WEST DUNBARTONSHIRE LICENSING BOARD

LICENSING (SCOTLAND) ACT 2005

APPLICATION FOR VARIATION OF PREMISES LICENCE/ PROVISIONAL PREMISES LICENCE*

*Delete as appropriate

If you are completing this form by hand, please write legibly in block capitals using ink.

SECTION 1: APPLICANT INFORMATION

1(a) Name, address, postcode and premises licence number of premises.						
Auchentoshan Distillery Dalmuir Clydebank						
Post Code	G81 4SJ		Premises Licence Ref. No.	WDL	BPREN	М/0082
1(b) Pleas applic		name, addres	s, postcode, telephone	number	and e	-mail address of
Beam Suntory UK Limited 2 Longwalk Road Stockley Park Uxbridge						
Post Code	UB11 1BA	Telephone No.		E-mail address		
SECTIO	N 2: MINOR	VARIATION	S			
2(a) Do yo	ou consider th	e proposed v	ariation to be a minor va	ariation'	?	YES 🗌 NO X
(If the	e answer is YE S	3 , please comp	olete the rest of Section 2	. If NO,	please	go to Section 3)
	ou propose a v		e layout plan which is r	not inco	nsiste	nt with the operating
-			datails of the proposed v	ariation h	oolow)	YES 🗌 NO 🗌
(If the answer is YES , please give details of the proposed variation below)						

2(c)	Do you propose to restrict the terms on which children and young persons are admitted to the premises? YES \(\subseteq NO \subseteq \)
	(If the answer is YES , please give details of the proposed variation below)
2(d)	Do you propose to vary the information contained in the licence relating to the premises manager, including variation to substitute a new premises manager?
	YES NO (If the answer is YES, please complete Section 4 below)
2(e)	Do you propose any other variation as prescribed by Section 29(6)(d) of the 2005 Act?
	YES □ NO □
	(If the answer is YES, please give details of the proposed variation below)
SEC1	TION 3: OTHER VARIATIONS
3(a)	Do you propose a variation to any of the conditions to which the licence is subject (other than those to which the licence is subject by virtue of Section 27(1))? YES \square NO X
	(If the answer is YES, please give details of the proposed variation below)

3(b)	Do you propose to vary any of the information contained in the operating plan contained in the licence?
	YES X NO
	(If the answer is YES, please give details of the proposed variation below)
At Q5((f) to include: Food may be available and will be provided by external caterers.
3(c)	Do you propose a variation to the layout plan contained in the licence?
	YES □ NO X
	(If the answer is YES , please give details of the proposed variation below)
3(d)	Do you propose to vary any other information contained or referred to in the licence, including an addition, deletion or other modification? YES \square NO X
	(If the answer is YES, please give details of the proposed variation below)

SECTION 4: VARIATION TO SUBSTITUTE NEW PREMISES MANAGER

Please provide details below of the name, address and personal licence number of the Existing Premises Manager.				
Reference Numb	er of Personal Licence			
PROPOSED	PREMISES MANA	GER		
4(a) Name	and telephone numb	per		
Telephone No.				
4(b) Date a	nd place of birth			
4(c) Conta	ct address, including	g postcode		
Postcode				
4(d) Email	address			
4(a) Data!!	- (D			
4(e) Detail	Name of Licensing B	e held by Proposed F	Reference Number of Personal Licence	
(Please enclose a photostat copy of the Personal Licence if it was not issued by West Dunbartonshire Licensing Board).				
4(f) Is the variation to substitute a new Premises Manager to take effect during the				
application period? YES ☐ NO ☐				
(If the answer is NO , please provide the proposed date from which the variation is to take effect).				

DECLARATIO	N BY applicant or agent on i	BEHALF OF APPLICANT
(If signing on	behalf of the applicant please stat	e in what capacity.)
I confirm that the	he contents of this application are tru	ue to the best of my knowledge and belief.
The application	n fee is enclosed.	
Signature		(See Note 1 below)
Date	5 March 2024	
Capacity AP	PLICANT/AGENT (delete as appropr	riate)
If agent, pleas	se provide name, address, telepho	ne number and email address:
I have enclose	ed the relevant documents with th	is application – please tick the relevant boxes
	ence (See Note 2)	х
Operating Pla	n (see Note 3)	X

I have enclosed the relevant documents with this application – please tick the relevant boxes				
Premises Licence (See Note 2)	X			
Operating Plan (see Note 3)	X			
Layout Plans (see Note 3)				
Planning certificate (See Note 4)				
Building standards certificate (See Note 4)				
Food hygiene certificate (See Note 4)				
Copy of Personal Licence				

Notes

Note 1:

Data Protection Act 1998

The information in this form will be used to update the relevant Premises Licence. Accordingly, the information contained in this form may be held on an electronic public register which may be available to members of the public on request.

