

## **LICENSING BOARD PROCEDURE NOTE**

### Applications with Objection(s)/Representation(s) in terms of Section 22 of the Licensing (Scotland) Act 2005

The steps in the procedure are:-

1. Check whether applicant and/or agent and objectors are present. If there are a large number of objectors, a signing in sheet might be circulated around them.
2. If there are a large number of objectors, check who wants to speak. Advise them that all relevant and competent objections already submitted in writing will be fully considered. Also advise them that the Board is keen to avoid duplication of submissions. Invite objectors to appoint a spokesperson or spokespersons who can cover all of their objections.
3. Ask the applicant if there are any preliminary issues. This is the applicant's opportunity to object to objections. It is for the Board to decide whether an objection is vexatious or frivolous. The objector whose objection is being challenged should be asked for their comments.
4. Hear from Licensing Standards Officer and hear from Environmental Health and Planning if required.
5. Opportunity for applicant, then objectors, followed by Board Members and their advisor to put questions to LSO and any other party as above.
6. Hear from objectors in turn.
7. Opportunity for applicant to ask questions of objectors through the Chair, followed by questions from Board Members and their advisor.

8. Hear from applicant or agent.
9. Opportunity for objectors to put questions to applicant through Chair, followed by questions from Board Members and their advisor.
10. The LSO, any objectors and thereafter the applicant to be given an opportunity to sum up. No new material should be introduced at this stage.
11. Debate followed by decision.

**NOTE** – if there are any issues which the Board is concerned about (particularly issues which might result in a refusal) the Board should invited the applicant to address them on these issues.

**ITEM 4 – APPLICATION FOR PROVISIONAL PREMISES LICENCE**

**Premises:** Home Bargains, Unit 7A, 79 Livingstone Street,  
Clydebank Retail Park, Clydebank G81 2XA.

**Applicant:** TJ Morris T/A Home Bargains, Axis Business Park,  
Portal Way, Gillmoss, Liverpool L11 0JA

The following documents relating to the application are included as appendices as detailed below:-

<b><u>List of Productions</u></b>		<b><u>Page (s)</u></b>
<b>Appendix 1</b>	<b>Details of proposed application and consultee responses</b>	<b>Pages 5 - 6</b>
<b>Appendix 2</b>	<b>Application Form (with detailed Operating Plans)</b>	<b>Pages 7 - 22</b>
<b>Appendix 3</b>	<b>Letter of Objection from NHS Greater Glasgow &amp; Clyde</b>	<b>Page 23</b>
<b>Appendix 4</b>	<b>Letter of Objection from Linnvale &amp; Drumry Community Council</b>	<b>Pages 25 - 27</b>



# THE LICENSING (SCOTLAND) ACT 2005

## Continued Application for Provisional Premises Licences

### Objections

**Ref:** WDLBPREM/0283

<b>Name and Address of Premises:</b>	Home Bargains, Unit 7A, 79 Livingstone Street, Clydebank Retail Park, Clydebank, G81 2XA
<b>Applicant/Licence Holder:</b>	TJ Morris T/A Home Bargains, Axis Business Park, Portal Way, Gillmoss, Liverpool, L11 0JA
<b>Type of Premises:</b>	Off Sales (General Store)
<b>Proposed Application:</b>	Provisional application for a purpose build single story retail unit accessed by double doors from the retail park car park. Customers would find the premises equipped with shelving and tracking that hold the products and before exiting the customers would have to pass through the exiting tills. At the rear of the premises are toilet facilities, staff facilities and an area for storage.
<b>Police Authority Comments:</b>	No objection
<b>Fire Authority Comments:</b>	No comments received
<b>Regulatory Services Comments:</b>	LSO Comments - This application may be contrary to the Boards Statement of Licensing Policy, namely Part 4: Overprovision.
<b>Health Board Comments:</b>	Objection (see Appendix 3)
<b>Community Council Comments:</b>	Objection (see Appendix 4)
<b>Access Panel:</b>	No comments received
<b>Additional Comments:</b>	None

**Section 50 Certificates:**

Planning - received

Building Standards –n/a

Environmental Health – n/a

**Decision:**

# West Dunbartonshire Licensing Board

## APPLICATION FOR PREMISES LICENCE/PROVISIONAL PREMISES LICENCE\*

\*Delete as appropriate

Licensing (Scotland) Act 2005, section 20

### APPLICANT INFORMATION *Licensing (Scotland) Act 2005, section 20(1)*

#### Question 1

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

HOME BARGAINS  
UNIT 7A, 79, LIVINGSTONE STREET  
CLYDEBANK RETAIL PARK  
CLYDEBANK  
G81 2XA

#### Question 2

*Particulars of applicant*

2(a) *Where applicant is an individual, provide full name, date and place of birth, and home address including postcode.*

2(b) Where applicant is a partnership, please provide full name, and postal address of partnership.

