

## OPERATING PLAN – Fastlane

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

### Question 1

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

1(a) <i>Will alcohol be sold for consumption solely ON the premises?</i>	NO
1(b) <i>Will alcohol be sold for consumption solely OFF the premises?</i>	NO
1(c) <i>Will alcohol be sold for consumption both ON and OFF the premises?</i>	YES
<i>*Delete as appropriate</i>	

### Question 2

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

Day	ON Consumption	
	Opening time	Terminal hour
Monday	11.00am	12 midnight
Tuesday	11.00am	12 midnight
Wednesday	11.00am	12 midnight
Thursday	11.00am	12 midnight
Friday	11.00am	12 midnight
Saturday	11.00am	12 midnight
Sunday	11.00am	12 midnight

**Question 3**

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

<b>Day</b>	<b>OFF Consumption</b>	
	<b>Opening time</b>	<b>Terminal hour</b>
<i>Monday</i>	11.00am	10.00pm
<i>Tuesday</i>	11.00am	10.00pm
<i>Wednesday</i>	11.00am	10.00pm
<i>Thursday</i>	11.00am	10.00pm
<i>Friday</i>	11.00am	10.00pm
<i>Saturday</i>	11.00am	10.00pm
<i>Sunday</i>	11.00am	10.00pm

**Question 4**

**SEASONAL VARIATIONS**

<i>Does the applicant intend to operate according to seasonal demand</i>	<b>YES</b>
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*\*If YES – provide details*

The premises may take advantage of any general extension granted from time to time.

**Question 5**

**PLEASE INDICATE THE OTHER ACTIVITIES OR SERVICES THAT WILL BE PROVIDED ON THE PREMISES IN ADDITION TO SUPPLY OF ALCOHOL**

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

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

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

THE PREMISES MAY OPEN BEFORE CORE HOURS BUT NO EARLIER THAN 8AM FOR KARTING, BREAKFAST, TEAS/COFFEES ETC DURING WHICH TIME THE ACTIVITIES MAY TAKE PLACE AS ANCILLARY TO THE PROVISION OF FOOD.

**5(f) any other activities**

*If you propose to provide any activities other than those listed in 5(a) – (e) please provide details or further information in the box below.*

THE WIDER PREMISES IS PRINCIPALLY A GO-KART TRACK THUS THE FOCUS IS ON MOTOR SPORTS ETC. ANCILLARY ACTIVITIES SUCH AS TAKEAWAYS AND OUTSIDE CATERING, PRIVATE AND CORPORATE EVENTS, CHARITY NIGHTS, PRODUCT SAMPLING EVENTS, PRODUCT LAUNCHES, MEETINGS, DISPLAYS AND EXHIBITIONS IN LINE WITH CUSTOMER DEMAND MAY TAKE PLACE.

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

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

**Question 6 (On-sales only)**

**CHILDREN AND YOUNG PERSONS**

6(a )	When alcohol is being sold for consumption on the premises will children or young persons be allowed entry	YES
	*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

CHILDREN AND YOUNG PERSONS WILL BE ALLOWED ENTRY TO THE PREMISES TO KART AND FOR THE PURPOSES OF HAVING A MEAL OR SNACK OR REFRESHMENT. CHILDREN MUST BE SUPERVISED AT ALL TIMES. CHILDREN WILL BE OFF THE PREMISES BY 10PM UNLESS ATTENDING A PRIVATE FUNCTION.

YOUNG PERSONS MAY BE UNACCOMPANIED AT ALL TIMES.

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

ALL

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

CHILDREN WILL BE OFF THE PREMISES BY 10PM UNLESS ATTENDING A PRIVATE FUNCTION.

YOUNG PERSONS MAY BE UNACCOMPANIED AT ALL TIMES

6(e) *Provide statement regarding the **PARTS** of the premises to which children and young persons will be allowed entry*

ALL

### **Question 7**

#### **CAPACITY OF PREMISES**

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

100  
0 M2

### **Question 8**

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

*Personal details*

8(a) *Name*

8(b) *Date of birth*

8(c) *Contact address*

8(d) *Email address*

8(e) *Personal licence*

<i>Date of expiry</i>	<i>Name of Licensing Board issuing</i>	<i>Reference no. of personal licence</i>

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

**If signing on behalf of the 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 ..... 03 November 2025.....

Capacity ..... AGENT (delete as appropriate).

Telephone number and email address of signatory: Tel: [REDACTED]

Email: [REDACTED]

[REDACTED]  
[REDACTED] on this form may be held on an electronic public register which may be available to members of the public on request.