

West Dunbartonshire Licensing Board

PROVISIONAL PREMISES LICENCE

Licensing (Scotland) Act 2005, section 20

APPLICANT INFORMATION *Licensing (Scotland) Act 2005, section 20(1)*

Question 1

Name, address and postcode of premises to be licensed.

6/8 Webster Street
Clydebank
G81 1AZ

Question 2

Particulars of applicant

2(a) *Where applicant is an individual, provide full name, date and place of birth, and home address including postcode.*

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Question 4

Previous convictions

4 Has the applicant or any connected person ever been convicted of a relevant or foreign offence (1)	NO
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**If YES – provide full details*

For the purpose of this Act, a conviction for a relevant offence or foreign offence is to be disregarded if it is spent for the purpose of the Rehabilitation of Offenders Act 1974

<i>Name & position (if applicable)</i>	<i>Date of conviction or sentence</i>	<i>Court</i>	<i>Offence</i>	<i>Penalty</i>

DESCRIPTION OF PREMISES *Licensing (Scotland) Act 2005, section 20(2)(a)*

Question 5

5 *Description of premises (where application is submitted by a members' club, please also complete question 6)*

Free standing licensed convenience store in own grounds in suburban location.

(1) In addition to any convictions held by the applicant at the time of application, applicants should also familiarise themselves with the contents of section 24(1) of the Licensing (Scotland) Act 2005 in respect of any convictions for relevant or foreign offences which they may receive during the period beginning with the making of the premises licence application and ending with determination of the application.

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Question 6

6 To be completed by members' clubs only

<i>Do the club's constitution and rules conform to the requirements of regulation 2 of the Licensing (Clubs) (Scotland) Regulations 2007?</i>	YES/NO*
<i>* Delete as appropriate</i>	

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 Application are true to the best of my knowledge and belief.


Signature ...  * (see note below)





Date13.08.2024.....

Capacity AGENT (delete as appropriate)

Telephone number and email address of signatory 

<i>I have enclosed the relevant documents with this application – please tick the relevant boxes</i>	
<i>Operating plan</i>	<input checked="" type="checkbox"/>
<i>Layout plan</i>	<input checked="" type="checkbox"/>
<i>Planning certificate</i>	<input checked="" type="checkbox"/>
<i>Building standards certificate</i>	<input type="checkbox"/>
<i>Food hygiene certificate</i>	<input type="checkbox"/>

*** 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:

**West Dunbartonshire Licensing Board
Council Offices
16 Church Street
Dumbarton
G82 1QL**

Phone: 01389 738741

Email: licensing@west-dunbarton.gov.uk

<u>For use by the Licensing Board only</u>	
Application checklist	
Date received	
Fee amount	
Receipt number	
Received by (<i>INITIALS</i>)	
Consideration date	
Last date for consideration	
Date of initial hearing	
Date of any modification hearing	
Date granted/refused (delete as appropriate)	

<u>For use by the Licensing Board only</u>	
If application is for a premises licence	
Documents required	
Operating plan	
Layout plan	
Planning certificate	
Building standards certificate	
Food hygiene certificate	

<u>For use by the Licensing Board only</u>	
If application is for a provisional premises licence	
Documents required	
Provisional planning certificate	
Operating plan	
Layout plan	