

OPERATING PLAN
CLOVER CORNER LIMITED,
UNIT 2 AND 3. CLOVER HILL
DEVELOPMENT, BRIDGE OF DON,
ABERDEEN, AB22 8BD.
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?	NO
1(b) Will alcohol be sold for consumption solely OFF the premises?	YES
1(c) Will alcohol be sold for consumption both ON and OFF the Premises?	NO
*Delete as appropriate	

Question 2

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

Day	ON Consumption	
	Opening time	Terminal Hours
Monday	n/a	
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Question 3

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

Day	OFF Consumption	
	Opening time	Terminal Hours
Monday	1000	2200
Tuesday	1000	2200
Wednesday	1000	2200
Thursday	1000	2200
Friday	1000	2200
Saturday	1000	2200
Sunday	1000	2200

Question 4

SEASONAL VARIATIONS

Does the applicant intend to operate according to seasonal	NO
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*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.

COL.1 5(a) Activity	COL.2 Please confirm YES/NO	COL.3 To be provided during core licensed hours – please confirm YES/NO	COL.4 Where activities are also to be provided outwith core licensed hours please confirm YES/NO
Accommodation	NO	N/A	N/A
Conference facilities	NO		
Restaurant facilities	NO		
Bar meals	NO		
5 (b) Activity Social functions including:	Please confirm YES/NO	To be provided during core licensed hours – please confirm YES/NO	Where activities are also to be provided outwith core licensed hours please confirm YES/NO
Receptions including Weddings, funerals, birthdays, retirements etc	NO		
Club or other group meetings etc	NO		
5(c) Activity Entertainment including:	Please confirm YES/NO	To be provided during core licensed hours – please confirm YES/NO	Where activities are also to be provided outwith core licensed hours please confirm YES/NO
Recorded music – see 5(g)	NO	NO	NO

Live performances – see 5(g)	NO		
Dance facilities	NO		
Theatre	NO		
Films	NO		
Gaming	NO		
Indoor/outdoor sports	NO		
Televised sport	NO		
5 (d) Activity	Please confirm YES/NO	To be provided during core licensed hours – please confirm YES/NO	Where activities are also to be provided out with core licensed hours please confirm YES/NO
Outdoor drinking facilities	NO		
5 (e) Activity	Please confirm YES/NO	To be provided during core licensed hours – please confirm YES/NO	Where activities are also to be provided out with core licensed hours please confirm YES/NO
Adult entertainment	NO		

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

n/a

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.

Premises are a convenience store selling groceries, sundries and other goods commensurate with a business of this nature
DELIVERIES AS REQUIRED

5 (g) Late night premises opening after 1.00am **N/a**

Where you have confirmed that you are providing live or recorded music, will the decibel level exceed 85db?	YES/NO*
When fully occupied, are there likely to be more customers standing than seated?	YES/NO*
*Delete as appropriate	

Question 6 (On-Sales only)

CHILDREN AND YOUNG PERSONS N/a

6(a)	When alcohol is being sold for consumption on the premises will children or young persons be allowed entry?	YES/NO*
	*Delete as appropriate	

6(b) Where the answer to 6(a) is YES provide statement of the **TERMS** under which they will be allowed entry.

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6 (c) Provide statement regarding the **AGES** of children or young persons to be allowed entry

- 6 (d) Provide statement regarding the **TIMES** during which children and young persons will be allowed entry.

6

Question 7

CAPACITY OF PREMISES

What is the proposed capacity of the premises to which this application relates?

OFF SALES 23.6 SqM

Question 8

PREMISES MANAGER (**NOTE: not required where application is for grant of provisional premises licence**)

- 8 (a) Name

- 8 (b) Date of birth

8 (c) Contact address

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8 (d) Email address

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Date of issue	Name of Licensing Board issuing	Reference no. of personal licence

DECLARATION BY APPLICANT

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 (APPLICANT)

Date..... 05/03/2025

Capacity -OFF SALES 23.6 SqM Anburaj

*** 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.