

ITEM 11 – APPLICATION FOR VARIATION OF A PREMISES LICENCE

Premises: Cheers Nightclub, 1 Brewers Lane, Dumbarton G82 1LB

Applicant: Cheers Dumbarton Limited, 52-54 King Street, Stirling
FK8 1AY

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

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| Appendix 1 | Details of proposed application and consultee responses | Page 124 |
| Appendix 2 | Application Form (with detailed Operating Plans) | Pages 125 - 138 |

THE LICENSING (SCOTLAND) ACT 2005**Application for Variation of Premises Licences**

Ref: WDLBPREM/0117

Name and Address of Premises: Cheers, 1 Brewers Lane, Dumbarton G82 1LB

Applicant/Licence Holder: Cheers Dumbarton Limited, 52-54 King Street, Stirling
FK8 1AY

Type of Premises: On Sales (Nightclub)

Proposed Variation: To amend the core hours on Tuesdays (Only) from 11
am to 2 am (previously 11 am to 1 am)

Police Authority Comments: No Objections

Fire Authority Comments: No Objections

Regulatory Services Comments:

LSO

Application is contrary to the Board's Policy at Section 33.3 where 1 am is the recommended terminal hour Monday through to Wednesday.

Community Council Comments: No comments received

Health Board Comments: No Objections

Access Panel: No comments received

Additional Comments: No comments received

Decision:

WEST DUNBARTONSHIRE LICENSING BOARD

11/04/11/11

LICENSING (SCOTLAND) ACT 2005

APPLICATION FOR VARIATION OF PREMISES LICENCE

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.

| | | | |
|--|---------|---------------------------|---------------|
| Cheers 1 Brewers Lane Dumbarton | | | |
| Post Code | G82 1LB | Premises Licence Ref. No. | WDLBPREM/0117 |

1(b) Please provide full name, address, postcode, telephone number and e-mail address of applicant.

| | | | |
|--|---------|---------------|----------------|
| Cheers Dumbarton Limited 52-54 King Street Stirling | | | |
| Post Code | FK8 1AY | Telephone No. | E-mail address |

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?

YES ☐ NO ☐

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

| |
|--|
| |
|--|

- 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)

SECTION 3: OTHER VARIATIONS

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)

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)

- 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

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)

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)

SECTION 3: OTHER VARIATIONS

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)

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)

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

YES ☒

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

To vary the core licensed hours on Tuesdays from (existing):-

- 11am to 1am the following day

To (proposed):-

- 11am to 2am the following day

Thus adding an additional core licensed hour to Tuesdays

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

NO ☒

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

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

NO ☒

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

make public access to all information held by the council, and to any other person, in accordance with the provisions of the Freedom of Information Act 2000.

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.

| | |
|--------------------------------------|--|
| Name of Existing Premises Manager | |
| Address of Existing Premises Manager | |
| Reference Number of Personal Licence | |

PROPOSED PREMISES MANAGER

4(a) Name and telephone number

| | |
|-----------------------------------|--|
| Name of Proposed Premises Manager | |
| Telephone No. | |

4(b) Date and place of birth

| |
|-------------------------|
| Date and place of birth |
|-------------------------|

4(c) Contact address, including postcode

| | |
|-------------------------------------|--|
| Contact address, including postcode | |
| Postcode | |

4(d) Email address

| |
|---------------|
| Email address |
|---------------|

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).

| |
|--|
| |
|--|

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.

SignaturePaul Smith..... (See Note 1 below)

Date01/10/2014.....

Capacity APPLICANT(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 type="checkbox"/> |
| Planning certificate (See Note 4) | <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.

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.

Contact Us:

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

Phone: 01389 738701
Fax: 01389 738374
Email: marie.mccran@west-dunbarton.gov.uk

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 | 11AM | 1AM |
| Tuesday | 11AM | 2AM |
| Wednesday | 11AM | 1AM |
| Thursday | 11AM | 3AM |
| Friday | 11AM | 3AM |
| Saturday | 11AM | 3AM |
| Sunday | 11AM | 3AM |

Question 3

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

| Day | OFF 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 4

SEASONAL VARIATIONS

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

*If YES – provide details

The premises may close or reduce opening hours for periods throughout the year, particularly January/February for maintenance/refurbishment/deep cleaning or seasonal/demand opening.

