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

Question 2

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

. Day	ON C			
	Opening time	Terminal Hours		
Monday	NA	ИД		
Tuesday	NA	NA		
Wednesday	NA	AIN		
Thursday	NA	NA		
Friday	N/A	MIA		
Saturday s	1/2	AIN		
Sunday	4/4	NA		

Question 3

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

	1 3000	OFF Consumption		
Day	Opening	time	Terminal H	ours
Monday	10	cen	10	p hus
Tuesday	10	<u>~~</u>	10	pm
Wednesday	10	در سر	10	em
Thursday	10	an	10	<u>j</u> m
Friday	10	an	10	In
Saturday	10	~~~	10	pm
Sunday	10	an	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		
141 4		YES/NO N/A	YES/NO N/A	
Accommodation	ÇN .		,	
Conference facilities	СИ	4/2	NB	
Restaurant facilities	си	Aln	m/cx	
Bar meals	NO	Ala	MA	
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.	YESMO N/A	N ∫Ω	
Club or other group meetings etc	No,	Aln	4/4	
5(c) Activity Entertainment Including:	Please confirm YES/NO	To be provided where activities a size to be provided licensed hours — please confirm — licensed hou please confirm		
Recorded music – see 5(g)	NØ,	n/n	NA	
Live performances – see 5(g)	n o	n/a	nla	
Dance facilities	46.	n/a	NA	
Theatre	, СИ	NA	NA	

	NO.	NA	alu
		NIR	NID
7.7	י טע	MA	219
	No ·	NA	NIB
	N?	A/R	NA
	e egelegelen Salep	cianne licenced hours calence contin	Nhare octovice i ere skin or be brokdet rulettir i core ficensed face
2 T		YESING	YES/NO
Guin schaightaire	No.	NA	NA
		elegas perliantes	Aleganii Augus, Peganamin Pesno
Addi enemaninen	No .	NA	N/A

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 opening after 1.00am

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/NO
*De	lete as appropriate	***
	estion 6 (On-Sales only)	
CHI	LDREN AND YOUNG PERSONS	
6(a)	When alcohol is being sold for consumption on the premises will children or young persons be allowed entry?	¥ES/NO*
1	*Delete as appropriate	
6(b)	Where the answer to 6(a) is YES provide statement of the TERMS which they will be allowed entry.	inder
		· • • • • • • • • • • • • • • • • • • •
(c)	Provide statement regarding the AGES of children or young persons allowed entry	to be
		"
		
(d)	Provide statement regarding the TIMES during which children and you persons will be allowed entry.	ng

	Provide statement regarding the PARTS of the premises to which children and young persons will be allowed entry.
Ques	tion 7
CAPA	ACITY OF PREMISES
What	is the proposed capacity of the premises to which this application relates?
13.0	024 square metres off sales
Ques	tion 8
PREM	MISES MANAGER (NOTE: not required where application is for grant of
provi	sional premises licence)
8 (a)	Name
8 (a)	
8 (a)	Name
8 (a) Sakthi	Name imaran Selvaraj
8 (a) Sakthi	Name imaran Selvaraj
8 (a) Sakthi 8 (b)	Name imaran Selvaraj Date of birth
8 (a) Sakthi 8 (b)	Name imaran Selvaraj Date of birth

8 (e) Personal licence

Date of issue	Name of Licensing Board issuing	Reference no. of personal licence
25 October 2018	Highland	HC/INBS/6445

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	*(see note below)
Date	4/8/25
Capacity	APPEICANT/AGENT (delete as appropriate.)
Telephone number a	and email address of signatory
	gent (if appropriate) Hamilton Watt & Co

* 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.