CLACKMANNANSHIRE LICENSING BOARD

MEETING 23 January 2018 at 09.30am in

The Council Offices, Kilncraigs, Greenside Street, Alloa, FK10 1EB

Licensing (Scotland) Act 2005

Variation(s) (Non Minor)

| Premises | Applicant | Date Received | Comments |
|---|---|---------------------|---|
| The Royal Arms 2 High Street Tillicoultry FK13 6AE | Premier Management (Alloa) Limited High Street Tillicoultry FK13 6AA | 21 November 2017 | Variation to Operating Plan to include:- Live Performances Dancing Films Change of Designated Premises Manager 's Home Address Application attached No objections/representations received |



E150 2, NOV 3017 (CMG)

APPLICATION FOR VARIATION OF PREMISES LICENCE

Licensing (Scotland) Act 2005, Section 29

To:

Clerk to the Licensing Board Kilncraigs FK10 1EB

If you are Completing this Form by Hand, Please Write Legibly in Block Capitals using **BLACK INK**. Please Ensure the Completed Application is Signed by the Applicant, Dated and Returned to the Above Address along with the Fee and the Original Licence or a Statement of Reasons as to why the Original Licence Cannot be Produced.

APPLICANT INFORMATION

Question 1

Name, Address, Postcode and Licence Number of Premises.

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Question 2

Full Name, Address, Postcode, Telephone Number and Email Address of the Current Licensee or the Applicant if Different.

Premier Management (Alloa) Limited Victoria House High Street Tillicoultry FK13 6AA

DETAILS OF VARIATION

Question 3

Brief Details of Variation (Continue on Separate Sheet if Necessary)

1 Additional activities to be added to Operating plan – Live Performances, dancing facilities and Films.

2 Change of Home address details for Premises Manager

OPERATING PLAN

Question 4

Do you Propose to Vary any of the Information Within the Operating Plan Contained in the Licence?

YES/NO

If Yes Please Complete and submit New Operating Plan to include the Proposed Variations.

LAYOUT PLAN

Question 5

Do you Propose a Variation to the Layout Plan Contained in the Licence?

YES/NO

If Yes Please Supply **6 Copies** of the New Layout Plan Conforming to Paragraph 5 of The Premises Licence (Scotland) Regulations 2007.

CONDITIONS

Question 6

Do you propose a variation to any of the conditions to which the licence is subject?

YES/NO

If Yes please give details of the proposed variation below

Please Note That You Cannot Vary any Condition Which Is on Your Licence By Virtue Of Section 27(1) Of The Licensing (Scotland) Act, 2005 (Mandatory Conditions).

PREMISES MANAGER

Question 7

If you Propose to Vary the Information Contained in the Licence Relating to the Premises Manager . Please Provide the following information.

Name, Address and Personal Licence Details (Number and Issuing Board) of the Existing Premises Manager

Troy Patrick Burns 7 Stirling Court Tillicoultry FK13 6EX CC690

If only the existing Premises Manager's Personal Details have Changed Please Provide details

Change of address only to :-

2A Upper Mill Street Tillicoultry FK13 6AH

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If there is a Change of Premises Manager Please Provide the following:-.

Name and Address of the Proposed Premises Manager

Date and Place of Birth of the Proposed Premises Manager

Email Address and Telephone Number of the Proposed Premises Manager

Personal Licence

| Date of Issue | Name of Licensing Board Issuing | Reference No. Of Personal Licence |
|---------------|------------------------------------|--------------------------------------|
| | | |
| | | |
| | | |
| | | |

Is the Variation Relating to the change of Premises Manager to Take Effect During the Application Period

YES/NO

If the Answer to the Above Question is NO Please Provide Below the Date the Variation is to Take Effect.

