OH 209 15

WEST DUNBARTONSHIRE LICENSING BOARD

LICENSING (SCOTLAND) ACT 2005

APPLICATION FOR OCCASIONAL LICENCE

Before completing this form please read the guidance notes at the end of the form. No 10 12

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.

1. LICENCE DETAILS (see note 1)

| Premises licenc | e number (if appl | icable) | | | | | | |
|------------------|--------------------|--------------------------|--------------|------------|-----------|---------------------------------|--------|--------|
| Personal licenc | e number (if appli | cable) WD10 | 032 | | | | | |
| Name of volunta | ary organisation (| if applicable) | | | | | | |
| 1004 | | | | | | W ₀ = N ₀ | | |
| 2. PERSONAL D | ETAILS | | | | | | 00 10 | |
| TITLE (delete as | appropriate): Mr-N | Irs Miss Ms O | ther (please | state) | | | | |
| Surname | Khawli | | | | | | | |
| Forenames | Dorothy Anne | | | | | | | |
| DATE OF BIRTH | | | | | | Day | Month | Year |
| ADDRESS WHE | RE ORDINARILY I | RESIDENT TO | O BE USED | FOR COI | RRESPO | NDENCE | PURPOS | FS |
| | | | | | 200 | | | u z |
| Post town Dumb | parton | | Post co | de G82 3 | AX | | | |
| TELEPHONE NU | IMBERS | | | | | | | |
| | - 22 | | | | - 4 | - 140 | - | |
| | | | | | | | | |
| FAX NUMBER | | | | | | | | |
| E-MAIL ADDRES | SS (if you would p | refer us to co | orrespond v | vith you b | y e-mail) | | | |
| | | | | | | | | |
| | | į3 | 2" | | | | | |

Description of premises

Stock room in leased premises at the Polaroid Eyewear Building in Alexandria.

The room is used as a stock room only and our wines will be held here before being processed to send to Amazon fulfilment centre in Wales

Description of activities to be carried on in the premises (please give full detailed description of the event/activities & approx numbers attending)

Our business is online retail and we sell Lebanese Fine Wines. Once our wines are delivered to our premises they are packed and sent to Amazon Fulfilment centre in Wales. Amazon will fulfil all of our customers' orders.

We have applied for a permanent premises license as Amazon requires this for our company to sell our wines via their distribution centre. In the meantime our sales of wine are blocked and we are applying for an occasional license to cover the period when we are granted a permanent license to sell our wines online.

During the Christmas season our sales are much higher and we require the occasional license to allow us to sell again on Amazon.

We do not and will not sell to customers from our premises as we only sell online.

Full postal address of premises which this application refers to

Chateau de Mediterranean, Polaroid Building, Block 7, Vale of Leven Industrial Estate

Dumbarton, West Dunbartonshire, G82 3PW

4. DURATION OF LICENCE

From: 9th February 2016

To: 22nd February 2016

| Times for sale of alcohol for consumption on | Times for sale of alcohol for consumption of |
|---|---|
| premises N/A | premises |
| Ty . | Online 24 hours ther than the sale of alcohol will be carried on in |
| | |
| 6. CHILDREN (see note 2) | |
| This section must be completed where alcohol is | s for sale for consumption on the premises |
| Are children or young persons permitted entry? section must be completed) | |
| Ages of children or young persons permitted entry | Times at which children or young persons permitted entry |
| | |
| | |
| Parts of premises to which children or young per | sons permitted entry |
| | sons permitted entry |
| Parts of premises to which children or young per 7. CHECKLIST | sons permitted entry |
| 7. CHECKLIST | sons permitted entry |
| 7. CHECKLIST | 'sons permitted entry |
| 7. CHECKLIST | |
| 7. CHECKLIST I have Please tick yes Made or enclosed payment of the fee for S. Signature and declaration by applicant (see no | the application |
| 7. CHECKLIST I have Please tick yes • Made or enclosed payment of the fee for 3. Signature and declaration by applicant (see no | the application te 3) |
| 7. CHECKLIST I have Please tick yes | the application te 3) |

04/210/15

WEST DUNBARTONSHIRE LICENSING BOARD

APPLICATION FOR OCCASIONAL LICENCE

Before completing this form please read the guidance notes at the end of the form. No 10/12

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.

