

OPERATING PLAN

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

Question 1

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

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

Question 2

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

<i>Day</i>	<i>ON Consumption</i>	
	<i>Opening time</i>	<i>Terminal hour</i>
<i>Monday</i>	11.00am	Midnight
<i>Tuesday</i>	11.00am	Midnight
<i>Wednesday</i>	11.00am	Midnight
<i>Thursday</i>	11.00am	Midnight
<i>Friday</i>	11.00am	1.00am
<i>Saturday</i>	11.00am	1.00am
<i>Sunday</i>	11.00am	Midnight

Question 3

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

<i>Day</i>	<i>OFF Consumption</i>	
	<i>Opening time</i>	<i>Terminal hour</i>
<i>Monday</i>	11.00am	10.00pm
<i>Tuesday</i>	11.00am	10.00pm
<i>Wednesday</i>	11.00am	10.00pm
<i>Thursday</i>	11.00am	10.00pm
<i>Friday</i>	11.00am	10.00pm
<i>Saturday</i>	11.00am	10.00pm
<i>Sunday</i>	11.00am	10.00pm

Question 4

SEASONAL VARIATIONS

<i>Does the applicant intend to operate according to seasonal demand</i>	<i>YES</i>
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**If YES – provide details*

DURING FESTIVE PERIOD AS DETERMINED BY THE WEST DUNBARTONSHIRE LICENSING BOARD, THE PREMISES WILL OPERATE ADDITIONAL HOURS FOR THE SALE OF SLCOHOL IN ACCORDANCE WITH THE SAID BOARD'S POLICY IN THAT REGARD

Question 5

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

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

5(d) <i>Activity</i>	<i>Please confirm</i> 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
<i>Outdoor drinking facilities</i>	YES	YES	NO
5(e) <i>Activity</i>	<i>Please confirm</i> 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
<i>Adult entertainment</i>	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.

OCCASIONAL QUIZ NIGHTS AND PRODUCT LAUNCHES WILL TAKE PLACE IN THE PREMISES DURING CORE LICENSED HOURS
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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
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When fully occupied, are there likely to be more customers standing than seated?	N/A
*Delete as appropriate	

Question 6 (On-sales only)

CHILDREN AND YOUNG PERSONS

6(a)	<i>When alcohol is being sold for consumption on the premises will children or young persons be allowed entry</i>	YES
	<i>*Delete as appropriate</i>	

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 ARE ONLY PERMITTED IN THE PREMISES WHEN ACCOMPANIED BY AN ADULT AND ONLY TO ATTEND A PRIVATE FUNCTION

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

0-17 YEARS

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

SUBJECT TO THE FOREGOING CONDITIONS, CHILDREN AND YOUNG PERSONS ARE ONLY PERMITTED WITHIN THE PREMISES FOR THE DURATION OF A PRIVATE FUNCTION

6(e) *Provide statement regarding the **PARTS** of the premises to which children and young persons will be allowed entry*

SUBJECT TO THE FOREGOING CONDITIONS, CHILDREN AND YOUNG PERSONS ARE ONLY PERMITTED WITHIN THE PREMISES FOR THE DURATION OF A PRIVATE FUNCTION

Question 7

CAPACITY OF PREMISES

What is the proposed capacity of the premises to which this application relates?

154 Persons The overall capacity of the premises will not exceed 154 persons
Outdoor area 60 Persons

Question 8

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

Personal details

8(a) *Name*

Ozgur Koca

8(b) *Date of birth*

[REDACTED]

8(c) *Contact address*

[REDACTED]

8(d) *Email address*

[REDACTED]

8(e) Personal licence

<i>Date of issue</i>	<i>Name of Licensing Board issuing</i>	<i>Reference no. of personal licence</i>
21/06/2016	West Dunbartonshire	WD/1073

DECLARATION BY APPLICANT OR AGENT ON BEHALF OF APPLICANT

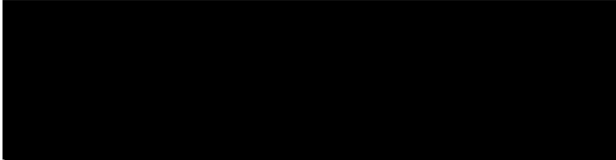
If signing on behalf of the applicant please state in what capacity.

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

Signature  * (see note below)

Date 19/09/20

Capacity ~~APPLICANT/AGENT~~ (delete as appropriate).

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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