL.2	COL.3	COL.4
Activity	Please confirm YES/NO	To be provided during core licensed hours – please confirm	licensed hours please confirm
Accommodation	NO	N/A	N/A
Conference facilities	NO	NO	NO
Restaurant facilities	NO	NO	NO
Bar meals	NO	NO	NO
5 (b) Activity Social functions including:	Please confirm YES/NO	To be provided during core licensed hours — please confirm	Where activities are also to be provided outwith core licensed hours please confirm
Receptions including Weddings, funerals, birthdays, retirements etc	NO	NO	NO
Club or other group meetings etc	NO	NO	NO
5(c) Activity Entertainment including:	Please confirm YES/NO	To be provided during core licensed hours – please confirm	Where activities are also to be provided outwith core licensed hours please confirm
Recorded music – see 5(g)	YES	YES	YES
Live performances – see 5(g)	NO	NO	NO
Dance facilities	NO	NO	NO
Theatre	NO	NO	NO

Films	NO	NO	NO
Gaming	NO	NO	NO
Indoor/outdoor sports	NO	NO	NO
Televised sport	NO	NO	NO
5 (d) Activity	Please confirm YES/NO	To be provided during core licensed hours – please confirm	also to be provided outwith core licensed hours please confirm
		YES/NO	YES/NO
Outdoor drinking facilities	NO	NO	NO
5 (e) Activity	Please confirm YES/NO	To be provided during core licensed hours – please confirm	Where activities are also to be provided outwith core licensed hours please confirm
Adult entertainment	NO	NO	NO

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

Recorded background music may be provided both during and outwith core licensed hours.		

#### 5 (f) any other activities

If you proposed to provide any activities other than those lists in 5 (a) - (e) please provide details or further information in the box below.

The sale of food, non-food items and other household goods and the provision of ancillary consumer services within and outwith licensed hours.

## 5 (g) Late night premises opening after 1.00am

Wher will th	e you have confirmed that you are providing live or recorded music, the decibel level exceed 85db?	YES/NO*
	fully occupied, are there likely to be more customers standing seated?	YES/NO*
*Dele	te as appropriate	
	tion 6 (On-Sales only)  DREN AND YOUNG PERSONS	
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 which they will be allowed entry.	under
6 (c)	Provide statement regarding the AGES of children or young person allowed entry	ns to be
6 (d)	Provide statement regarding the <b>TIMES</b> during which children and y persons will be allowed entry.	young

	Provide statement regarding the PARTS of the premises to which children and young persons will be allowed entry.
Quest	tion 7
CAPA	CITY OF PREMISES
What	is the proposed capacity of the premises to which this application relates?
Off-	Sales - 30.184 square metres
Quest	tion 8
PREM	
provis	IISES MANAGER (NOTE: not required where application is for grant of sional premises licence)
provis	NSES MANAGER (NOTE: not required where application is for grant of sional premises licence)  Name
provis 8 (a)	sional premises licence)
provis 8 (a)	Name
8 (a) To be	Name advised at confirmation of licence
8 (a) To be	Name advised at confirmation of licence
8 (a) To be	Name advised at confirmation of licence  Date of birth
8 (a) To be	Name advised at confirmation of licence  Date of birth

#### 8 (e) Personal licence

Date of issue	Name of Licensing Board issuing	Reference no. of personal licence

## **DECLARATION BY APPLICANT OR AGENT ON BEHALF OF APPLICATION**

If signing on behalf of applicant please state in what capacity.

The contents of this operating plan are true to the best of my knowledge and belief.
Signature Adm Henre *(see note below)  Date . 8 (11   19 FENNIS for PINSENT MASONS LLP
CapacityAPPLICANT/AGENT (delete as appropriate.)
Telephone number and email address of signatory 0141 567 8635 frances.ennis@pinsentmasons.com
Postal Address of Agent (if appropriate) Pinsent Masons LLP  141 Bothwell Street
Glasgow G2 7EQ

### \* 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.