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.

| Λ | 11 |
|-----------------|--|
| Signature | * (See Note Below) |
| Date | -17 |
| Capacity | APPLICANT/AGENT (Delete as appropriate) |
| Telephone Numbe | er and Email Address of Signatory |
| , | |
| | |
| 1 | 1 |

* 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

Clackmannanshire Licensing Board has a duty to protect public funds that it administers and may use this information for the prevention and detection of fraud. For more details, please contact The Councils, Senior Auditor, on telephone number 01259 452047

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 | |
|--|-----|
| 1(b) Will alcohol be sold for consumption solely OFF the premises | |
| 1(c) Will alcohol be sold for consumption both ON and OFF the premises | YES |
| *Delete as appropriate | |

Question 2

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

| Day | 01 | ON Consumption | | |
|----------------|--------------|----------------|--|--|
| 建制度和 同意 | Opening time | Terminal hour | | |
| Monday | 11.00am | 12.00pm | | |
| Tuesday | 11.00am | 12.00pm | | |
| Wednesday | 11.00am | 12.00pm | | |
| Thursday | 11.00am | 12.00pm | | |
| Friday | 11.00am | 1.00am | | |
| Saturday | 11.00am | 1.00am | | |
| Sunday | 11.00am | midnight | | |

Question 3

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

| Day | OF | OFF Consumption | | |
|-----------------|--------------|-----------------|--|--|
| Sector Adaption | Opening time | Terminal hour | | |
| Monday | 11.00am | 10.00pm | | |
| Tuesday | 11.00am | 10.00pm | | |
| Wednesday | 11.00am | 10.00pm | | |
| Thursday | 11.00am | 10.00pm | | |
| Friday | 11.00am | 10.00pm | | |
| Saturday | 11.00am | 10.00pm | | |
| Sunday | 11.00am | 10.00pm | | |

NOTES: Transfer of Premises Licence and Substitution of Premises Manager granted under delegated powers 29 September 2017.

Question 4

SEASONAL VARIATIONS

Does the applicant intend to operate according to seasonal demand

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

| 5(a) Activity | Please confirm YES/NO | To be provided during core licensed hours – please confirm YES/NO | Where activities are also to be provided <u>outwith</u> core licensed hours please confirm YES/NO |
|---|--------------------------|---|---|
| Accommodation | N | N/A | N/A |
| Conference facilities | NO | NO | NO |
| Restaurant facilities | NO | NO | NO |
| Bar meals | NO | NO | NO |
| 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 |
| Receptions including (Weddings funerals,, birthdays, | YES | YES | YES/NO NO |
| retirements etc) Club or other group meetings etc | YES | YES | NO |
| 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 |

25 25

in all

| Recorded Music – see 5(g) | YES | YES | NO |
|---------------------------------------|--------------------------|---|--|
| Live performances – see 5(g) | YES | YES | NO |
| Dance facilities – see 5(g) | YE | YES | NO |
| Theatre | NO | NO | NO |
| Films | YES | YES | NO |
| Gaming | YES | YES | NO |
| Indoor/outdoor sports | YES | YES | NO |
| Televised sport | YES | YES | NO |
| e e e e e e e e e e e e e e e e e e e | | | |
| 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 | YES | YES | YES |
| 5(e) Activity | Please confirm YES/NO | To be provided during core licensed hours – please confirm YES/NO | provided outwith |
| Adult entertainment – see 5(g) | NO | NO | 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

Where you have confirmed that you are providing either live or recorded music, dancing or adult entertainment, any combination of these or all please provide the following details

| Will the music level exceed 85dB? | _ |
|--|---|
| When fully occupied, are there likely to be more customers standing than seated? | |
| | |
| *Deletë 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 |
|------|--|-----|
| | *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

CHILDREN AND YOUNG PERSONS WILL ONLY

BE ALLOWED ON THE PREMISES WHEN ACOMPANIED BY A RESPONSIBLE ADULT

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

5 TO 17 YEARS OF AGE

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

NO LATER THAN 7.00PM

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

CHILDREN AND YOUNG PERSONS WILL ONLY BE ALLOWED IN THE LOUNGE AND BEER GARDEN IF ACCOMPANIED BY AN ADULT

Question 7

CAPACITY OF PREMISES

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

ON SALES - 77

Question 8

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

Personal details

8(a) Name

TROY PATRICK BURNS

8(b) Date of birth

07 FEBRUARY 1967

8(c) Contact address

| 7 STIRLING STREET | 2.A UPPER MILL STREET |
|-------------------|-----------------------|
| TILLICOULTRY | TIMULOULTRY 1/1 |
| FK13 6EX | FM13 6AH |
| | |

8(d) Email address

8(e) Personal licence

| Name of Licensing Board issuing | Reference no. of personal licence |
|-------------------------------------|--------------------------------------|
| CLACKMANNANSHIRE LICENSING BOARD | CC690 |
| | issuing CLACKMANNANSHIRE |