

**CLACKMANNANSHIRE LICENSING BOARD**

**MEETING 02 October 2018 at 09.30am in**

**The Council Offices, Kilncriags,  
Greenside Street, Alloa, FK10 1EB**

**Licensing (Scotland) Act 2005**

**Variation(s) (Non Minor)**

<b>Premises</b>	<b>Applicant</b>	<b>Date Received</b>	<b>Comments</b>
<p><b>Morrisons Clackmannan Road Alloa FK10 1RN</b></p>	<p><b>WM Morrisons Supermarkets PLC c/o Gosschalks Solicitors Queens Gardens Hull HU1 3DZ</b></p>	<p><b>13 July 2018</b></p>	<p><b>Variation to Operating Plan to include:-</b></p> <p><b>Restaurant facilities both during and outwith core licensed hours</b></p> <p><b>The sale of food, non-food items and other household goods , provision of ancillary consumer services during and outwith licensed hours.</b></p> <p><b>Occasional free samples/tastings of alcohol products within the alcohol display area during core licensed hours</b></p> <p><b>Application and Letter Police Scotland (copies attached) No comment received from Licensing Standards Officer</b></p> <p><b>No objections/representations received</b></p>



# Licensing Board



Clackmannanshire  
Council

www.clacksweb.org.uk

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

To:

Clerk to the Licensing Board  
Clackmannanshire Council  
Kilncraigs  
Alloa  
FK10 1EB

*V. Ferguson*  
PAID 13 JUL 2018

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.

MORRISONS  
CLACKMANNAN ROAD  
ALLOA  
FK10 1RW  
  
LICENCE NO. CC/0078

#### Question 2

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

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WM MORRISON SUPERMARKETS PLC  
HILMORE HOUSE  
GAIN LANE  
BRADFORD BD3 7DL

## DETAILS OF VARIATION

### Question 3

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

QUESTION 5(A) IS TO BE AMENDED TO REFLECT THE FACT THAT THESE PREMISES FEATURE A CUSTOMER CAFE AND THAT RESTAURANT FACILITIES ARE PROVIDED AND WILL BE PROVIDED BOTH DURING CORE LICENSED HOURS AND OUTWITH LICENSED HOURS.

QUESTION 5(F) IS TO BE AMENDED TO READ AS FOLLOWS:  
"THE SALE OF FOOD, NON-FOOD ITEMS AND OTHER HOUSEHOLD GOODS AND THE PROVISION OF ANCILLARY CONSUMER SERVICES WITHIN AND OUTWITH LICENSED HOURS.

THE PREMISES LICENCE HOLDER MAY OFFER OCCASIONAL FREE SAMPLES/TASTINGS OF ALCOHOL PRODUCTS TO ITS CUSTOMERS OVER 18 WITHIN THE ALCOHOL DISPLAY AREA DURING CORE LICENSED HOURS."

## 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.

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## 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

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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

Date and Place of Birth of the Proposed Premises Manager

Email Address and Telephone Number of the Proposed Premises Manager

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**Clackmannanshire Council**

www.clacksweb.org.uk

## 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.

Signature.....  ..... Date 12.7.2018


\* (See Note Overleaf)

Capacity Solicitor ..... **APPLICANT/AGENT**  
(Delete as appropriate)

Telephone Number and Email Address of Signatory

.....  .....

.....

.....  .....

## 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

#### Question 2

Statement of core times when alcohol will be sold for consumption on premises

Day	On Consumption	
	Opening time	Terminal hour
Monday	N/A	N/A
Tuesday	N/A	N/A
Wednesday	N/A	N/A
Thursday	N/A	N/A
Friday	N/A	N/A
Saturday	N/A	N/A
Sunday	N/A	N/A

#### Question 3

Statement of core times when alcohol will be sold for consumption off premises

Day	Off Consumption	
	Opening time	Terminal hour
Monday	10.00	22.00
Tuesday	10.00	22.00
Wednesday	10.00	22.00
Thursday	10.00	22.00
Friday	10.00	22.00
Saturday	10.00	22.00
Sunday	10.00	22.00

