



SCOTTISH BORDERS LICENSING BOARD

OPERATING PLAN

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

Question 1

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

(a) Will alcohol be sold for consumption solely ON the premises?	YES/NO*
(b) Will alcohol be sold for consumption solely OFF the premises?	YES/NO*
(c) Will alcohol be sold for consumption both ON and OFF the premises?	YES/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 hour
Monday		
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 hour
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Question 4

SEASONAL VARIATIONS

Does the applicant intend to operate according to seasonal demand	YES/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 (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			
Conference facilities			
Restaurant facilities			
Bar meals			

(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
<i>Receptions including weddings, funerals, birthdays, retirements etc.</i>			
<i>Club or other group meetings etc.</i>			
(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
<i>Recorded music –see 5(g)</i>			
<i>Live performance – see 5(g)</i>			
<i>Dance facilities</i>			
<i>Theatre</i>			
<i>Films</i>			
<i>Gaming</i>			
<i>Indoor/outdoor sports</i>			
<i>Televised sport</i>			
(d) Activity	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
<i>Outdoor drinking facilities</i>			
(e) Activity	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
<i>Adult entertainment</i>			

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

(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.

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(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?	YES/NO*
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When fully occupied, are there likely to be more customers standing than seated?	YES/NO*
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*delete as appropriate

Question 6 (On-sales only)

CHILDREN AND YOUNG PERSONS

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

(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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(c)	Provide statement regarding the AGES of children or young persons to be allowed entry
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(d)	Provide statement regarding the TIMES during which children and young persons will be allowed entry
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(e) Provide statement regarding the **PARTS** of the premises to which children and young persons will be allowed entry

Question 7

CAPACITY OF PREMISES

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

Question 8

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

Personal details

(a) Name

(b) Date of birth

(c) Contact address

(d) Telephone number and e-mail address

(e) Personal licence

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

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

Capacity APPLICANT/AGENT (delete as appropriate).

Telephone number and email address of signatory

*** 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.*