| | ETAILS (see note 1) | | | | 500 |
|--------------------------------|--------------------------------|-------------------------|-------------|--------|------|
| Premises lice | nce number (if applicable) | | | | |
| Personal licer | nce number (if applicable) W | D1032 | | | |
| Name of volu | ntary organisation (if applica | ble) | | | |
| | | | | | |
| 2. PERSONAL | DETAILS | | | | |
| TITLE (delete | as appropriate): Mr Mrs Miss N | As Other (please state) | | | |
| Surname | Khawli | | | | |
| Forenames | Dorothy Anne | e | = 7 | | |
| DATE OF BIR | тн | | Day | Month | Year |
| | | | | | |
| | HERE ORDINARILY RESIDEN | IT TO BE USED FOR CORF | RESPONDENCE | PURPOS | ES |
| 12 Carman Vid | ew, Bellsmyre | IT TO BE USED FOR CORF | RESPONDENCE | PURPOS | ES |
| 12 Carman Vid Post town Dui | ew, Bellsmyre mbarton | Post code G82 3A | | PURPOS | ES |
| 12 Carman Vid Post town Dui | ew, Bellsmyre mbarton | | | PURPOS | ES |
| | ew, Bellsmyre mbarton | | | PURPOS | ES |
| 12 Carman Vid Post town Dui | ew, Bellsmyre mbarton | | | PURPOS | ES |
| 12 Carman Vid Post town Dui | mbarton NUMBERS | | | PURPOS | ES |
| 12 Carman Vid | mbarton NUMBERS | Post code G82 3A | X | PURPOS | ES |
| 12 Carman Vid | mbarton NUMBERS | Post code G82 3A | X | PURPOS | ES |

Description of premises

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During the Christmas season our sales are much higher and we require the occasional license to allow us to sell again on Amazon.

We do not and will not sell to customers from our premises as we only sell online.

Full postal address of premises which this application refers to

Chateau de Mediterranean, Polaroid Building, Block 7, Vale of Leven Industrial Estate

Dumbarton, West Dunbartonshire, G82 3PW

4. DURATION OF LICENCE

From: 26th January 2016

To: 8th February 2016

| 5. Is alcohol to be sold on & off the premises requested when alcohol will be sold on/off the p | YES/NO* - Provide relevant details as to hours | | | |
|---|--|--|--|--|
| Times for sale of alcohol for consumption on premises | | | | |
| N/A | Online 24 hours | | | |
| Statement of the times at which any activities of the premises | ther than the sale of alcohol will be carried on in | | | |
| 6. CHILDREN (see note 2) | | | | |
| This section must be completed where alcohol i | s for sale for consumption on the premises | | | |
| | YES/NO (if answered yes the remainder of this | | | |
| Ages of children or young persons permitted entry | Times at which children or young persons permitted entry | | | |
| | | | | |
| Parts of premises to which children or young pe | rsons permitted entry | | | |
| 7. CHECKLIST | | | | |
| I have | | | | |
| Please tick yes | | | | |
| | | | | |
| Made or enclosed payment of the fee for | the application | | | |
| | | | | |
| 8. Signature and declaration by applicant (see no DECLARATION | te 3) | | | |
| The contents of this Application are true to the best o | of my knowledge and belief. | | | |
| SIGNATURE | DATE | | | |
| | | | | |
| y | 04/12/2015 | | | |

01/21/15

Em 9/12

WEST DUNBARTONSHIRE LICENSING BOARD

LICENSING (SCOTLAND) ACT 2005

APPLICATION FOR OCCASIONAL LICENCE

Before completing this form please read the guidance notes at the end of the form.

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| | ence number (if applicab | | | | | |
|---------------|---------------------------------------|---------------------------------|---------------------------------------|-----------|--------|------|
| | nce number (if applicab | | | | | |
| Name of volu | ntary organisation (if ap | oplicable) | | | | |
| | - 2 3 4 1 1 1 1 | | 1 | | | |
| | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | <u> </u> | | |
| 2. PERSONAL | L DETAILS | 等。 第二章 | | | | |
| TITLE (delete | as appropriate): Mr-Mrs A | Viss Ms Other (pleas | e state) | | | |
| Surname | Khawli | | | 8 | | |
| | | | | | | |
| Forenames | Dorothy Anne | | | | | |
| | 11 | | | | 1999 | |
| DATE OF BIR | СТН | | · · · · · · · · · · · · · · · · · · · | Day | Month | Year |
| | | | | (| V- | |
| ADDRESS W | HERE ORDINARILY RES | SIDENT TO BE USE | D FOR CORRE | SPONDENCE | PURPOS | ES |
| 12 Carman Vi | iew, Bellsmyre | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | - 9 |
| Post town Du | ımbarton | Post | ode G82 3AX | | | |
| TELEPHONE | NUMBERS | | | | | |
| | , and a second | | | | 7 | |
| | 100 | | | | | |
| | | 7. | | | | |
| FAX NUMBER | 3 | | = 1 | | 5 | |
| | RESS (if you would prefe | | | | | |
| | KESS (II you would prei | er us to correspond | with you by e | ·maii) | | |
| (| | | | | | |