2(c) Where applicant is a company, please provide name, registered office and company registration number.

TJ MORRIS T/A HOME BARGAINS  
AXIS BUSINESS PARK  
PORTAL WAY  
GILLMOSS  
LIVERPOOL  
L11 0JA  
COMPANY REG NO: 1505036

2(d) Where the applicant is a club or other body, please provide full name, and postal address of club or other body.

2(e) Where applicant is a partnership, company, club or other body, please provide the names, dates and places of birth, and home addresses of connected persons.\*

PLEASE SEE ATTACHED SHEET

\* Connected person is defined in section 147(3) of the Licensing (Scotland) Act 2005.



### Question 3

#### *Previous applications*

- 3 Has the applicant been refused a premises licence under section 23 of the Licensing (Scotland) Act 2005 in respect of the same premises? ~~YES~~/NO\*

If YES – provide full details

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### Question 4

#### *Previous convictions*

4 Has the applicant or any connected person ever been convicted of a relevant or foreign offence (1)	YES/ <del>NO</del> *
--	----------------------

\*If YES – provide full details

PLEASE SEE ATTACHED SCHEDULE

For the purpose of this Act, a conviction for a relevant offence or foreign offence is to be disregarded if it is spent for the purpose of the Rehabilitation of Offenders Act 1974

Name & position (if applicable)	Date of conviction or sentence	Court	Offence	Penalty

(1) In addition to any convictions held by the applicant at the time of application, applicants should also familiarise themselves with the contents of section 24(1) of the Licensing (Scotland) Act 2005 in respect of any convictions for relevant or foreign offences which they may receive during the period beginning with the making of the premises licence application and ending with determination of the application.

**DESCRIPTION OF PREMISES** Licensing (Scotland) Act 2005, section 20(2)(a)

**Question 5**

- 5 Description of premises (where application is submitted by a members' club, please also complete question 6)

THIS IS A PURPOSE BUILT SINGLE STOREY RETAIL UNIT ACCESSED BY DOUBLE DOORS FROM THE RETAIL PARK CAR PARK. CUSTOMERS WOULD FIND THE PREMISES EQUIPPED WITH SHELVING AND TRACKING THAT HOLD THE PRODUCTS AND BEFORE EXITING THE CUSTOMERS WOULD HAVE TO PASS THROUGH THE TILLS. AT <del>THE LEFT</del> OF THE REAR OF THE PREMISES ARE TOILET FACILITIES, STAFF FACILITIES AND AN AREA FOR STORAGE.
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**Question 6**

- 6 To be completed by members' clubs only

Do the club's constitution and rules conform to the requirements of regulation 2 of the Licensing (Clubs) (Scotland) Regulations 2007?	YES/NO*
* Delete as appropriate	

**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 .....  
Capacity . APPLICANT/AGENT (delete as appropriate)  
Telephone number and email address of signatory

<i>I have enclosed the relevant documents with this application – please tick the relevant boxes</i>	
<i>Operating plan</i>	<input checked="" type="checkbox"/>
<i>Layout plan</i>	<input checked="" type="checkbox"/>
<i>Planning certificate</i>	<input type="checkbox"/>
<i>Building standards certificate</i>	<input type="checkbox"/>
<i>Food hygiene certificate</i>	<input type="checkbox"/>

**\* 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.

**Contact Us:**

West Dunbartonshire Licensing Board  
Council Offices  
Rosebery Place  
Clydebank  
G81 1TG

Phone: 01389 738701  
Fax: 01389 738674  
Email: [marie.mccran@west-dunbarton.gov.uk](mailto:marie.mccran@west-dunbarton.gov.uk)

<u>For use by the Licensing Board only</u>	
Application checklist	
Date received	
Fee amount	
Receipt number	
Received by ( <i>INITIALS</i> )	
Consideration date	
Last date for consideration	
Date of initial hearing	
Date of any modification hearing	
Date granted/refused (delete as appropriate)	

<u>For use by the Licensing Board only</u>	
If application is for a premises licence	
Documents required	
Operating plan	
Layout plan	
Planning certificate	
Building standards certificate	
Food hygiene certificate	

<u>For use by the Licensing Board only</u>	
If application is for a provisional premises licence	
Documents required	
Provisional planning certificate	
Operating plan	
Layout plan	

ADDITIONAL MATERIAL – PREMISES LICENCE APPLICATION  
LODGED NO LATER THAN 16TH JANUARY 2009

..... Is there a licence under the Licensing (Scotland) Act 1976 held in respect of the premises? .....

