

Aberdeen

Application for premises licence or provisional premises licence

For help contact Licensing@aberdeencity.gov.uk Telephone: 01224 522499

Licensing (Scotland) Act 2005

| any time and resume it later. You do not need to | be logged in when you resume.   |
|--|---|
| Not Currently In Use                             | This is the unique reference for this application generated by the system.  |
| RBS Aberdeen - 192510                            | You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.  |
| n behalf of the applicant?                       | Put "no" if you are applying on your own<br>behalf or on behalf of a business you own or  |
| O No   | work for.   |
|  |   |
| BaxterStorey Limited                             |   |
| n/a  |   |
| david.whitehead@dswgroup.co.uk                   |   |
| 0203 900 2510                                    | Include country code.   |
| 07789 282388                                     |   |
| applicant would prefer not to be contacted by te | lephone   |
|  |   |
| ess or organisation, including as a sole trader  | A sole trader is a business owned by one  |
| idual  | person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.   |
|  | et  |
| s  |   |
| 01962583   |   |
| BaxterStorey Ltd                                 | If the applicant's business is registered, use its registered name.   |
| 765321726  | Put "none" if the applicant is not registered for VAT.  |
| Private Limited Company                          |   |
|  | RBS Aberdeen - 192510  In behalf of the applicant?  No  BaxterStorey Limited  In/a  david.whitehead@dswgroup.co.uk  0203 900 2510  07789 282388  Applicant would prefer not to be contacted by teless or organisation, including as a sole trader ridual  S Yes No  01962583  BaxterStorey Ltd  765321726 |

| Continued from previous page                                  |  |  |
|---|--|--|
| * Applicant's position in the business                        | Legal entity                                 |  |
| Home country  | United Kingdom                               | The country where the applicant's headquarters are.      |
| Registered Address  |  | Address registered with Companies House.                 |
| * Building number or name                                     | TVP 2  |  |
| * Street  | 300 Thames Valley Park Drive                 |  |
| District  |  |  |
| * City or town  | Reading                                      |  |
| County or administrative area                                 | Berkshire                                    |  |
| * Postcode  | RG6 1PT                                      |  |
| * Country   | United Kingdom                               | ]  |
|   |  |  |
| Agent Details   |  |  |
| * First name  | David  |  |
| * Family name   | Whitehead                                    | ]  |
| * E-mail  | david.whitehead@dswgroup.co.uk               |  |
| Main telephone number   | 0203 900 2510                                | Include country code.                                    |
| Other telephone number  | 07789 282388                                 |  |
| ☐ Indicate here if you wou                                    | ld prefer not to be contacted by telephone   | -  |
| Are you:  |  |  |
| <ul><li>An agent that is a busine</li></ul>                   | ess or organisation, including a sole trader | A sole trader is a business owned by one                 |
| A private individual actir                                    | ng as an agent                               | person without any special legal structure.              |
| Agent Business  |  |  |
| * Is your business registered in the UK with Companies House? | C Yes   No                                   |  |
| * Is your business registered<br>outside, the UK?             | C Yes  |  |
| * Business name   | DSW Group                                    | If your business is registered, use its registered name. |
| * VAT number GB   | 213721150                                    | Put "none" if you are not registered for VAT.            |
| * Legal status  | Sole Trader                                  |  |
|   |  |  |

