**SCHEDULE 3**

Regulation 4(1)

APPLICATION FOR PREMISES LICENCE/PROVISIONAL

PREMISES LICENCE\*

*\*Delete as appropriate*

**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*.*

|  |
| --- |
|  |

**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*.*

|  |
| --- |
|  |

2(b) Where applicant is a partnership, please provide full name, and postal address of partnership

|  |
| --- |
|  |

2(c) Where applicant is a company, please provide name, registered office and company registration number.

|  |
| --- |
|  |

2(d) Where the applicant is a club or other body, please provide full name, and postal address of club or other body*.*

|  |
| --- |
|  |

2(e) Where applicant is a partnership, company, club or other body, please provide the names, dates and places of birth, and home addresses of connected persons. **\***

|  |
| --- |
|  |

**\*Connected person is defined in section 147(3) of the Licensing (Scotland) Act 2005**

**Question 3**

Previous applications

3 Has the applicant been refused a premises licence under section 23 of the Licensing (Scotland) Act 2005 in respect of the same premises? **YES/NO\***

 If YES – provide full details

|  |
| --- |
|  |

**Question 4**

Previous convictions

|  |  |
| --- | --- |
| Has the applicant or any connected person ever been convicted of a relevant or foreign office **(a)**  | YES/NO\* |

\*If YES – provide full details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and position (if applicable) | Date of Conviction or sentence | Court | Offence | Penalty |
|  |  |  |  |  |

(a) 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 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.

**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)

|  |
| --- |
|  |

**Question 6**

6 To be completed by members’ clubs only

|  |  |
| --- | --- |
| Do the club’s constitution and rules conform to the requirements of Regulation 2 of the Licensing (Clubs) (Scotland) Regulations 2007? | YES/NO\* |

\**Delete as appropriate*

**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)

Date

Capacity APPLICANT/AGENT (*delete as appropriate*)

Telephone number and e-mail address of signatory

I have enclosed the relevant documents with this application – please tick the relevant boxes.

|  |  |
| --- | --- |
| Operating Plan |  |
| Layout Plan |  |
| Planning Certificate |  |
| Building Standards Certificate |  |
| Food Hygiene Certificate  |  |

**\*Data Protection Act 2018**

The information on this form may be held on an electronic public register which may be available to members of the public on request.

**For use by the Licensing Board only**

**Application checklist**

|  |  |
| --- | --- |
| **Date received** |  |
| **Fee Amount** |  |
| **Receipt Number** |  |
| **Received by (Initials)** |  |
| **Consideration date** |  |
| **Last date for consideration** |  |
| **Date of initial hearing** |  |
| **Date of modification hearing** |  |
| **Date granted/refused*(delete as appropriate)*** |  |

**For use by the Licensing Board only**

**If application is for a premises licence**

**Documents required**

|  |  |
| --- | --- |
| **Operating plan** |  |
| **Layout plan** |  |
| **Planning Certificate** |  |
| **Building Standards Certificate** |  |
| **Food Hygiene Certificate** |  |

**For use by the Licensing Board only**

**If application is for a provisional premises licence**

**Documents required**

|  |  |
| --- | --- |
| **Provisional Planning Certificate** |  |
| **Operating plan** |  |
| **Layout plan** |  |

**SCHEDULE 4**

Regulation 4(2)

ADDITIONAL MATERIAL – PREMISES LICENCE APPLICATION

LODGED NO LATER THAN 16 JANUARY 2009

Is there a licence under the Licensing (Scotland) Act 1976 held in respect of the premises?

YES/NO\*

*(\*Delete as appropriate)*

If so, do you consider the application to be a “Grandfather Rights” application (i.e. on falling within Article 18 or 19 of the Licensing (Transitional and Saving Provisions) (Scotland) Order 2007)?

YES/NO\*

*(\*Delete as appropriate)*

**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****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** |
| Accommodation |  | **N/A** | **N/A** |
| Conference facilities |  |  |  |
| Restaurant facilities |  |  |  |
| Bar Meals |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **5(b) Activity****Social functions including:** | **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** |
| Receptions includingWeddings, funerals, birthdays, retirements etc. |  |  |  |
| Club or other group meetings etc. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **5(c) Activity****Entertainment including:** | **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** |
| 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** **YES/NO** | **Where activities are also to be provided outwith core licensed hours please confirm****YES/NO** |
| Adult entertainment |  |  |  |

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 1.00 a.m.

|  |  |
| --- | --- |
| 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

|  |
| --- |
|  |

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 signatory

**\*Data Protection Act 2018**

The information on this form may be held on an electronic public register which may be available to members of the public on request.

**SCHEDULE**

Regulation 7

**SCHEDULE 6**

**DISABLED ACCESS AND FACILITIES STATEMENT**

*Licensing (Scotland) Act 2005, Section 20(2)(b)(iia)*

**Question 1**

**Disabled access and facilities**

|  |  |  |
| --- | --- | --- |
| 1(a)  | Is there disabled access to the premises | YES/NO\* |
| 1(b)  | Do you have facilities for those with a disability | YES/NO\* |
| 1(c) | Do you have any other provisions available to aid the use of the premises by disabled people | YES/NO\* |

\**(Delete as appropriate)*

If you have answered Yes to any of the questions above please complete, as appropriate, the following sections.

**Question 2**

**Disabled access to, from and within the premises**

Please provide clear and detailed description of how accessible the premises are for disabled people e.g. ramps, accessible floors, si.wiage

|  |
| --- |
|  |

**Question 3**

**Facilities available**

Please describe in detail the facilities provided for disabled people e.g. disabled toilets, lifts, accessible tables.

|  |
| --- |
|  |

**Question 4**

**Other provisions**

Please provide details of any provisions made to aid the use of the premises by disabled people e.g. assistance dogs welcome, large print menus.

|  |
| --- |
|  |

**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 disabled access and facilities statement are true to the best of my knowledge and belief.

Signature \**(see note below)*

Date

Capacity APPLICANT/AGENT

Telephone number and email address of signatory

**\*Data Protection Act 2018**

The information on this form may be held on an electronic public register which may be available to members of the public on request.