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*
I(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 \pmb{CORE} TIMES WHEN ALCOHOL WILL BE SOLD FOR CONSUMPTION \pmb{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			

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 during core licensed hours –	Where activities are
Activity	YES/NO	please confirm	also to be provided outwith core licensed
		YES/NO	hours please confirm
			YES/NO
Accommodation		N/A	N/A
Conference facilities			
Restaurant facilities			
Bar meals			
5(b) Activity	Please confirm	To be provided during	Where activities are
Social functions	YES/NO	core licensed hours –	also to be provided outwith core licensed
including:		please 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 during	Where activities are
Activity	YES/NO	core licensed hours – please confirm	also to be provided outwith core licensed
Entertainment		YES/NO	hours please confirm
including:			YES/NO
Recorded music – see 5(g)			
Live performances –			
see 5(g)			
Dance facilities			
Theatre			

Gaming			
Indoor/outdoor sports			
Televised sport			
5(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
Outdoor drinking facilities			YES/NO
5(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
Adult entertainment			
Where you have answere	ed YES in respect of an	ny antry in column 1 above nl	
		y entry in Column 4 above, pi	ease provide further details
below. 5(f) any other activities		than those listed in 5(a) – (e	

	you have confirmed that you are providing live or recorded music, will the decibel xceed 85dB?	YES/NO*
W/la ara d	fully accoming and thoughill also to be more augtomore standing than scated?	YES/NO*
wnen j	fully occupied, are there likely to be more customers standing than seated?	YES/NO*
*Delet	e as appropriate	
Questio	n 6 (On-sales only)	
CHILDI	REN 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	
6(c)	Provide statement regarding the AGES of children or young persons to be allowed e	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
Questic	<u>on 7</u>
CAPAC	CITY OF PREMISES
What is	the proposed capacity of the premises to which this application relates?

Question 8

$\label{eq:premises} \textit{PREMISES MANAGER (NOTE: not required where application is for grant of provisional premises licence)}$						
Personal details						
8(a)	Name					
<i>8(b)</i>	Date of birth					
<i>8(c)</i>	Contact address					
8(d)	Email address					
0/ \ D						
8(e) P	ersonal licence					
	Date of issue	Name of Licen	sing Board issuing	r F	Reference no. of per	sonal
					licence	

DECLARATION BY APPLICANT OR AGENT ON BEHALF OF APPLICANT

The contents of this operating plan are true to the best of my knowledge and belief.

If signing on behalf of the applicant please state in what capacity.

Signature	* (see note below)
Date	
Capacity	
Telephone number and email add	lress 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.