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|--|---|---|
| * Your position in the business                      | Licensing consultant  | ]   |
| Home country   | United Kingdom  | The country where the headquarters of your business is located.                   |
| Agent Business Address                               |   | If you have one, this should be your official                                     |
| * Building number or name                            | DSW Group   | address - that is an address required of you by law for receiving communications. |
| * Street   | Hammonds Green Farm   | ]   |
| District   | Hammonds Green  | ]   |
| * City or town                                       | Framfield   |   |
| County or administrative area                        | East Sussex   |   |
| * Postcode   | TN22 5QH  |   |
| * Country  | United Kingdom  |   |
|  |   |   |
| Section 2 of 8                                       |   |   |
| FURTHER DETAILS ABOUT TH                             | IE APPLICANT  |   |
| * Are you applying as an indivi                      | dual (includes sole traders)?   |   |
| C Yes  | <ul><li>No</li></ul>  |   |
| * Are you applying as a membe                        | ers' club?  |   |
| C Yes  | No     No   |   |
| Section 3 of 8                                       |   |   |
| CONNECTED PEOPLE                                     |   |   |
| is a partnership), OFFICE BEARE                      | COMPANY DIRECTORS and the SECRETARY (if t<br>RS (if it is a club or association), all OWNERS of<br>heck for local guidance notes and conditions w | the business or premises and all MANAGERS of                                      |
| * Are there any such people for                      | r whom you need to provide details?   |   |
| <ul><li>Yes</li></ul>                                | C No  |   |
| Provide The Following Details About Each One Of Them |   |   |
| * Position   | Director  | E.g. director, partner, day-to-day manager.                                       |
| Full Name  |   |   |
| * First name   | Alastair  |   |
| * Family name  | Storey  |   |
| Former name(s)                                       |   | If currently or previously known by any other name(s), you must record them here. |

| Continued from previous page  |                              |   |
|-------------------------------|------------------------------|---|
| Home Address                  |                              |   |
| * Building number or name     | Boxford House                |   |
| * Street                      | Boxford                      | ]   |
| District                      |                              | ]   |
| * City or town                | Boxford                      |   |
| County or administrative area | Berkshire                    | ]   |
| * Postcode                    | RG20 8DP                     |   |
| * Country                     | United Kingdom               | ]   |
| Contact Details               |                              |   |
| E-mail                        |                              |   |
| * Main telephone number       | 0203 900 2510                | ]   |
| Other telephone number        |                              |   |
| Further Details               |                              |   |
| * Date of birth               | 22 / 01 / 1953<br>dd mm yyyy |   |
| * Place of birth              | Fylie                        | ]   |
| Provide The Following Detai   | ils About Each One Of Them   |   |
| * Position                    | Director & Company Secretary | E.g. director, partner, day-to-day manager.                                       |
| Full Name                     |                              |   |
| * First name                  | Marc                         | ]   |
| * Family name                 | Bradley                      | ]   |
| Former name(s)                |                              | If currently or previously known by any other name(s), you must record them here. |
| Home Address                  |                              |   |
| * Building number or name     | The Old Rectory              |   |
| * Street                      | Checkendon                   |   |
| District                      |                              |   |
| * City or town                | Oxfordshire                  |   |
| County or administrative area |                              |   |
| * Postcode                    | RG8 0QS                      |   |
| * Country                     | United Kingdom               |   |

| Continued from previous page Contact Details |                              |   |
|--|------------------------------|---|
| E-mail                                       |                              |   |
| * Telephone number                           | 0203 900 2510                | 7   |
| Other telephone number                       |                              | 1   |
| Further Details                              |                              |   |
| * Date of birth                              | 05 / 05 / 1975<br>dd mm yyyy |   |
| * Place of birth                             | Leicester                    |   |
|  | Remove this person           |   |
| Provide The Following Detai                  | ils About Each One Of Them   |   |
| * Position                                   | Director                     | E.g. director, partner, day-to-day manager.                                       |
| Full Name                                    |                              |   |
| * First name                                 | John                         |   |
| * Family name                                | Bennet                       |   |
| Former name(s)                               |                              | If currently or previously known by any other name(s), you must record them here. |
| Home Address                                 |                              |   |
| * Building number or name                    | Wellbourne                   |   |
| * Street                                     | Cuddlesdon                   |   |
| District                                     |                              |   |
| * City or town                               | Oxfordshire                  |   |
| County or administrative area                |                              |   |
| * Postcode                                   | OX44 9HG                     |   |
| * Country                                    | United Kingdom               |   |
| Contact Details                              |                              |   |
| E-mail                                       |                              |   |
| * Telephone number                           | 0203 900 2510                |   |
| Other telephone number                       |                              |   |
| Further Details                              |                              | i d   |
| * Date of birth                              | 22 / 06 / 1963<br>dd mm yyyy | : (   |
| * Place of birth                             | Solihull                     |   |