#### 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.

<b>Col. 1 5(a) Activity</b>	<b>Col. 2 Please confirm yes/no</b>	<b>Col. 3 To be provided during core licensed hours – please confirm yes/no</b>	<b>Col. 4 Where activities are also to be provided outwith core licensed hours please confirm yes/no</b>
Accommodation	N	N/A	N/A
Conference facilities	N	N	N
Restaurant facilities	Y	Y	Y
Bar meals	N	N	N
<b>5(b) Activity Social functions including:</b>	<b>Please confirm yes/no</b>	<b>To be provided during core licensed hours – please confirm yes/no</b>	<b>Where activities are also to be provided outwith core licensed hours please confirm yes/no</b>
Receptions including weddings, funerals, birthdays, retirements etc.	N	N	N
Club or other group meetings etc.	N	N	N
<b>5(c) Activity Entertainment including:</b>	<b>Please confirm yes/no</b>	<b>To be provided during core licensed hours – please confirm yes/no</b>	<b>Where activities are also to be provided outwith core licensed hours please confirm yes/no</b>
Recorded music – see 5(g)	Y	Y	Y
Live performances – see 5(g)	N	N	N
Dance facilities	N	N	N
Theatre	N	N	N
Films	N	N	N
Gaming	N	N	N
Indoor/outdoor sports	N	N	N
Televised sport	N	N	N
<b>5(d) Activity</b>	<b>Please confirm yes/no</b>	<b>To be provided during core licensed hours – please confirm yes/no</b>	<b>Where activities are also to be provided outwith core licensed hours please confirm yes/no</b>
Outdoor drinking facilities	N	N	N
<b>5(e) Activity</b>	<b>Please confirm yes/no</b>	<b>To be provided during core licensed hours – please confirm</b>	<b>Where activities are also to be provided outwith core licensed hours please confirm</b>

		<b>yes/no</b>	<b>yes/no</b>
Adult entertainment	N	N	N

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

Recorded background music may be played within and outwith licensed 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.

The sale of food, non-food items and other household goods and the provision of ancillary consumer services within and outwith licensed hours.

The premises licence holder may offer occasional free samples/tastings of alcohol products to its customers over 18 within the alcohol display area during core licensed hours.

**5(g) Late night premises opening after 1.00am**

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

**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

6(b) Where the answer to 6(a) is **yes** provide statement of the terms under which they will be allowed entry

N/A

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

N/A

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

N/A

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

N/A

**Question 7**

Capacity of premises

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

Off-Sales 198.69 square metres

**Question 8**

Premises manager (note: not required where application is for grant of provisional premises licence) Personal details

8(a) Name

Paul Lappin

8(b) Date of birth

[REDACTED]

8(c) Contact address

[REDACTED]

8(d) Email address

--

8(e) Personal licence

Date of issue	Name of Licensing Board issuing	Reference no. of personal licence
30 August 2009	South Ayrshire Licensing Board	SA09/00428

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 (note)	* (see	[REDACTED]	
Date	12 July 2018		
Capacity (delete as appropriate)	Applicant	Agent	
Telephone number and email address of signatory	[REDACTED]		

Name, address and telephone number of agent (if applicable)

Gosschalks Solicitors Queens Gardens Hull HU1 3DZ
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\* 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.

01/08/2018

Your Ref: 345483

Our Ref :CC078

Clerk to the Licensing Board  
Clackmannanshire Council  
Kilncraigs  
Alloa  
FK10 1EB



Iain Livingstone QPM  
Deputy Chief Constable Designate  
Forth Valley Division Headquarters  
West Bridge Street  
Falkirk  
FK1 5AP

Dear Sir,

**LICENSING (SCOTLAND) ACT 2005  
APPLICATION FOR THE VARIATION OF A PREMISES LICENCE  
MORRISONS  
MORRISONS, CLACKMANNAN ROAD, ALLOA, CLACKMANNANSHIRE,  
FK10 1RW.**

I refer to the above variation of a premises licence in terms of Section 29(5) of the Licensing (Scotland) Act 2005.

The variation requested consists of customer café and restaurant facilities.

In terms of Section 29(5) this request can be considered a variation.

I have no adverse comment to make regarding the variation proposed.

Yours faithfully



Iain Livingstone QPM  
Deputy Chief Constable Designate

For enquiries please contact the Licensing Department on 01324 678850.

