

ITEM 11 – APPLICATION FOR VARIATION OF PREMISES LICENCE

Premises: Goals Soccer Centre, 5-A-Side Soccer, Great Western Road, Clydebank G81 2XT.

Applicant: Goals Soccer Centre Limited, Orbital House, Peel Park, East Kilbride G74 5PQ.

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

List of Productions	Page (s)
(a) Details of proposed variation and consultee responses	Page 121
(b) Application Form (with detailed Operating Plans)	Pages 123 - 135
(c) Letter from West Dunbartonshire Community Health & Care Partnership	Pages 137 - 138

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

Ref: WDLBPREM/0104

Name and Address of Premises: Goals Soccer Centre, Great Western Road, Clydebank, G81 2XT.

Applicant/Licence Holder: Goals Soccer Centres, Orbital House, Peek Park, East Kilbride, G74 5PR.

Proposed Variation: See attached applications/paperwork outlining the proposed variation.

Police Authority Comments: No objections/representations.

Fire Authority Comments: No comments.

Regulatory Services Comments: No comments.

Community Council Comments: No active community council for this area.

Health Board Comments: The CHCP/ADP Sub-Group suggested conditions to be attached to licence – see attached letter.

Access Panel: No comments received

Additional Comments:

Decision:

WEST DUNBARTONSHIRE LICENSING BOARD

LICENSING (SCOTLAND) ACT 2005

APPLICATION FOR VARIATION OF PREMISES LICENCE/ REC. NO. 111594 E 150
 PROVISIONAL PREMISES LICENCE* WEST DUNBARTONSHIRE
 *Delete as appropriate COUNCIL

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

16 SEP 2013

SECTION 1: APPLICANT INFORMATION

RECEIVED

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

GOALS 5 A SIDE SOCCER GREAT WESTERN RD CLYDEBANK GLASGOW			
Post Code	G81 2XT	Premises Licence Ref. No.	WDLBPREM/0104

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

GOALS SOCCER CENTRES ORBITAL HOUSE PEEL PARK EAST KILBRIDE			
Post Code	G74 5PR	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)

ALTERATION OF PLAN TO ALLOW ACCESS FOR CHILDREN DURING PRE BOOKED FUNCTIONS FOR THE DURATION OF THE FUNCTION & TO ALLOW ACCESS FOR CHILDREN TO THE CHANGING ROOMS WHEN TAKING PART IN SWIMMING ACTIVITIES

- 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.

CHRISTINE MARTIN	
100	
6	
1	
1	
Reference Number of Personal Licence	WD/0113

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 13/4/13

Capacity APPLICANT/AGENT (delete as appropriate)

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

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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.

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	11 AM	MIDNIGHT
Tuesday	11 AM	MIDNIGHT
Wednesday	11 AM	MIDNIGHT
Thursday	11 AM	MIDNIGHT
Friday	11 AM	MIDNIGHT
Saturday	11 AM	MIDNIGHT
Sunday	12-30 PM	MIDNIGHT

Question 3

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

Day	OFF Consumption	
	Opening time	Terminal hour
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Question 4

SEASONAL VARIATIONS

Does the applicant intend to operate according to seasonal demand	YES/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	COL. 2	COL. 3	COL. 4
5(a) 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
Accommodation	No	N/A	N/A
Conference facilities	No	No	No
Restaurant facilities	No	No	No
Bar meals	YES	YES	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.	YES	YES	No
Club or other group meetings etc.	YES	YES	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	No
Live performances see 5(g)	YES	YES	No
Dance facilities	No	No	No
Theatre	No	No	No

Films	No	No	No
Gaming	YES	YES	No
Indoor/outdoor sports	YES	YES	No
Televised sport	YES	YES	No
5(ii) 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	YES	YES	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.

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

<p>CHILDREN TO BE GRANTED ACCESS IN THE PRESENCE OF ADULTS FOR CONSUMPTION OF MEALS & TO ATTEND PRE BOOKED FUNCTIONS.</p> <p>CHILDREN TO BE GRANTED ACCESS TO THE CHANGING ROOMS WHEN TAKING PART IN SPORTING ACTIVITIES</p>
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- 6(c) Provide statement regarding the **AGES** of children or young persons to be allowed entry

ALL AGES

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

YOUNG PERSONS DURING ALL CORE HOURS

CHILDREN TILL 8PM UNLESS ATTENDING A PRE BOOKED FUNCTION
IN WHICH CASE WILL BE FOR DURATION OF THE FUNCTION

CHILDREN AT ALL TIMES TO HAVE ACCESS TO THE CHANGING ROOMS
WHEN TAKING PART IN SPORTING ACTIVITIES

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

ALL PARTS

Question 7**CAPACITY OF PREMISES**

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

127

Question 8

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

Personal details

8(a) Name

CHRISTINE MARTIN

8(b) Date of birth

1.0.1

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>
2009	WEST DUNBARTONSHIRE	WD/0113

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 13/9/13

Capacity *OPERATIONS DIRECTOR* 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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