Description of premises

Stock room in leased premises at the Polaroid Eyewear Building in Alexandria.

The room is used as a stock room only and our wines will be held here before being processed to send to Amazon fulfilment centre in Wales

Description of activities to be carried on in the premises (please give full detailed description of the event/activities & approx numbers attending)

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During the Christmas season our sales are much higher and we require the occasional license to allow us to sell again on Amazon.

We do not and will not sell to customers from our premises as we only sell online.

Full postal address of premises which this application refers to

Chateau de Mediterranean, Polaroid Building, Block 7, Vale of Leven Industrial Estate

Dumbarton, West Dunbartonshire, G82 3PW

4. DURATION OF LICENCE

From: 12th January 2016

To: 25th January 2016

| 5. Is alcohol to be sold on & off the premises requested when alcohol will be sold on/off the p | YES/NO* - Provide relevant details as to hours | | | |
|---|---|--|--|--|
| Times for sale of alcohol for consumption on premises | Times for sale of alcohol for consumption off premises | | | |
| N/A Online 24 hours | | | | |
| Statement of the times at which any activities of the premises | ther than the sale of alcohol will be carried on in | | | |
| 6. CHILDREN (see note 2) This section must be completed where alcohol is Are children or young persons permitted entry? | s for sale for consumption on the premises YES/NO (if answered yes the remainder of this | | | |
| section must be completed) | The state of the remainder of this | | | |
| Ages of children or young persons permitted entry | Times at which children or young persons permitted entry | | | |
| Parts of premises to which children or young per | | | | |
| 7. CHECKLIST | | | | |
| I have | | | | |
| Please tick yes | | | | |
| Made or enclosed payment of the fee for | the application | | | |
| 8. Signature and declaration by applicant (see no | te 3) | | | |
| The contents of this Application are true to the best o | f my knowledge and belief. | | | |
| SIGNATURE | DATE 04/12/2015 | | | |
| | | | | |

01/212/15

WEST DUNBARTONSHIRE LICENSING BOARD

LICENSING (SCOTLAND) ACT 2005

em 9/12

APPLICATION FOR OCCASIONAL LICENCE

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| 1. LICENCE D | ETAILS (see note 1) | | | | |
|-----------------|-----------------------------------|-------------------------------|--------|--------|-------|
| Premises lice | nce number (if applicable) | | | | 3 |
| Personal licer | nce number (if applicable) WD1 | 032 | | | |
| Name of volum | ntary organisation (if applicable | e) | | | |
| | | | | | |
| | | a | | | \$ |
| 2. PERSONAL | DETAILS | | | | |
| TITLE (delete a | as appropriate): Mr-Mrs Miss Ms (| Other (please state) | | | V. A. |
| Surname | Khawli | | | | |
| | | | | | |
| Forenames | Dorothy Anne | | | | |
| DATE OF BIRT | гн | | Day | Month | Year |
| | | | 1 | 1 | roui |
| ADDRESS WH | ERE ORDINARILY RESIDENT 1 | O BE USED FOR CORRESPO | NDENCE | PURPOS | ES |
| 12 Carman Vie | | * 32* | | | |
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| | | | | | |
| | | | | | T. |
| Post town Dur | mbarton | Post code G82 3AX | | | - |
| TELEPHONE N | NUMBERS | | | | i p |
| | | | | | |
| | | | | | |
| N | | | | - 1 | |
| FAX NUMBER | | 29 | 30 | | 72 |
| E-MAIL ADDRE | ESS (if you would prefer us to o | correspond with you by e-mail |) | | |
| 1 | | | | | |
| | | | | | |

Description of premises

Stock room in leased premises at the Polaroid Eyewear Building in Alexandria.

