SCHEDULE 5

Regulation 6

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

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

Question 4

SEASONAL VARIATIONS

Does the applicant intend to operate according to seasonal demand

YES/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) 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		N/A	N/A
Conference facilities			
Restaurant facilities			
Bar meals			
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			
Weddings, funerals, birthdays, retirements etc.			
Club or other group meetings etc.			
5(c)	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)			
Live performances – see 5(g)			
Dance facilities			
Theatre			

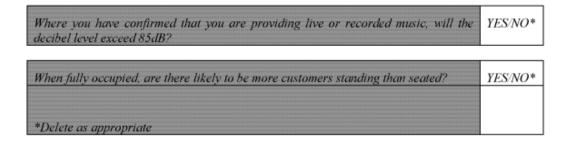
Films			
Gaming			
Indoor/outdoor sports			
Televised sport			
5(d) Activity	Please confirm YES/NO	To be provided during core licensed hours – please confirm YES/NO	Where activities are also to be provided outwith core licensed hours please confirm YES/NO
Outdoor drinking facilities			
5(e) Activity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

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

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.

5(g) Late night premises opening after 1.00am



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	
	*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

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

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

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

Question 7

CAPACITY OF PREMISES

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

Question 8

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

Personal details

8(a) Name

8(b) Date of birth

8(c) Contact address

8(d) Email address

8(e) Personal licence

Date of issue	Name of Licensing Board issuing	Reference no. of personal licence

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	
Capacity	APPLICANT/AGENT (delete as appropriate).
Telephone number and email address of signa	atory

* 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.