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						
	CANT INFORMATION					
a) Name, address and postcode of premises						
Name of white Horse Bar						
Address of premises (including postcode) 697 Great Northern Road Aberdeen AB24 2DU						
b) Particulars of premises licence holder						
Name of premises licence holder	Trust Inns Limited					
Address (including postcode)	Blenheim House, Ackhurst Park, Foxhole Road, Chorley, PR7 1NY					
c) Premises Licence						
I have enclosed the premises YES ☐ NO* ✓ Licence						
*If No please provid	de reason(s) for failure to produce	the premises licence				
Lodged by email						

SECTION 3 - DETAILS OF VARIATION

a)	Is the variation to any local condition(s)?	YES 🗌	NO 🗸				
If YES	If YES, describe below which condition(s) is to be varied and the variation sought						
b)	Is the variation to the Operating Plan?	YES 🗸	NO 🗌				
	attach to this application the proposed operating on sought – continue on a separate page if necessate		describe below the				
Q2 -	Allow a terminal hour of 1am on Friday and Saturda	ay					
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.							

d)	Do you propose to vary any other information contained or referred to in the licence, including any addition, deletion or other modification? YES \square NO \square				
	If YES please provide details 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.				
f)	Are you intimating the substitution of a new premises Manager? YES \ NO				
	Please provide details below:				
	(i) Name of proposed premises manager				
. <u> </u>					
	(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) Personal licence deta	(v) Personal licence details of proposed premises manager							
Date of issue	Name of Li	censing	Reference no. of personal					
	Board is		licence					
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 ap	olicant please st	ate in what ca	pacity.					
The contents of this Application are true to the best of my knowledge and belief.								
Signature Alison Smith Print Name Alison Smith * (see note below								
Date 10.03.25								
Capacity: APPLICANT / AGE	:NT (delete as ap	propriate)						
Telephone number and email address of signatory .								
Postal Address of Agent (if app	Postal Address of Agent (if appropriate)TLT Solicitors							
Application Fee	documents with	this application	on - please tick the relevant boxes					
Premises Licence								
Operating plan (If appropriat								
Layout plan (if appropriate								
Draft Operating Plan (if appr Amended Layout plan (if appr								