

A 343221/1

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 terms of section 29 (5)? ☒ See note 1

Is the application for a minor variation in terms of section 29 (6)? ☐ See note 2

SECTION 2 - APPLICANT INFORMATION

a) Name, address and postcode of premises

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| Name of premises | McGINTY'S MEAL AND ALE |
| Address of premises (including postcode) | 504 UNION STREET, ABERDEEN AB10 1TT |

b) Particulars of premises licence holder

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|---------------------------------|---|
| Name of premises licence holder | A2W HOLDINGS LTD |
| Address (including postcode) | 4 CHARLOTTE STREET, FRASERBURGH ABERDEENSHIRE AB43 9SE |

c) Premises Licence

| | |
|---|--|
| I have enclosed the premises Licence | YES <input checked="" type="checkbox"/> NO* <input type="checkbox"/> |
| *If No please provide reason(s) for failure to produce the premises licence | |
| BY EMAIL | |

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 variation sought

b) Is the variation to the Operating Plan? YES ☒ NO ☐

If YES attach to this application the proposed operating plan and describe below the variation sought – continue on a separate page if necessary.

CHANGE OF CORE HOURS (ON SALES) ON
FRIDAYS - 02:00 TO 03:00
SATURDAYS - 02:00 TO 03:00
THURSDAYS - 00:00 TO 01:00
ALL FOR TERMINAL HOURS

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 ☒ NO ☐

If YES please provide details below.

CHANGE OF PREMISES NAME TO
"DURTY MURPHY'S"

- 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

- (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

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(v) Personal licence details of proposed premises manager

| Date of issue | Name of Licensing Board issuing | Reference no. of personal 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 applicant please state in what capacity.

Th.....ue to the best of my knowledge and belief. *DAWSON*
Sig..... Print Name *ANTHONY JAMES* * (see note below)
Da *5TH NOVEMBER 2025*

Capacity: *APPLICANT* / AGENT (delete as appropriate)

Telephone number and email address of signatory *01234 567890*
antony.james@scotland.nhs.uk

Postal Address of Agent (if appropriate) *123 Main Street*

Edinburgh EH1 1AA
Scotland

| I have enclosed the relevant documents with this application – please tick the relevant boxes | |
|---|-------------------------------------|
| Application Fee | <input checked="" type="checkbox"/> |
| Premises Licence | <input checked="" type="checkbox"/> |
| Operating plan (If appropriate) | <input checked="" type="checkbox"/> |
| Layout plan (if appropriate) | <input type="checkbox"/> |
| Draft Operating Plan (if appropriate) | <input type="checkbox"/> |
| Amended Layout plan (if appropriate) | <input type="checkbox"/> |