

ITEM 11 – APPLICATION FOR VARIATION OF A PREMISES LICENCE

Premises: Clydebank Co-op, 8 Dunn Street, Dalmuir, Clydebank G81.

Applicant: Clydebank Co-op, 2 Sylvania Way South, Clydebank G81 1EA.

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

<u>List of Productions</u>		<u>Page (s)</u>
Appendix 1	Details of proposed application and consultee responses	Page 93
Appendix 2	Application Form (with detailed Operating Plans)	Pages 95 - 108

THE LICENSING (SCOTLAND) ACT 2005

Application for Variation of Premises Licence

Ref: WDLBPREM/0057

Name and Address of Premises: Clydebank Co-op, 8 Dunn Street, Dalmuir, Clydebank
G81 4BQ

Applicant/Licence Holder: Clydebank Co-op, 2 Sylvania Way South, Clydebank
G81 1EA

Type of Premises: Off Sales (Shop)

Proposed Variation: To change licensed hours to Monday – Sunday, 10 am
to 10 pm

Police Authority Comments: No Objection

Fire Authority Comments: No Comments

Regulatory Services Comments: No Comments

Community Council Comments: No active Community Council for this area

Health Board Comments: No Objection

Access Panel: No comment 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

loc. no. 114842 E2004/12
WEST DUNBARTONSHIRE
COUNCIL

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

17 JUL 2014

SECTION 1: APPLICANT INFORMATION

RECEIVED

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

CLYDEBANK CO-OP, 8 DUNN STREET, DALMOR, CLYDEBANK.	
Post Code	G81
Premises Licence Ref. No.	WDBPREM/0057

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

CLYDEBANK CO-OP, 25 SYLVANIA WAY SOUTH, CLYDEBANK.			
Post Code	G81 1EA	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)

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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)

our clients would like to change the
LICENSED HOURS TO :-
MONDAY - SUNDAY
10AM TO 10PM

- 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)

- 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)

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 4)	<input checked="" type="checkbox"/>
Building standards certificate (See Note 4)	<input checked="" type="checkbox"/>
Food hygiene certificate (See Note 4)	<input checked="" type="checkbox"/>
Copy of Personal Licence	<input checked="" 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.

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?	No.
1(b) Will alcohol be sold for consumption solely OFF the premises?	Yes.
1(c) Will alcohol be sold for consumption both ON and OFF the premises?	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 a.m.	10 p.m.
Tuesday	10 a.m.	10 p.m.
Wednesday	10 a.m.	10 p.m.
Thursday	10 a.m.	10 p.m.
Friday	10 a.m.	10 p.m.
Saturday	10 a.m.	10 p.m.
Sunday	10 a.m.	10 p.m.

Question 4

SEASONAL VARIATIONS

Does the applicant intend to operate according to seasonal demand.	No.
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*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(d) 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 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)	Yes.	Yes.	Yes.
Live performances - see 5(g)	No.	No.	No.
Dance facilities	No.	No.	No.
Theatre	No.	No.	No.

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

The Applicant plays recorded music in the store with the benefit of a PRS Music Certificate, a copy of which is enclosed.

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 fresh and frozen food, confectionary and all goods as normally sold in a local convenience store.

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)