The room is used as a stock room only and our wines will be held here before being processed to send to Amazon fulfilment centre in Wales

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During the Christmas season our sales are much higher and we require the occasional license to allow us to sell again on Amazon.

We do not and will not sell to customers from our premises as we only sell online.

Full postal address of premises which this application refers to

Chateau de Mediterranean, Polaroid Building, Block 7, Vale of Leven Industrial Estate

Dumbarton, West Dunbartonshire, G82 3PW

4. DURATION OF LICENCE

From: 29th December 2015

To:11th January 2016

| 5. Is alcohol to be sold on & off the premises | YES/NO* - Provide relevant details as to hours | | | |
|--|--|--|--|--|
| requested when alcohol will be sold on/off the p Times for sale of alcohol for consumption on | Times for sale of alcohol for consumption of | | | |
| premises premises | | | | |
| N/A | Online 24 hours | | | |
| Statement of the times at which any activities of the premises | ther than the sale of alcohol will be carried on in | | | |
| 6. CHILDREN (see note 2) This section must be completed where alcohol is | s for sale for consumption on the premises | | | |
| Are children or young persons permitted entry? section must be completed) | | | | |
| Ages of children or young persons permitted entry | Times at which children or young persons permitted entry | | | |
| | | | | |
| Parts of premises to which children or young per | sons permitted entry | | | |
| 7. CHECKLIST | | | | |
| I have | | | | |
| Please tick yes | | | | |
| | | | | |
| Made or enclosed payment of the fee for | the application | | | |
| | | | | |
| 8. Signature and declaration by applicant (see no DECLARATION | te 3) | | | |
| The contents of this Application are true to the best o | of my knowledge and belief. | | | |
| SIGNATURE | DATE | | | |
| | 04/12/2015 | | | |
| | | | | |
| 1 1 | | | | |

04 213 15.

WEST DUNBARTONSHIRE LICENSING BOARD

LICENSING (SCOTLAND) ACT 2005

em 9/12

APPLICATION FOR OCCASIONAL LICENCE

Before completing this form please read the guidance notes at the end of the form.

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| 1. LICENCE D | ETAILS (see note 1) | | | | |
|----------------|------------------------------------|------------------------------|--------|------------------|-------|
| Premises lice | nce number (if applicable) | | | | |
| Personal licer | nce number (if applicable) WD10 | 32 | Y . | | |
| Name of volu | ntary organisation (if applicable) | | | | |
| | | | | | - 5: |
| 2. PERSONAL | . DETAILS | | | | |
| TITLE (delete | as appropriate): Mr-Mrs Miss Ms Ot | her (please state) | | * | |
| Surname | Khawli | | | | |
| | | | | | |
| Forenames | Dorothy Anne | | | | |
| DATE OF BIR | гн | | Day | Month | Year |
| | | | | | 1 out |
| ADDRESS WH | IERE ORDINARILY RESIDENT TO | BE USED FOR CORRESPO | NDENCE | PURPOS | FS |
| 12 Carman Vie | | | | | |
| | | | | | |
| | | | | | |
| | y d | | | n _g v | |
| Post town Dur | mbarton | Post code G82 3AX | | | |
| TELEPHONE I | NUMBERS | | | | |
| Ĺ | | | | | |
| | | | | | |
| | | | | | |
| FAX NUMBER | | | | | |
| E-MAIL ADDRI | ESS (if you would prefer us to co | rrespond with you by e-mail) | | | |
| | _ | | | | |
| | | | | | |

Description of premises

Stock room in leased premises at the Polaroid Eyewear Building in Alexandria.

The room is used as a stock room only and our wines will be held here before being processed to send to Amazon fulfilment centre in Wales

Description of activities to be carried on in the premises (please give full detailed description of the event/activities & approx numbers attending)

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During the Christmas season our sales are much higher and we require the occasional license to allow us to sell again on Amazon.

We do not and will not sell to customers from our premises as we only sell online.

