### **OPERATING PLAN**

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

### Question 1

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

S/NO
S/NO

#### Question 2

STATEMENT OF  $\mathbf{CORE}$  TIMES WHEN ALCOHOL WILL BE SOLD FOR CONSUMPTION  $\mathbf{ON}$  PREMISES.

	ON Consumption		
Day	Opening time	Terminal Hours	
Monday	NA	ИЛ	
Tuesday	NA	NA	
Wednesday	MA	Alu	
Thursday	NA	NA	
Friday	NA	N/Q	
Saturday	ALK	Alm	
Sunday	4/8	пП	

### Question 3

STATEMENT OF  $\boldsymbol{\mathsf{CORE}}$  TIMES WHEN ALCOHOL WILL BE SOLD FOR CONSUMPTION  $\boldsymbol{\mathsf{OFF}}$  PREMISES.

	OF	F Consumption
Day	Opening time	Terminal Hours
Monday	10 cm	10 pm
Tuesday	10 am	10 pm
Wednesday	10 am	10 pm
Thursday	10 2	10 pm
Friday	10 am	10 pm
Saturday	10 am	10 pm
Sunday	10 am	10 pm

## Question 4

SEASONAL VARIATIONS

Does the applicant intend to operate according to seasonal demand *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.

COL1 5(a)	COL.2	COL.3	COL4	
Activity	Please confirm YES/NO	To be provided during core licensed hours — please confirm		
		YES/NO N/A	YES/NO N/A	
Accommodation	N.J			
Conference facilities	СИ	4/14	n 3	
Restaurant facilities	си	n/a	NIC	
Bar meals	NO	NIA	MA	
5 (b) Activity Social functions including:	ocial functions YES/NO during core also licensed hours – outs cluding: please confirm licer		Where activities are also to be provided outwith core licensed hours please confirm	
		YES/NO	YES/NO	
Receptions including Weddings, funerals, birthdays, retirements etc	NO.	מוח מוה		
Club or other group meetings etc	, си	Alt Alv		
5(c) Activity Entertainment Including:	Please confirm YES/NO	To be provided during core. Ilcensed hours - please confirm	Where activities are also to be provided outwith core licensed hours please confirm YES/NO	
Recorded music – see 5(g)	Nø,	n/v	NA	
Live performances – see 5(g)	No.	u/u	nla	
Dance facilities	٠ ٥٧	n)A	n)A	
Theatre	и Э ,	NA	AÍN	

no.	NA	Alu
,50,	NIR	NIA
שע	Aln	2/19
No.	NA	NIA
N7 .	2/15	AIA
		#Where ecuvines are
		also to les provided
		The state of the s
		licensed hours please continu
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Francisco constitui con	YES/NO	YES/NO -
No.	NA	NA
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	YESMO	YESING
	NO -	A N C C C C C C C C C C C C C C C C C C

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

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# 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.

Home deliveries of food and alcohol to be provided, subject to demand for this service. Only wines and beers will be included, not spirits.

5	(g)	Late	night	premises	openina	after	1.00am

Wh will	ere you have confirmed that you are providing live or recorded music, the decibel level exceed 85db?	¥ES/NO
Wh tha	en fully occupied, are there likely to be more customers standing a seated?	YES/MO'
*De	seated?  lete as appropriate	
Que	estion 6 (On-Sales only)  LDREN AND YOUNG PERSONS	
6(a)	When alcohol is being sold for consumption on the premises will children or young persons be allowed entry?	¥E <del>S/NO</del> *
	*Delete as appropriate	
6(b)	Where the answer to 6(a) is YES provide statement of the TERMS to which they will be allowed entry.	ınder
(c)	Provide statement regarding the <b>AGES</b> of children or young persons allowed entry	to be
(d)	Provide statement regarding the <b>TIMES</b> during which children and you persons will be allowed entry.	ing
(a)	persons will be allowed entry.	ınç

6 (e)	Provide statement regarding the <b>PARTS</b> 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?
23.5	23 square metres off sales
Quest	tion 8
PREM provis	IISES MANAGER (NOTE: not required where application is for grant of sional premises licence)
8 (a)	Name
Kanaga	avel Sinthujan
8 (b)	Date of birth
8 (c)	Contact address
8 (d)	Email address

## 8 (e) Personal licence

Date of issue	Name of Licensing Board issuing	Reference no. of personal licence
18 February 2025	Aberdeen City	AC7348

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

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

The contents of this ope	erating plap are true to the best of my knowledge and belief.
Signature	*(see note below)
Date	
Capacity	APPLICANT/AGENT (delete as appropriate.)
	email address of signatory
 Postal Address of Agent	t (if appropriate)
	· (ii appropriate)
	Hamilton Watt & Co. 4 Bon Accord Crescent
1 1 1 1 1	4 Bon Accord Crescent Aberdeen AB14 6DH
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### \* 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.