OPERATING PLAN

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

Question 1

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

1(a) Will alcohol be sold for consumption solely ON the premises?	YES/NO*
1(b) Will alcohol be sold for consumption solely OFF the premises?	YES/NO*
1(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 $\it CORE$ TIMES WHEN ALCOHOL WILL BE SOLD FOR CONSUMPTION $\it OFF$ 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*
*If YES – provide details	
J	

Question 5

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

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

Gaming Indoor/outdoor sports Televised sport			
Televised sport			
<i>5(d)</i>	Please confirm	To be provided	Where activities are
Activity	YES/NO	during core licensed hours – please	also to be provided outwith core licensed
		confirm	hours please confirm
		YES/NO	YES/NO
Outdoor drinking facilities			
5(e)	Please confirm	To be provided	Where activities are
Activity	YES/NO	during core licensed hours – please	also to be provided outwith core licensed
		confirm	hours please confirm
		YES/NO	YES/NO
Adult entertainment			
Where you have answebelow.	red YES in respect of a	any entry in column 4 abov	e, please provide further
5(f) any other activities			
		r than those listed in 5(a)	– (e) please provide de

	e you have confirmed that you are providing live or recorded music, will the el level exceed 85dB?	YES/NO*
When	fully occupied, are there likely to be more customers standing than seated?	YES/NO*
*Dele	ete as appropriate	
	tion 6 (On-sales only)	
CHIL	DREN AND YOUNG PERSONS	
6(a)	When alcohol is being sold for consumption on the premises will children or young persons be allowed entry	YES/NO*
	*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	

<i>6(c)</i>	Provide statement regarding the AGES of children or young persons to be allowed entry
6(d)	Provide statement regarding the TIMES during which children and young persons will be allowed entry
6(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 premisticence)			
Personal details			
8(a) Name			
8(b) Date of birth			
8(c) Contact address			
8(d) Email address			

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 sig	natory

* 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.