ABERDEEN CITY LICENSING BOARD APPLICATION FOR VARIATION OF PREMISES LICENCE

Licensing (Scotland) Act 2005, section 29/31

Complete all sections of the application form.

SECTION 1 - TYPE OF VARIATION

Tick one box only							
Is the application for a variation in terms of section 29 (5)?							
Is the application for a minor variation in terms of section 29 (6)? See note 2							
SECTION 2 - APPLICANT INFORMATION							
a) Name, address and postcode of premises							
Name of premises	Merkur Ca	sino					
Address of premises (including postcode)	61 Summer Street, Aberdeen, AB10 1SJ						
b) Particulars of premises licence holder							
Name of premises licence holder	Merkur Casino Entertainment UK Limited						
Address (including postcode)	Second Floor, Matrix House, North Fourth Street, Milton Keynes, MK9 1NJ						
c) Premises Licence							
I have enclosed the Licence	e premises	YES 🗸 N	IO*				
*If No please provid	de reason(s) fo	r failure to produce the prer	nises licence				

SECTION 3 - DETAILS OF VARIATION

a)	Is the variation to any local condition(s)?	YES		NO 🔽		
If YES,	describe below which condition(s) is to be varied a	ind the	varia	tion sought		
b)	Is the variation to the Operating Plan?	YES	\square	NO 🗌		
If YES attach to this application the proposed operating plan and describe below the variation sought – continue on a separate page if necessary.						
To add the facilities for outdoor drinking within the rear courtyard of the premises during the existing core hours.						
This area is enclosed and only accessible through the premises so is not open to members of the public to walk into the outdoor drinking area without having gone through the front door of the premises to ensure checks are carried out including any age verification checks etc.						
c)	Is the variation to the layout plan?	YES		NO 🗌		
If YES, submit 6 copies of the proposed plan and describe below the variation sought – continue on a separate page if necessary.						
To add the rear outdoor courtyard area for customer use to allow drinks,						
smok	ing and outdoor seating.					
smok	ring and outdoor seating.					

d)	Do you propose to vary any other information contained or referred to in the licence, including any addition, deletion or other modification? YES \checkmark NO \Box						
	If YES please provide details below.						
То	To amend the description of the premises to the following:-						
bus res	e premises operate as a casino close to Aberdeen City Council in a mixed siness / residential area. The facilities comprising of gaming area, E Lounge, taurant and bar are at ground level. There is also an outdoor drinking area to rear of the premises for the use of customers only.						
e)	Do you propose to vary the information contained in the licence relating to the details of the current premises manager? (e.g. Change of address) YES NO						
	ii 120 picase provide details below.						
f)	Are you intimating the substitution of a new premises Manager? YES ☐ NO ☑						
	Please provide details below:						
	(i) Name of proposed premises manager						
	(ii) Date of birth of proposed premises manager						
	(iii) Postal address of proposed premises manager						

(iv) Email address and telephone number of proposed premises manager							
(v) Developed licenses detail	ile of proposed propiese w	0,000					
(v) Personal licence details of proposed premises manager							
Date of issue	Name of Licensing Board issuing	Reference no. of personal licence					
	Board Issuing	licelice					
Please note that the holder of a Personal Licence may only be named as the Premises Manager of one premises in Scotland at any time subject to Article 4 of the Licensing (Vessels etc.) (Scotland) Regulations 2007.							
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 Application are true to the best of my knowledge and belief.							
Signature	³rint Name.						
Date9th April 2025							
Capacity: AGENT for the applica	ant						
Telephone number and email address of signatory							
Postal Address of Agent (if appropriate)							
I have enclosed the relevant documents with this application – please tick the relevant boxes							
Application Fee	ocuments with this applicat	ion – piease tick tile felevalit boxes					
Premises Licence							
Operating plan (If appropriate	te)						
Layout plan (if appropriate	1 / 4						
Draft Operating Plan (if appropriate)							
Amended Layout plan (if appropriate)							