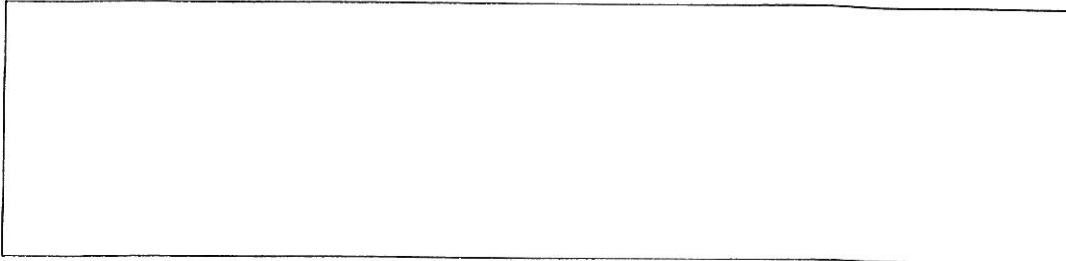
CHILDREN AND YOUNG PERSONS

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	

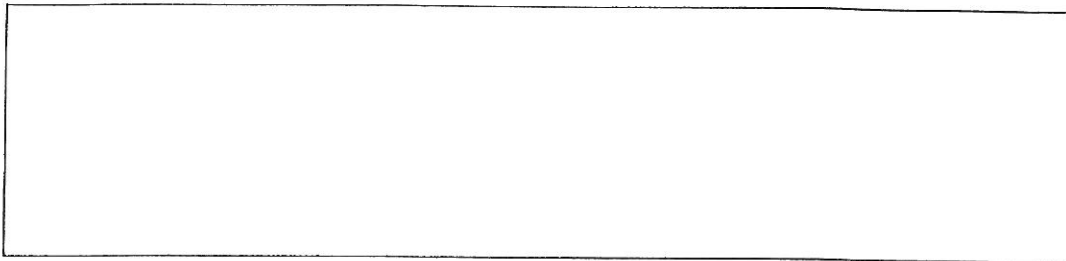
6(b) Where the answer to 6(a) is YES provide statement of the **TERMS** under which they will be allowed entry

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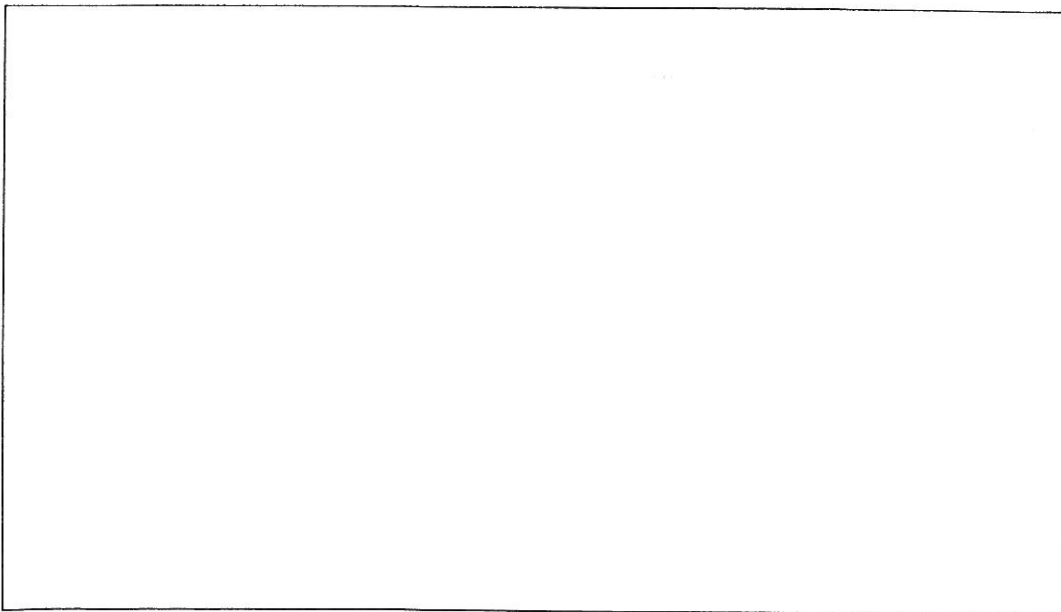
6(c) Provide statement regarding the *AGES* of children or young persons to be allowed entry

A large, empty rectangular box with a thin black border, intended for a handwritten statement regarding the ages of children or young persons allowed entry.

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

A large, empty rectangular box with a thin black border, intended for a handwritten 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

A large, empty rectangular box with a thin black border, intended for a handwritten 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?

13.3 cubic metres.

Question 8

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

Personal details

8(a) *Name*

Emma Browne.

8(b) *Date of birth*

22.3.1985

8(c) *Contact address*

34 Maryston Street,
GLASGOW,
G33 1PB

8(d) *Email address*

N.A.

8(e) Personal licence

<i>Date of issue</i>	<i>Name of Licensing Board issuing</i>	<i>Reference no. of personal licence</i>
	Glasgow LB.	GC02888.

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 AGENT (delete as appropriate).

*** 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.