YES/NO\* (\*Delete as appropriate)

If so, do you consider the application to be a “Grandfather Rights” application (i.e. one falling within article 18 or 19 of the Licensing (Transitional and Saving Provisions) (Scotland) Order 2007)?

YES/NO\* (\*Delete as appropriate)



## OPERATING PLAN

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

### Question 1

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

<i>I(a) Will alcohol be sold for consumption solely ON the premises?</i>	<del>YES</del> /NO*
<i>I(b) Will alcohol be sold for consumption solely OFF the premises?</i>	YES/ <del>NO</del> *
<i>I(c) Will alcohol be sold for consumption both ON and OFF the premises?</i>	<del>YES</del> /NO*
<i>*Delete as appropriate</i>	

### Question 2

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

<i>Day</i>	<i>ON Consumption</i>	
	<i>Opening time</i>	<i>Terminal hour</i>
<i>Monday</i>		
<i>Tuesday</i>		
<i>Wednesday</i>		
<i>Thursday</i>		
<i>Friday</i>		
<i>Saturday</i>		
<i>Sunday</i>		

### 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

COL. 1 5(a) Activity	COL. 2 Please confirm YES/NO	COL. 3 To be provided during core licensed hours please confirm YES/NO	COL. 4 Where activities are also to be provided outwith core licensed hours please confirm YES/NO
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:	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.	NO	NO	NO
Club or other group meetings etc.	NO	NO	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
Recorded music see 5(g)	<del>NO</del> YES	YES	YES
Live performances see 5(g)	NO	NO	NO
Dance facilities	NO	NO	NO
Theatre	NO	NO	NO

Films	NO	NO	NO
Gaming	NO	NO	NO
Indoor/outdoor sports	NO	NO	NO
Televised sport	NO	NO	NO
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	NO	NO	NO
5(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	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.

SEE ATTACHED SHEET CONFIRMING GENERAL GROCERS  
GOODS THAT ARE SOLD AT THE PREMISES. THE PREMISES  
WOULD LOOK TO TRADE FROM 08.00 - 22.00 MONDAY  
TO SUNDAY BUT WILL COMPLY WITH THE EXISTING SUNDAY  
TRADING LAWS.

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*
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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**

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**

***CAPACITY OF PREMISES***

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

25.44 m<sup>2</sup>

**Question 8**

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

*Personal details*

8(a) Name

8(b) Date of birth

8(c) Contact address

8(d) Email address

8(e) Personal licence

<i>Date of issue</i>	<i>Name of Licensing Board issuing</i>	<i>Reference no. of personal licence</i>

**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 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.

**Contact Us:**

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Council Offices  
Rosebery Place  
Clydebank  
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Phone: 01389 738701  
Fax: 01389 738674  
Email: [marie.mccran@west-dunbarton.gov.uk](mailto:marie.mccran@west-dunbarton.gov.uk)

**PLEASE NOTE THAT CONFIDENTIAL PAGES HAVE BEEN REMOVED**

**ITEM 5 – APPLICATION FOR PERSONAL LICENCE**

**Applicant:** **Samantha Keenan, 5 Flat 3 Northbank Street, Clydebank  
G81 1NT**

The following documents relating to the application are included as appendices as detailed below:-

<b><u>List of Productions</u></b>		<b><u>Page (s)</u></b>
<b>Appendix 1</b>	<b>Application Form</b>	<b>Pages 31 - 34</b>
<b>Appendix 2</b>	<b>Letter from Police Scotland relating to the application</b>	<b>Page 35</b>





15 SEP 2015

## SCHEDULE 2

**West Dunbartonshire Licensing Board**

Licensing (Scotland) Act 2005 – Application for a personal licence

FIRST APPLICATION/RENEWAL APPLICATION (delete as appropriate)

Before completing this form please read the guidance notes at the end of the form.  
If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written or typed in black ink. Use additional sheets, if necessary. You may wish to keep a copy of the completed form for your records.