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|-------------------------------|------------------------------|---|
|                               | Remove this person           | 1   |
|                               |                              | <u> </u>  |
| Provide The Following Detail  | ils About Each One Of Them   |   |
| * Position                    | Director                     | E.g. director, partner, day-to-day manager.                                       |
| Full Name                     |                              |   |
| * First name                  | Gifford                      |   |
| * Family name                 | Wood                         |   |
| Former name(s)                |                              | If currently or previously known by any other name(s), you must record them here. |
| Home Address                  |                              |   |
| * Building number or name     | Three Hollies                | ]   |
| * Street                      | Ferney Green                 |   |
| District                      | Bowness-in-Windamere         | ]   |
| * City or town                | Cumbria                      | ]   |
| County or administrative area |                              | ]   |
| * Postcode                    | LA23 3ES                     |   |
| * Country                     | United Kingdom               |   |
| Contact Details               |                              |   |
| E-mail                        |                              |   |
| * Telephone number            | 0203 900 2510                |   |
| Other telephone number        |                              | ]   |
| Further Details               |                              |   |
| * Date of birth               | 19 / 07 / 1963<br>dd mm yyyy |   |
| * Place of birth              | Leeds                        |   |
|                               | Remove this person           |   |
| Provide The Following Detail  | ils About Each One Of Them   |   |
| * Position                    | Director                     | E.g. director, partner, day-to-day manager.                                       |
| Full Name                     |                              |   |
| * First name                  | Simon                        |   |
| * Family name                 | Fennell                      |   |
| Former name(s)                |                              | If currently or previously known by any other name(s), you must record them here. |

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|-------------------------------|--------------------------|---|
| Home Address                  |                          |   |
| * Building number or name     | 2                        | ]   |
| * Street                      | Pine Close               |   |
| District                      |                          | ]   |
| * City or town                | Bicester                 |   |
| County or administrative area | Oxon                     | ]   |
| * Postcode                    | OX26 3YJ                 |   |
| * Country                     | United Kingdom           | ]   |
| Contact Details               |                          | -   |
| E-mail                        |                          |   |
| * Telephone number            | 0203 900 2510            |   |
| Other telephone number        |                          | ]   |
| Further Details               |                          | 1   |
| * Date of birth               | 23 / 07 / 1976           |   |
|                               | dd mm yyyy               | _   |
| * Place of birth              | Inverness                |   |
|                               | Remove this person       |   |
| Provide The Following Detail  | s About Each One Of Them |   |
| * Position                    | Director                 | E.g. director, partner, day-to-day manager.                                       |
| Full Name                     |                          |   |
| * First name                  | Christopher              |   |
| * Family name                 | Mahony                   |   |
| Former name(s)                |                          | If currently or previously known by any other name(s), you must record them here. |

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|-------------------------------|------------------------------|---|
| Home Address                  |                              |   |
| * Building number or name     | Posterns Court               |   |
| * Street                      | Henfold Lane                 | ]   |
| District                      |                              |   |
| * City or town                | Holmwood                     |   |
| County or administrative area | Surrey                       |   |
| * Postcode                    | RH5 4NX                      |   |
| * Country                     | United Kingdom               | ]   |
| Contact Details               |                              |   |
| E-mail                        |                              |   |
| * Telephone number            | 0203 900 2510                |   |
| Other telephone number        |                              |   |
| Further Details               |                              |   |
| * Date of birth               | 27 / 12 / 1966<br>dd mm yyyy |   |
| * Place of birth              | Ireland                      |   |
|                               | Remove this person           |   |
| Provide The Following Detai   | ls About Each One Of Them    |   |
| * Position                    | Director                     | E.g. director, partner, day-to-day manager.                                       |
| Full Name                     |                              |   |
| * First name                  | Simon                        |   |
| * Family name                 | Esner                        |   |
| Former name(s)                |                              | If currently or previously known by any other name(s), you must record them here. |

