

## 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?	<del>YES</del> /NO*
1(b) Will alcohol be sold for consumption solely OFF the premises?	YES/ <del>NO</del> *
1(c) Will alcohol be sold for consumption both ON and OFF the premises?	<del>YES</del> /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 **CORE** TIMES WHEN ALCOHOL WILL BE SOLD FOR CONSUMPTION **OFF** PREMISES

<b>Day</b>	<b>OFF Consumption</b>	
	<b>Opening time</b>	<b>Terminal hour</b>
<i>Monday</i>	10:00 hrs	22:00 hours
<i>Tuesday</i>	10:00 hrs	22:00 hours
<i>Wednesday</i>	10:00 hrs	22:00 hours
<i>Thursday</i>	10:00 hrs	22:00 hours
<i>Friday</i>	10:00 hrs	22:00 hours
<i>Saturday</i>	10:00 hrs	22:00 hours
<i>Sunday</i>	10:00 hrs	22:00 hours

**Question 4**

SEASONAL VARIATIONS

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

<b>5(d)</b> <b>Activity</b>	<b>Please confirm</b> <b>YES/NO</b>	<b>To be provided</b> <b>during core</b> <b>licensed hours –</b> <b>please confirm</b> <b>YES/NO</b>	<b>Where activities are</b> <b>also to be provided</b> <b>outwith core</b> <b>licensed hours</b> <b>please confirm</b> <b>YES/NO</b>
<i>Outdoor drinking facilities</i>	No	No	No
<b>5(e)</b> <b>Activity</b>	<b>Please confirm</b> <b>YES/NO</b>	<b>To be provided</b> <b>during core</b> <b>licensed hours –</b> <b>please confirm</b> <b>YES/NO</b>	<b>Where activities are</b> <b>also to be provided</b> <b>outwith core</b> <b>licensed hours</b> <b>please confirm</b> <b>YES/NO</b>
<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.

The premises may play background music in the retail areas of the store. The premises may operate outwith alcohol licensing, up to 24 hour basis. Background live recorded music may be played during all opening 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.

The premises comprise of general convenience store with off sale facility adjacent to petrol/derv filling station forecourt. The premises offer takeaway "food on the go". Customers may order groceries, food and drinks, including alcoholic drinks for home delivery from the premises

**5(g) Late night premises opening after 1.00am – N/A**

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*
*Delete as appropriate	

**Question 6 (On-sales only)**

CHILDREN AND YOUNG PERSONS - N/A

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

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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

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**Question 7**

*CAPACITY OF PREMISES*

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

Off sales display: 9.80046 m<sup>2</sup>

**Question 8**

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

*Personal details*

8(a) *Name*

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8(b) *Date of birth*

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8(c) *Contact address*

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8(d) *Email address and telephone number*

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8(e) *Personal licence*

<i>Date of issue</i>	<i>Name of Licensing Board issuing</i>	<i>Reference no. of personal licence</i>

Dumbarton (Glasgow Road)

**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 10/07/204

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

Telephone number and email address of signatory .....

Agent:



**\* 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.