

FALKIRK COUNCIL LICENSING BOARD

**OPERATING PLAN**

Licensing (Scotland) Act 2005, Section 20(2)(b)(i)

**Question 1**

*Particulars of Premises*

*Name, address and postcode of* ***premises*** *to be licensed*

|  |
| --- |
| NameAddressPostcode |

**Question 2**

*STATEMENT REGARDING ALCOHOL BEING SOLD ON PREMISES/OFF PREMISES OR BOTH*

|  |  |
| --- | --- |
| *2(a) Will alcohol be sold for consumption solely* ***ON*** *the premises?* | *YES/NO\** |
| *2(b) Will alcohol be sold for consumption solely* ***OFF*** *the premises?* | *YES/NO\** |
| *2(c) Will alcohol be sold for consumption both* ***ON*** *and* ***OFF*** *the premises?* | *YES/NO\** |
| *\*Delete as appropriate* |  |

**Question 3**

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

|  |  |
| --- | --- |
| ***Day*** | ***ON Consumption*** |

|  |  |  |
| --- | --- | --- |
|  | ***Opening time*** | ***Terminal hour*** |
| *Monday* |  |  |
| *Tuesday* |  |  |
| *Wednesday* |  |  |
| *Thursday* |  |  |
| *Friday* |  |  |
| *Saturday* |  |  |
| *Sunday* |  |  |

**Question 4**

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

|  |  |
| --- | --- |
| ***Day*** | ***OFF Consumption*** |

|  |  |  |
| --- | --- | --- |
|  | ***Opening time*** | ***Terminal hour*** |
| *Monday* |  |  |
| *Tuesday* |  |  |
| *Wednesday* |  |  |
| *Thursday* |  |  |
| *Friday* |  |  |
| *Saturday* |  |  |
| *Sunday* |  |  |

**Question 5**

*SEASONAL VARIATIONS*

|  |  |
| --- | --- |
| *Does the applicant intend to operate according to seasonal demand?* | *YES/NO\** |

*\*If YES – provide details*

|  |
| --- |
|  |

**Question 6**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **COLUMN 1*****6(a)******Activity*** | **COLUMN 2*****Please confirm******YES/NO*** | **COLUMN 3****To be provided during core****licensed hours – please confirm*****YES/NO*** | **COLUMN 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* |  |  |  |
|  |  |  |  |
| ***6(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 including**weddings, funerals,**birthdays, retirements, etc* |  |  |  |
| *Club or other group meetings, etc* |  |  |  |
|  |  |  |  |
| ***6(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 6(g)*** |  |  |  |
| *Live performances –****see 6(g)*** |  |  |  |
| *Dance facilities* |  |  |  |
| *Theatre* |  |  |  |
| *Films* |  |  |  |
| *Gaming* |  |  |  |
| *Indoor/outdoor sports* |  |  |  |
| *Televised sport* |  |  |  |
|  |  |  |  |
| ***6(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* |  |  |  |
|  |  |  |  |
| ***6(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.*

|  |
| --- |
|  |

***6(f) any other activities***

*If you propose to provide any activities other than those listed in 6(a)–(e) please provide details or further information in the box below.*

|  |
| --- |
|  |

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

|  |  |
| --- | --- |
| *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 7 (ON SALES only)**

*CHILDREN AND YOUNG PERSONS*

|  |  |  |
| --- | --- | --- |
| ***7(a)*** | ***When alcohol is being sold for consumption ON the premises will children or young persons be allowed entry*** | *YES/NO\** |

*\*Delete as appropriate*

***7(b) Where the answer to 7(a) is YES provide statement of the TERMS under which they will be allowed entry***

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**Question 8** - *CAPACITY OF PREMISES*

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

|  |
| --- |
| **On Sales/On & Off Sales**No. of persons \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Off Sales**Accessible display area (m³) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Non accessible display area (m³) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total (m³) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Question 9**

*PREMISES MANAGER*

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

*Personal details*

***9(a) Name***

|  |
| --- |
|  |

***9(b) Date of birth***

|  |
| --- |
|  |

***9(c) Contact address***

|  |
| --- |
|  |

***9(d) Email address***

|  |
| --- |
|  |

***9(e) Personal licence***

|  |  |  |
| --- | --- | --- |
| Date of issue | Name of Licensing Board whichissued personal licence | 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 1988**

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

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