Full postal address of premises which this application refers to

Chateau de Mediterranean, Polaroid Building, Block 7, Vale of Leven Industrial Estate

Dumbarton, West Dunbartonshire, G82 3PW

4. DURATION OF LICENCE

From:15th December 2015

To:28th December 2015

| 5. Is alcohol to be sold on & off the premises | YES/NO* - Provide relevant details on to be |
|---|--|
| requested when alcohol will be sold on/off the p | remises-* delete as appropriate |
| Times for sale of alcohol for consumption on premises | Times for sale of alcohol for consumption of premises |
| N/A | Online 24 hours |
| Statement of the times at which any activities of the premises | ther than the sale of alcohol will be carried on i |
| 6. CHILDREN (see note 2) This section must be completed where alcohol is | s for sale for consumption on the premises |
| Are children or young persons permitted entry? section must be completed) | YES/NO (if answered yes the remainder of this |
| Ages of children or young persons permitted entry | Times at which children or young persons permitted entry |
| Parts of premises to which children or young per | sons permitted entry |
| 7. CHECKLIST | |
| I have | |
| Please tick yes | |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| Made or enclosed payment of the fee for | |
| | - Approximent |
| 8. Signature and declaration by applicant (see not DECLARATION | te 3) |
| The contents of this Application are true to the best o | f my knowledge and belief. |
| SIGNATURE | DATE 04/12/2015 |
| | |

OL20115

Em 4/12

WEST DUNBARTONSHIRE LICENSING BOARD

LICENSING (SCOTLAND) ACT 2005

APPLICATION FOR OCCASIONAL LICENCE

Before completing this form please read the guidance notes at the end of the form.

NPO 8/12

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.

1. LICENCE DETAILS (see note 1)

Premises licence number (if applicable)

21833

| Personal licence number (if applicable) WD/1002 | | | | | | | |
|---|-----------------------------------|-----------------------------|--------|--------|------|--|--|
| Name of voluntary organisation (if applicable) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2. PERSONAL I | DETAILS | | | | | | |
| TITLE (delete as | appropriate): Mr Mrs Miss Ms Othe | er (please state) | | | | | |
| Surname | Dobbin | | | | | | |
| Forenames | Steven | ă | · | | | | |
| DATE OF BIRTH | 1 | | Day | Month | Year | | |
| ADDRESS WHE | RE ORDINARILY RESIDENT TO I | BE USED FOR CORRESPO | NDENCE | PURPOS | ES | | |
| | enhead Road | | | | | | |
| | | | | | | | |
| 9 | | | | | | | |
| | | | | | | | |
| Post town | Dumbarton | Post code G82 2 | PL | | | | |
| TELEPHONE N | UMBERS | | | | | | |
| Daytime | | - | ~ ^ | | | | |
| Evening | | | | | | | |
| Mobile | | | | | | | |
| FAX NUMBER | | | 8 | | | | |
| E-MAIL ADDRE | SS (if you would prefer us to cor | respond with you by e-mail) |) | | | | |
| 1 | | | | | | | |
| | | | | | | | |

Description of premises

Restaurant

Description of activities to be carried on in the premises

Conference facilities, Restaurant facilities Bar meals, Receptions, meetings, recorded Music, Live performances.

Charity events, business networking, community events & meetings, tastings and food and drink events. Supper club, cultural and artistic displays or Performances.

Full postal address of premises which this application refers to

Lomondgate

Dumbarton

682 2QU

4. DURATION OF LICENCE

From: Tuesday 15 December 2015

To: monday 28 December 2015

5. Is alcohol to be sold on & off the premises YES/NO* - Provide relevant details as to hours requested when alcohol will be sold on/off the premises-* delete as appropriate

Times for sale of alcohol for consumption on premises Sun - Thurs - Ilam-I2mpremises

Fri - Sat - Ilam - Iam Mon - Sun - Ilam - 10pm

| 6. CHILDREN (see note 2) This section must be completed where alcohol is | s for sale for consumption on the promises |
|---|--|
| 7.00 | YES/NO. (if answered yes the remainder of this |
| Ages of children or young persons permitted entry | Times at which children or young persons permitted entry |
| 0-17 years | when consuming a |
| 9 | meal - 10 pm |
| | when consuming a meal - 10 pm functions - duration of function |
| Parts of premises to which children or young per | |
| All public areas. | |

| 7. CHECKLIST | |
|---|--|
| I have | |
| Please tick yes | |
| | |
| Made or enclosed payment of the fee for the application | |

| 8. Signature and declaration by a | pplicant (see note 3) |
|--------------------------------------|--|
| DECLARATION | |
| The contents of this Application are | true to the best of my knowledge and belief. |
| SIGNATURE | DATE |
| | Parademicality E |
| | 03/12/2015 |
| | |
| _ | |

Contact Us:

G81 1TG

West Dunbartonshire Licensing Board Council Offices Rosebery Place Clydebank Phone: 01389 738701 Fax: 01389 738674

Email: marie.mccran@west-dunbarton.gov.uk

Stephen J. McGowan
Partner - Head of Licensing (Scotland)
TLT LLP
140 West George Street, Glasgow, G2 2H(
+44 (0)333 006 1203
Stephen.McGowan@TLTsolicitors.com

OL 20215

EM 4/12.