<b>1. Your personal details. If relevant please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary. Read note 1</b>	
<b>TITLE</b> (delete as appropriate): <del>Mr</del> <del>Mrs</del> <del>Miss</del> <del>Ms</del> <del>Other</del> (please state)	
Surname	KEENAN
Forenames	SAMANTHA
Date and Place of Birth	
NI Number	
<b>ADDRESS WHERE ORDINARILY RESIDENT</b> (We will use this address to correspond with you unless you complete the separate correspondence box below)	
5 FLAT 3 NORTHBANK STREET	
Post town	Post code
CLYDEBANK	G81 1NT
<b>TELEPHONE NUMBERS</b>	
Daytime	
Evening	
Mobile	
<b>FAX NUMBER</b>	
E-mail address (if you would prefer us to correspond with you by e-mail)	
Address for correspondence associated with this application (if different to the address above)	
SAVERS HEALTH AND BEAUTY, UNIT 1 PROLOGIS PARK, ARENSON WAY	
Post town	Post code
DUNSTABLE	LUS 4RZ

2. Your licensing qualification		
<b>Read note 2</b>		<b>Please tick</b>
I hold an accredited qualification	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If you have ticked yes please provide a copy of your qualification with your application.		

3. FIRST APPLICATIONS ONLY		
This section should only be completed if you are submitting your first application to this Licensing Board. If answering Yes to any question please provide details below.		
<b>Note: You may only hold one personal licence at a time</b>		<b>Please tick</b>
Do you currently hold a personal licence?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you currently have any outstanding applications for a personal licence, with this or any other Licensing Board?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Has any personal licence held by you been forfeited in the last 5 years?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Licensing Board		
Licence number		
Date of issue		
Date of expiry		
Any further details		

4. RENEWAL ONLY	
This section should be completed only if you are applying for a renewal of your existing licence	
Your personal licence must accompany your application for a renewal. If you are unable to send your personal licence, you must explain why you cannot do so in the box provided below	
Details of current personal licence	
Licensing Board	
Licence number	
Date of issue	
Date of expiry	
Any further details	
If you cannot provide your personal licence, provide a statement explaining why	
Other personal licence	

Note: You may only hold one personal licence at a time		Please tick	
I confirm that I do not hold any other personal licences other than the one submitted for renewal		Yes	No

5. CHECKLIST	
I have	Please tick yes
<ul style="list-style-type: none"> <li>Enclosed two photographs of myself, one of which is endorsed as a true likeness of me by a person of standing in the community. Read note 3.</li> </ul>	✓
<ul style="list-style-type: none"> <li>Enclosed a copy of any licensing qualification I hold</li> </ul>	✓
<ul style="list-style-type: none"> <li>Enclosed my current personal licence (renewal only)</li> </ul>	
<ul style="list-style-type: none"> <li>Made or enclosed payment of the fee for the application</li> </ul>	✓



<b>6. Previous Convictions</b>
You must provide details below of any conviction for a relevant or foreign offence that is not considered spent under the Rehabilitation of Offenders Act 1974. Please continue on a separate sheet if necessary. If you are declaring that you have no such convictions please write "none". Read note 4

Offence	Court	Date	Penalty

West Dunbartonshire Council has a duty to protect the public funds it administers and to this end may use the information you have provided on this form for the prevention and detection of fraud. It will share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, see [http://www.wdcweb.info/Council-&Democracy/AboutyourCouncil/FairProcessingNotice-NationalFraudInitiative\(NFI\)](http://www.wdcweb.info/Council-&Democracy/AboutyourCouncil/FairProcessingNotice-NationalFraudInitiative(NFI)) or contact Section Head, Internal Audit, West Dunbartonshire Council, Garshake Rd, Dumbarton G82 3PU, Telephone 01389737836, Email [internal.audit@west-dunbarton.gov.uk](mailto:internal.audit@west-dunbarton.gov.uk).

<b>7. Declaration</b>		
The contents of this application are true to the best of my knowledge and belief		
SIGNATURE – read note 5	DATE	20.08.15

## NOTES

Information on the Licensing (Scotland) Act 2005 is available on the website of the Scottish Parliament (<http://www.opsi.gov.uk/legislation/scotland/acts2005/20050016.htm>)

### 1. Change of name or address

Section 88 of the Licensing (Scotland) Act 2005 requires that a personal licence holder must, no later than one month after any change in the licence holder's name or address, give the Licensing Board which issued the licence notice of the change. It is an offence not to do so.

### 2. Licensing qualifications

Licensing qualifications are dealt with in section 91 of the Licensing (Scotland) Act 2005. In summary, to be eligible for a personal licence, an applicant must be aged 18 or over and possess a licensing qualification, and no personal licence previously held by the applicant must have been revoked within the period of 5 years ending with the day on which the application was received by the Licensing Board.

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