

ITEM 13 – APPLICATION FOR VARIATION OF A PREMISES LICENCE

Premises: Lidl UK GmbH, Livingstone Street Retail Park,
Clydebank G81 2XA.

Applicant: Lidl U.K. GmbH, Licensing Department, Locking Castle
Business Park, West Wick, Weston Super Mare, BS24
7TG.

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

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THE LICENSING (SCOTLAND) ACT 2005

Application for Variation of Premises Licences

Ref: WDLBPREM/0010

OBJECTIONS

Name and Address of Premises: Lidl U.K GmbH, Livingstone Street Retail Park,
Clydebank G81 2XA

Applicant/Licence Holder: Lidl U.K GmbH, Licensing Department, Locking Castle
Business Park, West Wick, Weston Super Mare
BS24 7TG

Type of Premises: Off Sales

Proposed Variation:

- 1) To include the provision of recorded (background music)
- 2) To increase the capacity to length 19.2m height 1.8m (total 34.56m²) from length 14.80m height 1.8m (total 26.64m²)

Police Authority Comments: No objections

Fire Authority Comments: No Comments

Regulatory Services Comments:

LSO comments

Increase in capacity from 26.64 Sqm to 34.56 Sqm represents an increase of 29.72%. This is contrary to Section 28 of the West Dunbartonshire Licensing Board Statement of Licensing Policy:-

The Board will expect applicants who are seeking the grant of a new premises licence or to increase the capacity of an existing premises license within the foregoing categories of premise and locality to provide robust and reliable evidence to the Board why the benefit to the licensing objectives through the grant of their application outweighs the detriment to the licensing objectives and the Overprovision Policy.

Community Council Comments: No active Community Council

Health Board Comments:

Objection

Access Panel:

No comments received

Additional Comments:

No additional comments received

Decision:

WEST DUNBARTONSHIRE LICENSING BOARD

LICENSING (SCOTLAND) ACT 2005

APPLICATION FOR VARIATION OF PREMISES LICENCE/ PROVISIONAL PREMISES LICENCE*

*Delete as appropriate

If you are completing this form by hand, please write legibly in block capitals using ink.

SECTION 1: APPLICANT INFORMATION

1(a) Name, address, postcode and premises licence number of premises.

Lidl U.K. GmbH
Livingstone Street Retail Park
Clydebank
Glasgow

Post Code	G81 2XA	Premises Licence Ref. No.	WDLBPREM/0010
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1(b) Please provide full name, address, postcode, telephone number and e-mail address of applicant.

Registered Company Address:
Lidl U.K. GmbH, 19 Worples Road, Wimbledon, London, SW19 4JS

Correspondence Address:
Lidl U.K. GmbH, Licensing Department, Locking Castle Business Park, West Wick, Weston Super Mare, BS24 7TG

Post Code		Telephone No.		E-mail address	
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SECTION 2: MINOR VARIATIONS

2(a) Do you consider the proposed variation to be a minor variation? YES ☐ NO ☒

(If the answer is YES, please complete the rest of Section 2. If NO, please go to Section 3)

2(b) Do you propose a variation to the layout plan which is not inconsistent with the operating plan for the Premises?

(If the answer is YES, please give details of the proposed variation below) YES ☐ NO ☐

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- 2(c) Do you propose to restrict the terms on which children and young persons are admitted to the premises?

YES ☐ NO ☒

(If the answer is YES, please give details of the proposed variation below)

- 2(d) Do you propose to vary the information contained in the licence relating to the premises manager, including variation to substitute a new premises manager?

YES ☐ NO ☒

(If the answer is YES, please complete Section 4 below)

- 2(e) Do you propose any other variation as prescribed by Section 29(6)(d) of the 2005 Act?

YES ☐ NO ☒

(If the answer is YES, please give details of the proposed variation below)

SECTION 3: OTHER VARIATIONS

- 3(a) Do you propose a variation to any of the conditions to which the licence is subject (other than those to which the licence is subject by virtue of Section 27(1))?

YES ☐ NO ☒

(If the answer is YES, please give details of the proposed variation below)

- 3(b) Do you propose to vary any of the information contained in the operating plan contained in the licence?

YES ☒ NO ☐

(If the answer is YES, please give details of the proposed variation below)

Question 5

Include the provision of recorded (background) music

Question 7 Capacity of Premises

Increase in Capacity to Length 19.2m Height 1.8m (total 34.56m²) from Length 14.80m Height 1.8m (total 26.64m²)

- 3(c) Do you propose a variation to the layout plan contained in the licence?

