



## APPLICATION FOR VARIATION OF PREMISES LICENCE

### Licensing (Scotland) Act 2005, Section 29

To:

Clerk to the Licensing Board  
Kilncraigs  
Greenside Street  
Alloa  
FK10 1EB

THIS PAPER RELATES TO

ITEM 6ii

ON THE AGENDA

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.

Budgens of Alva  
54 East Stirling Street  
Alva, FK12 5HA

#### Question 2

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

**DETAILS OF VARIATION**

**Question 3**

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

Vary paragraph 5(f) of the Operating Plan to add the words "The premises may provide a delivery service to customers of all general convenience goods, including alcohol"

**OPERATING PLAN**

**Question 4**

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

**YES**

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?

**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?

**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

Mythili Kemburi [REDACTED]  
Edinburgh Licensing Board – ref 421736

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

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

Name and Address of the Proposed Premises Manager

Kalyan Akisetty [REDACTED]
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Date and Place of Birth of the Proposed Premises Manager

[REDACTED]
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Email Address and Telephone Number of the Proposed Premises Manager

[REDACTED]
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Personal Licence

Date of Issue	Name of Licensing Board Issuing	Reference No. Of Personal Licence
28 April 2016	Edinburgh	327766

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

**YES**

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

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**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 30/08/2022

Capacity Solicitor APPLICANT/AGENT (delete as appropriate).

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

Agent: Harper Macleod LLP, 45 Gordon Street, Glasgow, G1 3PE



**\* 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

<b>Checklist</b>	
Fee enclosed	
Application signed/dated	
Original Licence enclosed or a Statement of reasons for failing to produce the Licence	
New Operating Plan Enclosed	
New Layout Plan Enclosed	



**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

<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>	<b>YES/NO*</b>
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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> <i>see 5(g)</i>	Yes	Yes	Yes
<i>Live performances –</i> <i>see 5(g)</i>	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 will be open from 0600 hours to 2200 hours each day.

**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 and therefore will stock goods for sale consistent with that operation. The premises may provide a delivery service to customers of all general convenience goods, including alcohol.

**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

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**

54 East Stirling Street, Alva

**CAPACITY OF PREMISES**

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

Inaccessible – 6.5m <sup>2</sup> Accessible to public – 37.34m <sup>2</sup> Total Off sales display: 43.84 m <sup>2</sup>
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**Question 8**


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

*Personal details*

8(a) *Name*

Kalyan Akisetty
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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*

<u>Kalyan.akisetty@gmail.com</u>
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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>
28 April 2016	Edinburgh	327766

**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 30/08/2022

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

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

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