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|-------------------------------------|------------------------|
| Home Address                        |                        |
| * Building number or name           | 31                     |
| * Street                            | Knights Park           |
| District                            |                        |
| * City or town                      | Kingston               |
| County or administrative area       | Surrey                 |
| * Postcode                          | KT1 2QH                |
| * Country                           | United Kingdom         |
| Contact Details                     |                        |
| E-mail                              |                        |
| * Telephone number                  | 0203 900 2510          |
| Other telephone number              |                        |
| Further Details                     |                        |
| * Date of birth                     | 28 / 02 / 1966         |
|                                     | dd mm yyyy             |
| * Place of birth                    | Tunbridge Wells        |
|                                     | Remove this person     |
|                                     | Add another person     |
| Section 4 of 8                      |                        |
| PREMISES TO BE LICENSED             |                        |
| * Name of premises/<br>trading name | Royal Bank of Scotland |

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|-------------------------------|---|
| Home Address                  |   |
| * Building number or name     | Apple Cottage   |
| * Street                      | 6 Lynwood Heights   |
| District                      |   |
| * City or town                | Rickmansworth   |
| County or administrative area |   |
| * Postcode                    | WD3 4ED   |
| * Country                     | United Kingdom  |
| Contact Details               |   |
| E-mail                        |   |
| * Telephone number            | 0203 900 2510   |
| Other telephone number        |   |
| Further Details               |   |
| * Date of birth               | 15 / 02 / 1962<br>dd mm yyyy  |
| * Place of birth              | London  |
|                               | Remove this person  |
| Provide The Following Deta    | ils About Each One Of Them  |
| * Position                    | Director E.g. director, partner, day-to-day manager.                              |
| Full Name                     |   |
| * First name                  | Sarah   |
| * Family name                 | Miller  |
| Former name(s)                | If currently or previously known by any other name(s), you must record them here. |

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|---|---|--|
| Premises Address  |   |  |
| Is the address the same as (or s  | similar to) the address given in section one?     | If "Yes" is selected you can re-use the details  |
|   | No  | from section one, or amend them as required. Select "No" to enter a completely new set of details. |
| * Building number or name   | 2   | ]  |
| * Street  | Marischal Square                                  |  |
| District  |   | ]  |
| * City or town  | Aberdeen  | ]  |
| County or administrative area   |   | ]  |
| * Postcode  | AB10 1BL  |  |
| * Country   | United Kingdom                                    |  |
| Contact Details   |   |  |
| Are the contact details the sam   | ne as (or similar to) those given in section one? | If "Yes" is selected you can re-use the details from section one, or amend them as                 |
| Yes   | O No  | required. Select "No" to enter a completely new set of details.                                    |
| E-mail  | david.whitehead@dswgroup.co.uk                    |  |
| * Main telephone number   | 0203 900 2510                                     |  |
| Other telephone number  | 07789 282388                                      |  |
| Description   |   |  |
| * Provide a description of the p  | premises  |  |
| Bank premises with offices, me  | eeting rooms and conference rooms.                |  |
| Section 5 of 8  |   |  |
| APPLICATION DETAILS   |   |  |
| * Type of application:  |   |  |
| <ul><li>Premises licence</li></ul>  |   |  |
| O Provisional premises licer  | nce   |  |
| You must submit the following - Operating plan - Layout plan - Planning certificate - Building standards certificate - Food hygiene certificate (if a |   | £  |

