



Clackmannanshire
Council

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Licensing Board

Licensing (Scotland) Act 2005, Section 29
Application for Variation of Premises Licence

To:

Clerk to the Licensing Board
Clackmannanshire Council
Kilncraigs
Alloa
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.

MCCREGORS
41, PRIMROSE ST
ALLOA
FK10 1JJ

PREMISES LICENCE number :- CC207

Question 2

Full Name. Address. Postcode. Telephone Number and Email Address of the

SEE OVER PAGE

GARY MCGREGOR



DETAILS OF VARIATION

Question 3

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

SEEKING TO AMEND THE TERMS OF CHILDREN AND
YOUNG PERSONS ACCESS TO PERMIT CHILDREN AND
YOUNG PERSONS ONTO THE PREMISES ONLY FOR
PREBOOKED PRIVATE FAMILY EVENTS.

ALSO TO PROVIDE HOME DELIVERIES
OF ALCOHOL / COCKTAILS

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.

HAVE DONE THIS

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.

N/A

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

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:- NO

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
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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.

Signature

* (See Note Overleaf)

Date

27/02/25

(Delete as appropriate)

Telephone Number and Email Address of Signatory

.....
.....
.....

*** 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

Checklist

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

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PAID 07 MAR 2025

£150.00
CINE

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?	<u>YES</u> /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	11:00 hrs	00:00 hrs
TUESDAY	11:00 hrs	00:00 hrs
WEDNESDAY	11:00 hrs	00:00 hrs
THURSDAY	11:00 hrs	00:00 hrs
FRIDAY	11:00 hrs	01:00 hrs
SATURDAY	11:00 hrs	01:00 hrs
SUNDAY	11:00 hrs	00:00 hrs

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Question 3

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

DAY	ON CONSUMPTION	
	OPENING TIME	TERMINAL HOUR
MONDAY	11:00 hrs	22:00 hrs
TUESDAY	11:00 hrs	22:00 hrs
WEDNESDAY	11:00 hrs	22:00 hrs
THURSDAY	11:00 hrs	22:00 hrs
FRIDAY	11:00 hrs	22:00 hrs
SATURDAY	11:00 hrs	22:00 hrs
SUNDAY	11:00 hrs	22:00 hrs

Question 4

SEASONAL VARIATIONS

Does the Applicant intend to operate according to Seasonal Demand	<input checked="" type="radio"/> YES <input type="radio"/> NO*
<p>*If YES – provide details</p> <p>The premises would like to take advantage of any additional hours offered by the Licensing Board during the festive period</p>	

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Question 5



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PLEASE INDICATE THE OTHER ACTIVITIES OR SERVICES THAT WILL BE PROVIDED ON THE PREMISES IN ADDITION TO SUPPLY OF ALCOHOL

1	2	3	4
	Please Confirm	To Be Provided During Core Licensed Hours	Be Provided Outwith Core Licensed Hours
	YES/NO	YES/NO	YES/NO
5(a) Activity			
Accommodation	NO	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:			
Receptions Including Wedding, Funerals, Birthdays, Retirements Etc.	yes	yes	yes
Club of Other Group Meetings etc.	yes	yes	yes
5(b) Activity - Entertainment Including:			
Recorded Music (see 5g)	yes	yes	yes
Live Performance (see 5g)	yes	yes	yes
Dance Facilities	NO	NO	NO
Theatre	NO	NO	NO
Films	yes	yes	yes
Gaming	yes	yes	yes

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Indoor/Outdoor Sports	yes	yes	yes
Televised Sport	yes	yes	yes
5(d) Activity			
Outdoor Drinking Facilities	no	no	no
5(e) Activity			
Adult Entertainment*	no	no	no

* Adult Entertainment means any form of entertainment which-

- (a) involves a person performing an act of an erotic or sexually explicit nature; and
- (b) is provided wholly or mainly for the sexual gratification or titillation of the audience

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

PLANNING, PREPARATION AND OTHER ACTIVITIES MAY TAKE PLACE OUTWITH CORE HOURS. PRACTICE SESSIONS FOR LIVE MUSIC MAY TAKE PLACE OUTWITH CORE HOURS

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

QUIZ NIGHTS, CHARITY EVENTS, RACE NIGHTS, SILENT DISCO AND OTHER FAMILY EVENTS
ADD HOME DELIVERY OF ALCOHOL

DJC
9/5/25

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*
When Fully Occupied Are There Likely To Be More Customers Standing Than Seated	YES/NO*

*Delete As Appropriate

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Question 6 (On-Sales only)



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CHILDREN AND YOUNG PERSONS

6(a)	When Alcohol Is Being Sold For Consumption On The Premises Will Children Or Young Persons Be Allowed Entry	<input checked="" type="radio"/> YES <input type="radio"/> NO*
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6(b) Where the answer to 6(a) is YES provide statement of the **TERMS** under which they will be allowed entry

ALLOW ENTRY FOR CHILDREN AND YOUNG PERSONS ONLY FOR PREBOOKED PRIVATE FAMILY ORIENTATED EVENTS
--

6(c) Provide Statement Regarding the **AGES** of children or Young Persons to be Allowed Entry

AGE RANGE OF 0-17 YEARS

6(d) Provide Statement Regarding the **TIMES** During Which Children and Young Persons will be Allowed Entry

DURING ALL OPENING HOURS

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6(e) Provide Statement Regarding the **PARTS** of the Premises to Which Children and Young Persons Will Be Allowed Entry

ALL PUBLIC AREAS

Question 7

CAPACITY OF PREMISES

What is the Proposed Capacity of the Premises to Which This Application Relates?

80

Question 8

PREMISES MANAGER (NOTE Not Required Where Application is For Grant of Provisional Premises Licence)

Personal Details

8(a) Name

GARY MCGLEAGOR

8(b) Date of Birth

03 SEPTEMBER 1963

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8(c) Contact Address

MCGREGORS 41, PRIMROSE ST ALLAN FK10 1JJ

8(d) Email Address

[REDACTED]

8(e) Personal Licence

Date of Issue	Name of Licensing Board Issuing	Reference No. Of Personal Licence
28/02/2019	CLACKMANNANSHIRE LICENSING BOARD	CC105

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

[REDACTED]

..... * (See Note Below)

Date

27/02/25

Capacity

..... APPLICANT/~~AGENT~~
(Delete as appropriate)

Telephone Number and Email Address of Signatory

[REDACTED]

* Data Protection Act 1998

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