

## LICENSING BOARD

### OPERATING PLAN

Licensing (Scotland) Act 2005 (as amended), Section 20(2)(b)(i)

#### *Particulars of Premises*

*Name, address and postcode of **premises** to be licensed*

Name:

Address: 17 Merkland Road, East, Aberdeen, AB24 5DT

Postcode: AB24 5DT

Premises licence Number: TBC

#### **Question 1**

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

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

#### **Question 2**

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

<b>Day</b>	<b>ON Consumption</b>	
	<b>Opening time</b>	<b>Terminal hour</b>
<i>Monday</i>	<i>N/a</i>	
<i>Tuesday</i>		
<i>Wednesday</i>		
<i>Thursday</i>		
<i>Friday</i>		
<i>Saturday</i>		
<i>Sunday</i>		



**Question 3**

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

<b>Day</b>	<b>OFF Consumption</b>	
	<b>Opening time</b>	<b>Terminal hour</b>
<i>Monday</i>	<i>1000</i>	<i>2200</i>
<i>Tuesday</i>	<i>1000</i>	<i>2200</i>
<i>Wednesday</i>	<i>1000</i>	<i>2200</i>
<i>Thursday</i>	<i>1000</i>	<i>2200</i>
<i>Friday</i>	<i>1000</i>	<i>2200</i>
<i>Saturday</i>	<i>1000</i>	<i>2200</i>
<i>Sunday</i>	<i>1000</i>	<i>2200</i>

**Question 4**

SEASONAL VARIATIONS

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

N/a
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**Question 5**

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

<b>COLUMN 1</b> <b>5(a)</b> <b>Activity</b>	<b>COLUMN 2</b> <b>Please confirm</b> <b>YES/NO</b>	<b>COLUMN 3</b> <b>To be provided</b> <b>during core</b> <b>licensed hours –</b> <b>please confirm</b>  <b>YES/NO</b>	<b>COLUMN 4</b> <b>Where activities are</b> <b>also to be provided</b> <b>outwith core licensed</b> <b>hours please confirm</b>  <b>YES/NO</b>
<i>Accommodation</i>	N	N/A	N/A
<i>Conference facilities</i>	N		
<i>Restaurant facilities</i>	N		
<i>Bar meals</i>	N		
<b>5(b) Activity</b> <b>Social functions</b> <b>including:</b>	<b>Please confirm</b> <b>YES/NO</b>	<b>To be provided</b> <b>during core</b> <b>licensed hours –</b> <b>please confirm</b>  <b>YES/NO</b>	<b>Where activities are</b> <b>also to be provided</b> <b>outwith core licensed</b> <b>hours please confirm</b>  <b>YES/NO</b>
<i>Receptions including</i> <i>weddings, funerals,</i> <i>birthdays, retirements,</i> <i>etc</i>	N		
<i>Club or other group</i> <i>meetings, etc</i>	N		
<b>5(c)</b> <b>Activity</b>  <b>Entertainment</b> <b>including:</b>	<b>Please confirm</b> <b>YES/NO</b>	<b>To be provided</b> <b>during core</b> <b>licensed hours –</b> <b>please confirm</b>  <b>YES/NO</b>	<b>Where activities are</b> <b>also to be provided</b> <b>outwith core licensed</b> <b>hours please confirm</b>  <b>YES/NO</b>
<i>Recorded music –</i> <i>see 5(g)</i>	N		
<i>Live performances –</i> <i>see 5(g)</i>	N		
<i>Dance facilities</i>	N		
<i>Theatre</i>	N		
<i>Films</i>	N		
<i>Gaming</i>	N		
<i>Indoor/outdoor sports</i>	N		
<i>Televised sport</i>	N		
<b>5(d)</b> <b>Activity</b>	<b>Please confirm</b> <b>YES/NO</b>	<b>To be provided</b> <b>during core</b> <b>licensed hours –</b> <b>please confirm</b>  <b>YES/NO</b>	<b>Where activities are</b> <b>also to be provided</b> <b>outwith core licensed</b> <b>hours please confirm</b>  <b>YES/NO</b>

<i>Outdoor drinking facilities</i>	N		
<b>5(e) Activity</b>	<b><i>Please confirm YES/NO</i></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>Adult entertainment</i>	N		

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

N/A

**5(f) any other activities**

If you propose to provide any activities other than those listed in 6(a)–(e) please provide details or further information in the box below.

PREMISES ARE A SUPERMARKET OFFERING SALE OF GROCERIES, SUNDRIES, ALCOHOLIC AND NON ALCOHOLIC DRINKS

PREMISES OFFER A DELIVERY SERVICE FROM ORDERS TAKEN FACE TO FACE; ON LINE AND BY TELEPHONE

CHALLENGE 25 WILL OBTAIN AT POINT OF SALE AND ON DELIVERY

DELIVERIES CAN BE MADE BY TRAINED SUPERMARKET STAFF OR BY COURIER

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

Where you have confirmed that you are providing live or recorded music, will the decibel level exceed 85dB?	N/A
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When fully occupied, are there likely to be more customers standing than seated?	N/A
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*\*Delete as appropriate*

**Question 6 (ON SALES only)**

CHILDREN AND YOUNG PERSONS - N/A

<b>6(a)</b>	<b><i>When alcohol is being sold for consumption ON the premises will children or young persons be allowed entry</i></b>	
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*\*Delete as appropriate*

**6(b)** ***Where the answer to 7(a) is YES provide statement of the TERMS under which they will be allowed entry***

N/A

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

N/A

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

N/A

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

N/A



### **Question 7**

#### **CAPACITY OF PREMISES**

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

Accessible alcohol display area  
1200mm wide x 2000mm high

Inaccessible alcohol display area  
2400mm wide x 2000mm high

The capacity of the main shop floor is 272 sq meters and the smaller shop area to the left of the building is 49sq meters so total capacity is 321 square meters.

### **Question 8**

#### **PREMISES MANAGER**

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

*Personal details*

**8(a) Name**

Bill Li

**8(b) Date of birth**

[REDACTED]

**8(c) Contact address**

[REDACTED]

**8(d) Email address**

[REDACTED]

**8(e) Personal licence**

Date of issue	Name of Licensing Board which issued personal licence	Reference no. of personal licence
[REDACTED]	[REDACTED]	[REDACTED]

**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

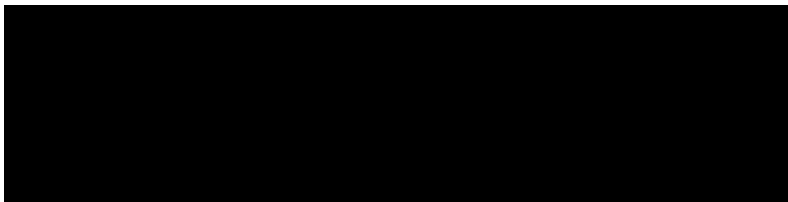


.....\*(see note below)

Date ..... 10-12-2025

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

AGENT: Billie Redgate



**\*Data Protection Act 1988**

The information on this form may be held on an electronic public register which may be available to members of the public on request.