| Continued from previ   | ous page   |
|--|--|
| Previous Application   | ons  |
| * Has the prospective been refused a pren                              | ve licence holder, or any connected person, previously nises licence for the same premises?  |
| C Yes  | No   |
| Section 6 of 8   |  |
| CONVICTIONS  |  |
| * Has the prospectiv   | e licence holder, or any connected person, ever been convicted of a relevant or foreign offence?   |
| ○ Yes  | No   |
| The definition of a "i<br>A conviction is to be<br>legislation).       | relevant or foreign offence" is set out in The Licensing (Relevant Offences) (Scotland) Regulations 2007.<br>e disregarded if it is spent for the purposes of the Rehabilitation of Offenders Act 1974 (or equivalent  |
| respect of any convi   | lso familiarise themselves with the contents of section 24(1) of the Licensing (Scotland) Act 2005 in ctions for relevant or foreign offences which they may receive during the period between making the determination of the application.  |
| Section 7 of 8   |  |
| ADDITIONAL DETAI   |  |
| Provide any addition conditions which ma                               | nal information which is required or relevant to your application (check for local guidance notes and ay provide details of specific requirements in your area)  |
| restricted to five me<br>There is no requiren<br>announcements and     | ks to permit the sale or supply of alcohol by BaxterStorey Ltd to officers and employees of Royal Bank of ents, servants and invited guests. The general public shall not be admitted. The licensed area is setting rooms on the 6th floor together with it's associated private reception area and circulation area. nent for alcohol every day but it may be required for fine dining, luncheons, celebrations, business direcognition awards. There may be rare requirements for other usage such as private receptions and neetings within those designated areas. |
| Section 8 of 8   |  |
| PAYMENT DETAILS  |  |
| This fee must be paid  | d to the authority. If you complete the application online, you must pay it by debit or credit card.   |
| provide a visitor attra<br>provide accommoda                           | ises not entered on the valuation roll or have a nil valuation. (b) Premises whose main function is to action, (c) they are used wholly or mainly for the purposes of a club and (d) their main function is to ition that are not open to the public other than for the provision of accommodation, and any alcohol ed on the premises by guests being accommodated there.) £160.00  |
| Category 2 - Rateabl   | e value: £1 to £11,500 £640.00   |
| Category 3 - Rateabl   | e value: £11,501 to 35,000 £880.00   |
| Category 4 - Rateabl   | e value: £35,001 to £70,000 £1040.00   |
| Category 5 - Rateable  | e value: £70,001 to £140,000   |
| Category 6 - Rateable<br>Please note that you<br>as you submit this ap | e value: above £140,000 £1600.00 must also complete the form 'Submit an operatin plan with a variation' and submit it at the same time plication.  |

| Continued from previous page  |   |
|---|---|
| * Fee amount (£)  | 1,600.00  |
| ATTACHMENTS   | 1,600.00  |
|   |   |
| AUTHORITY POSTAL ADDRESS  |   |
| Address   |   |
| Building number or name   |   |
| Street  |   |
| District  |   |
| City or town  |   |
| County or administrative area   |   |
| Postcode  |   |
| Country   | United Kingdom                                      |
| DECLARATION   |   |
| * The contents of this application  | on are true to the best of my knowledge and belief. |
| ☐ Ticking this box indicates you have read and understood the above declaration   |   |
| This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"  |   |
| * Full name   |   |
| * Capacity  |   |
| Date (dd/mm/yyyy)   |   |
|   | Add another signatory                               |
| Once you're finished you need to do the following:  1. Save this form to your computer by clicking file/save as  2. Go back to <a href="https://www.gov.uk/apply-for-a-licence/premises-licence-2/aberdeen/apply-1">https://www.gov.uk/apply-for-a-licence/premises-licence-2/aberdeen/apply-1</a> to upload this file and continue with your application.  Don't forget to make sure you have all your supporting documentation to hand. |   |