Note 2:

The application must be accompanied by the Premises Licence to which the application relates, or if that is not practicable, a statement of the reasons for failure to produce the licence.

Note 3:

Where the proposed variation affects the current operating plan, please submit an operating plan including the proposed variations. Where the proposed variation affects the current layout plan, please submit 6 sets of plans showing the proposed new layout of the premises.

Note 4:

Applicants for variations involving structural alterations should submit the relevant Section 50 certificates with their application.

Data Protection Act 1998

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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?	¥ES/NO*
1(b) Will alcohol be sold for consumption solely OFF the premises?	¥ES/NO*
1(c) Will alcohol be sold for consumption both ON and OFF the premises?	YES/ NO *
*Delete as appropriate	

Question 2

STATEMENT OF \pmb{CORE} TIMES WHEN ALCOHOL WILL BE SOLD FOR CONSUMPTION \pmb{ON} PREMISES

Day	ON Consumption		
	Opening time	Terminal hour	
Monday	10.00am	11.00pm	
Tuesday	10.00am	11.00pm	
Wednesday	10.00am	11.00pm	
Thursday	10.00am	11.00pm	
Friday	10.00am	11.00pm	
Saturday	10.00am	11.00pm	
Sunday	10.00am	11.00pm	

Question 3

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

Day	OFF Consumption		
	Opening time	Terminal hour	
Monday	10am	10pm	
Tuesday	10am	10pm	
Wednesday	10am	10pm	
Thursday	10am	10pm	
Friday	10am	10pm	
Saturday	10am	10pm	
Sunday	10am	10pm	

Question 4

SEASONAL VARIATIONS

Does the applicant intend to operate according to seasonal demand	¥ES/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	Where activities are
Activity	YES/NO	during core licensed hours – please confirm	also to be provided outwith core licensed hours please confirm
		YES/NO	YES/NO
Accommodation	NO	N/A	N/A
Conference facilities	YES	YES	YES
Restaurant facilities	NO		
Bar meals	NO		
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	YES	YES	YES
Weddings, funerals, birthdays, retirements etc.			
Club or other group meetings etc.	NO		
<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)	YES	YES	YES
Live performances – see 5(g)	YES	YES	YES
Dance facilities	YES	YES	YES
Theatre	NO		
Films	YES	YES	YES
Gaming	NO		

Indoor/outdoor sports	NO		
Televised sport	NO		
5(d) Activity	Please confirm YES/NO	To be provided during core licensed hours – please confirm	also to be provided
		YES/NO	YES/NO
Outdoor drinking facilities	YES	YES	YES
5(e) Activity	Please confirm YES/NO	To be provided during core licensed hours – please confirm YES/NO	also to be provided
Adult entertainment	NO		

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

Premises provides facilities for visitors to distillery including a shop for the sale of the company's products and souvenirs. There are also facilities for persons attending conferences and other events beginning or ending outwith licensed hours.

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.

Sale of souvenirs etc. as above.

Food may be available and will be provided by external caterers.

Where you have confirmed that you are providing live or recorded music, will the decibel level exceed 85dB?	YES/NO*
When fully occupied, are there likely to be more customers standing than seated?	YES/NO*
*Delete as appropriate	

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 *
	*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

Children and young persons who are with a party visiting the distillery or attending a function will be allowed entry (at the discretion of the management).

allowed entry
Any age – subject to the above.
Any age – subject to the above.
6(d) Provide statement regarding the TIMES during which children and young
persons will be allowed entry
Any time – subject to the above.
6(e) Provide statement regarding the PARTS of the premises to which children and
young persons will be allowed entry
Any public part – subject to the above.
Party Party I was a series of the series of
Question 7
CAPACITY OF PREMISES
What is the proposed capacity of the premises to which this application relates?
wnai is the proposed capacity of the premises to which this application retailes:
Ground Floor – 61
First Floor – 61 Second Floor – 80
Mash Room – 25
Tun Room – 25
Off-sales display areas – 31.5m2
off sales display areas 2.18.112

6(c) Provide statement regarding the AGES of children or young persons to be

Question 8

PREMISES MANAGER (NOTE: not required where application is for grant of provisional premises licence)		
Personal details		
8(a) Name		
Wendy Catherine Dunlop		
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
8 June 2011	East Dunbartonshire Council	EDC/571

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)
Date5 March 2024	
Capacity	. APPLICANT/AGENT (delete as appropriate).
Telephone number and email address of sign	aatory

* 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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Email: licensing@west-dunbarton.gov.uk