

# 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 Hours
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 Hours
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.

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

Films			
Gaming			
Indoor/outdoor sports			
Televised sport			
<b>5 (d) Activity</b>	<b>Please confirm YES/NO</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>
Outdoor drinking facilities			
<b>5 (e) Activity</b>	<b>Please confirm YES/NO</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>
Adult entertainment			

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

5 (f) any other activities

If you proposed to provide any activities other than those lists in 5 (a) – (e) please provide details or further information in the box below.

5 (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	
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**Question 6 (On-Sales only)**

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

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

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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 premises licence**)

8 (a) Name

8 (b) Date of birth

8 (c) Contact address

8 (d) Email address

8 (e) Personal licence

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

**DECLARATION BY APPLICANT OR AGENT ON BEHALF OF APPLICATION]**

**If signing on behalf of 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 .....

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Postal Address of Agent (if appropriate) .....

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**\* 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.