A 34718/1

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 t	erms of section 29 (5)?	See note 1
Is the application for a minor variati	on in terms of section 29 (6)? See note 2
a) Name, address and postcoo		
Name of	PAILS	
Address of premises 25 S	COTSTOWN RO	BRINGEOF B 228HH
(including postcode) DON, A	BERDEEN A.	B 228HH
b) Particulars of premises licer		3
Name of		1/2 1/2
premises licence DO NOAN holder	ENTERPRISES L	TD //a DUNCANS
Address (including postcode) VICTORIA ABE	A HOUSE BUICT	ORIASTREET OXIASTREET
c) Premises Licence		
I have enclosed the premises Licence	YES 🗷	NO*
*If No please provide reason(s) f	or failure to produce the	premises 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	and the varia	tion sought
b) Is the variation to the Operating Plan?	YES 🔀	NO 🔯
If YES attach to this application the proposed operativariation sought – continue on a separate page if necess		describe below the
GUESTION 7 - CHANGE OF FSALES 10 m2	F CAP	ACITYTO
c) Is the variation to the layout plan?	YES 🔀	NO 🗆
If YES, submit 6 copies of the proposed plan and descontinue on a separate page if necessary.		
CHANGE OF INTERNAL LAY OF ALCOHOL RESULTING I FOR CHILLED BEERS AND WI FOR SPIRITS = 2.4 m ² TOTALLY 10 m ²	NCHAN NES = 6	OR DISPLAY

d)	Do you propose to vary any other information contained or referred to in the licence, including any addition, deletion or other modification? YES $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
	If YES please provide details below.
	SEE BELOW
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
	If YES please provide details below.
Č	CHANGE of ADDRESS TO
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

(v) Personal licence def	tails of proposed premises m	anager
(v) v erberrar moonloo del	and of proposed prefinees in	anagoi
Date of issue	Name of Licensing Board issuing	Reference no. of personal licence
Please note that the holds	or of a Porconal License me	ay only be named as the Bramises
Manager of one premises (Vessels etc.) (Scotland) F	in Scotland at any time su	ay only be named as the Premises bject to Article 4 of the Licensing
DECLARATION BY APPLICA	ANT OR AGENT ON BEHALF	OF APPLICANT
If signing on behalf of the ar	oplicant please state in what o	capacity.
Date	rue to the best of my kno Print Name	wledge and belief. DAWSO THON SOMES* (see note below
Capacity: APPLICANT / AG	ENT (delete as appropriate)	
Telephone number and email	address of signatory	
Telephone number and email	address of signatory	
Telephone number and email	address of signatory	
Telephone number and email	address of signatory	
Telephone number and email Postal Address of Agent (if ap	address of signatory	tion – please tick the relevant boxes
Telephone number and email Postal Address of Agent (if ap I have enclosed the relevant Application Fee	address of signatory	tion – please tick the relevant boxes
I have enclosed the relevant Application Fee Premises Licence Operating plan (If appropria	propriate)	tion – please tick the relevant boxes
Postal Address of Agent (if ap I have enclosed the relevant Application Fee Premises Licence	propriate) t documents with this applicate)	tion – please tick the relevant boxes