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

Question 3

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

Day	OFF Consumption	
	Opening time	Terminal hour
Monday	10:00	22:00
Tuesday	10:00	22:00
Wednesday	10:00	22:00
Thursday	10:00	22:00
Friday	10:00	22:00
Saturday	10:00	22:00
Sunday	10:00	22:00

Question 4

SEASONAL VARIATIONS

Does the applicant intend to operate according to seasonal demand	NO*

*If YES – provide details

N/A			

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

5(d) Activity	Please confirm YES/NO	To be provided during core licensed hours – please confirm <i>YES/NO</i>	-
Outdoor drinking facilities	NO	NO	NO
5(e) Activity	Please confirm YES/NO	To be provided during core licensed hours – please confirm <i>YES/NO</i>	-
Adult entertainment	NO	NO	NO

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 5(a) - (e) please provide details or further information in the box below.

A HOME DELIVERY SHOPPING SERVICE MAY BE OPERATED FROM THE STORE.

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?	N/A
When fully occupied, are there likely to be more customers standing than seated?	N/A

*Delete as appropriate

<u>Question 6</u> (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	N/A
	*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

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?

<u>OFF SALES – 16.85 M2</u>

Question 8

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

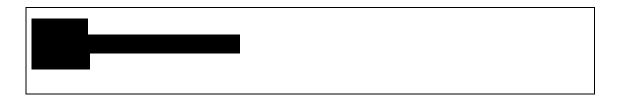
Personal details

8(a) Name

MARK MCKIERNAN

 $\delta(b)$ Date of birth

8(c) Contact address



8(d) Email address

Date of issue	Name of Licensing Board issuing	Reference no. of personal licence
	WEST DUNBARTONSHIRE LICENSING BOARD	WD/1524

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)
Date1	8/01/2024
Capacity .	SOLICITORS FOR APPLICANT AGENT
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.

Contact Us:

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