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 | YES | YES | YES |
| 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. | YES | YES | YES |
| Club or other group meetings etc. | YES | YES | YES |
| 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) | YES | YES | YES |
| Live performances see 5(g) | YES | YES | YES |
| Dance facilities | YES | YES | YES |
| Theatre | YES | YES | YES |

| | | | |
|--|----------------------------------|--|---|
| <i>Films</i> | YES | YES | YES |
| <i>Gaming</i> | YES | YES | YES |
| <i>Indoor/outdoor sports</i> | YES | YES | YES |
| <i>Televised sport</i> | YES | YES | YES |
| | | | |
| <i>5(d) Activity</i> | <i>Please confirm YES/NO</i> | <i>To be provided during core licensed hours – please confirm YES/NO</i> | <i>Where activities are also to be provided outwith core licensed hours please confirm YES/NO</i> |
| <i>Outdoor drinking facilities</i> | NO | NO | NO |
| | | | |
| <i>5(e) Activity</i> | <i>Please confirm YES/NO</i> | <i>To be provided during core licensed hours – please confirm YES/NO</i> | <i>Where activities are also to be provided outwith core licensed hours please confirm YES/NO</i> |
| <i>Adult entertainment</i> | NO | NO | NO |

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

These facilities are currently or have been provided and may occur/overlap with licensing 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.

| | |
|--------------------------------|----------------------------|
| • Children's Parties | • Fashion Shows |
| • Celebrity PA's | • Live Music Events |
| • Gigs | • Conferences |
| • Quiz Nights | • Dance Events |
| • Pool Competition | • Festival/Theatre |
| • Comedy Nights | • Live Sporting Events |
| • Sports Clubs | • Talent Shows |
| • Theme Nights | • Award Ceremonies |
| • Video/Gaming Events | • Funerals |
| • Weddings | • Christenings |
| • Gala Days | • Race Events |
| • Festive Cabaret/Party Nights | • Trade Events |
| • Fashion Events | • Clairvoyant Nights |
| • Fundraising Events | • Club/Organisation Events |
| • Speed Dating | • Venue Hire |
| • Corporate Events | • Staff Parties |
| • Brand Partner Events | • Training Course |
| • Under 18 Events | • Plus 14 Events |
| • Roller Disco | • Product Launches |
| • Keep Fit Events | • Dancing Classes |
| • Ethnic Celebrations | • Media/Production Events |

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* |
| *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

The venue provides facilities for children and young persons for which it has been *bona fide* constructed. The venue will run events/gigs aimed at children and young persons and children and young persons accompanied by an adult. Every person attending one of these events requires going through a vetting procedure including "challenge 21" which requires them to prove their age. If the person is under 18 they are given a colour coded wrist-band; if they are over 18 they are given an alternate colour coded wrist-band. Wrist-bands must be worn at all times and are not inter-changeable. Only soft drinks are sold to those identified as under 18 with alcohol only being sold to those identified as over 18. At mixed events such as described alcohol is only sold on a one drink-one-person basis. Security then conducts regular "sweep through" checks to ensure no person under 18 consumes alcohol. Invariably it is parents that accompany CYP and accordingly, as a family event, a strict order of control is experienced. Suitable precautions and procedures will be in place to comply with sections 103, 105, 106 and 107.

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

No age restriction

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

Children Aged 16 and under terminal hour of 12mn. Young persons aged 16 or 17 the normal terminal hour. All events admitting children and young persons will be suitable events for persons of this age

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

All customer areas as shown on layout plan

Question 7*CAPACITY OF PREMISES*

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

360

Question 8

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

Personal details

8(a) Name

Stephen Quinn

8(b) Date of birth

8(c) Contact address

Flat 2/2
22 Scott Street
Clydebank
G81 4BU

8(d) Email address

stephen.quinn@clg.co.uk

8(e) Personal licence

| <i>Date of issue</i> | <i>Name of Licensing Board issuing</i> | <i>Reference no. of personal licence</i> |
|----------------------|--|--|
| 09 December 2012 | WDLB | WD/0780 |

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 01 October 2014.....

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.