YES ☒ NO ☐

(If the answer is YES, please give details of the proposed variation below)

Re-merchandising of the store resulting in a minor change to the layout resulting in a small increase in capacity

- 3(d) Do you propose to vary any other information contained or referred to in the licence, including an addition, deletion or other modification?

YES ☒ NO ☐

(If the answer is YES, please give details of the proposed variation below)

Include the provision of recorded (background) music

SECTION 4: VARIATION TO SUBSTITUTE NEW PREMISES MANAGER

Please provide details below of the name, address and personal licence number of the Existing Premises Manager.

Reference Number of Personal Licence	

PROPOSED PREMISES MANAGER**4(a) Name and telephone number**

Telephone No.	

4(b) Date and place of birth

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4(c) Contact address, including postcode

Postcode	

4(d) Email address

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4(e) Details of Personal Licence held by Proposed Premises Manager

Date of Issue	Name of Licensing Board Issuing	Reference Number of Personal Licence

(Please enclose a photostat copy of the Personal Licence if it was not issued by West Dunbartonshire Licensing Board).

4(f) Is the variation to substitute a new Premises Manager to take effect during the application period?

YES ☐ NO ☐

(If the answer is NO, please provide the proposed date from which 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.)

I confirm that the contents of this application are true to the best of my knowledge and belief.

The application fee is enclosed.

Signature (See Note 1 below)

Date

Capacity APPLICANT/AGENT (delete as appropriate)

If agent, please provide name, address, telephone number and email address:

I have enclosed the relevant documents with this application – please tick the relevant boxes	
Premises Licence (See Note 2)	<input checked="" type="checkbox"/>
Operating Plan (see Note 3)	<input checked="" type="checkbox"/>
Layout Plans (see Note 3)	<input checked="" type="checkbox"/>
Planning certificate (See Note 3)	<input type="checkbox"/>
Building standards certificate (See Note 4)	<input type="checkbox"/>
Food hygiene certificate (See Note 4)	<input type="checkbox"/>
Copy of Personal Licence	<input type="checkbox"/>

Notes**Note 1:****Data Protection Act 1998**

The information in this form will be used to update the relevant Premises Licence. Accordingly, the information contained in this form may be held on an electronic public register which may be available to members of the public on request.

Note 2:

The application must be accompanied by the Premises Licence to which the application relates, or if that is not practicable, a statement of the reasons for failure to produce the licence.

Note 3:

Where the proposed variation affects the current operating plan, please submit an operating plan including the proposed variations. Where the proposed variation affects the current layout plan, please submit 6 sets of plans showing the proposed new layout of the premises.

Note 4:

Applicants for variations involving structural alterations should submit the relevant Section 50 certificates with their application.

SCHEDULE 5

Regulation 6

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

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*
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*If YES - provide details

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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	No	No
Conference Facilities	No	No	No
Restaurant Facilities	No	No	No
Bar meals	No	No	No
5(b) 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
Social functions including			
Receptions including Weddings, funerals, birthdays, retirements etc.	No	No	No
Club or other group meetings etc.	No	No	No
5(c) 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
Entertainment including			
Recorded music - see 5(g)	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 sports	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.

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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 below.

<p>The premises operate as a supermarket. The premises may open outwith the core hours for this purpose. No alcohol is sold outwith core hours.</p>

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 the likely to be more customers standing than seated?	YES/NO*
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*Delete as appropriate	
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Question 6 (On-sales only)

CHILDREN AND YOUNG PERSONS

6(b)	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

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 if the premises to which this application relates?

Length 19.2m x Height 1.8m = Total Capacity 34.56m²

Question 8

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

Personal details

8(a) *Name*

Christopher Kinnaird

8(b) *Date of birth*

16.11.85

8(c) *Contact address*

228 Harvie Avenue
Newton Mearns

G77 6LL

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>
21/08/2009	East Renfrewshire Licensing Board	ER0078

DECLARATION BY APPLICANT OR AGENT ON BEHALF OF APPLICANT
 If signing on behalf of the applicant please state in what capacity.

The contents of the 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
 Please address all correspondence to :

*** Data Protection Act 1998**

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

PLEASE NOTE CONFIDENTIAL PAGES HAVE BEEN REMOVED