WEST DUNBARTONSHIRE LICENSING BOARD

LICENSING (SCOTLAND) ACT 2005

APPLICATION FOR OCCASIONAL LICENCE

NO 8/12

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WD/1002

You may wish to keep a copy of the completed form for your records.

1. LICENCE DETAILS (see note 1)

Premises licence number (if applicable)

Personal licence number (if applicable)

Name of voluntary organisation (if applicable)

21834

| 2. PERSONAL D | ETAILS | | | | | |
|------------------|----------------------------------|------------------|---------------|----------|--------|------|
| TITLE (delete as | appropriate): Mr Mrs Miss Ms Oth | er (please state | e) ¬ | | | |
| Surname | Dobbin | | | | | |
| Forenames | Steven | | | | | |
| DATE OF BIRTH | | | | Day | Month | Year |
| ADDRESS WHE | RE ORDINARILY RESIDENT TO | BE USED FOR | CORRESPON | NDENCE I | PURPOS | ES |
| 53 Gre | enhead Road | | | | | |
| Post town | rumbarton | Post code | G82 21 | o L | | |
| TELEPHONE NU | MBERS | | - | | | |
| Daytime | | , 1 | * | es 1 | | |
| Evening | | | | | | |
| Mobile | | | | | | |
| FAX NUMBER | | | • | | _ | |
| E-MAIL ADDRES | S (if you would prefer us to cor | respond with y | ou by e-mail) | | | |

Description of premises

Restaurant

Description of activities to be carried on in the premises

Conference facilities, Restaurant facilities Bar meals, Receptions, meetings, recorded Music, Live performances.

Charity events, business networking, Community events & meetings, tastings and food and drink events. Supper club,

Cultural and artistic displays or Performances.

Full postal address of premises which this application refers to

Lomondgate

Dumbarton

682 2QU

4. DURATION OF LICENCE

From: Tuesday 29 December 2015

To: monday 11 January 2016

5. Is alcohol to be sold on & off the premises YES/NO* - Provide relevant details as to hours requested when alcohol will be sold on/off the premises-* delete as appropriate

Times for sale of alcohol for consumption on premises Sun - Thurs - Ilam-I2mpremises

fri - Sat - Ilam - Iam

mon-Sun-liam-lopm

| 6. CHILDREN (see note 2) | |
|---|--|
| This section must be completed where alcohol i | s for sale for consumption on the premises |
| Are children or young persons permitted entry? section must be completed) | YES/NO_(if answered yes the remainder of this |
| Ages of children or young persons permitted entry | Times at which children or young persons permitted entry |
| 0-17 years | when consuming a |
| 9 | when consuming a meal - 10 pm functions duration of function |
| | functions - duration |
| | of function |
| Parts of premises to which children or young per | |
| All public areas. | |

| 8. Signature and declaration by a DECLARATION | ipplicant (see note 3) |
|--|--|
| The contents of this Application are | true to the best of my knowledge and belief. |
| SIGNATURE , | DATE |
| ₽. | 03/12/2015 |
| | |

Contact Us:

G81 1TG

West-Dunbartonshire Licensing Board Council Offices Rosebery Place Clydebank

Phone: 01389 738701 Fax: 01389 738674

Email: marie.mccran@west-dunbarton.gov.uk

Stephen J. McGowan
Partner - Head of Licensing (Scotland)
TLT LLP
140 West George Street, Glasgow, G2 2H(
+44 (0)333 006 1203
Stephen.McGowan@TLTsolicitors.com

OL 20315 EM 4/12

WEST DUNBARTONSHIRE LICENSING BOARD

LICENSING (SCOTLAND) ACT 2005

APPLICATION FOR OCCASIONAL LICENCE

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 21835 additional sheets, if necessary.

WD/1002

You may wish to keep a copy of the completed form for your records.

1. LICENCE DETAILS (see note 1)

Premises licence number (if applicable)

Personal licence number (if applicable)

| Name of volunt | ary organisation (if applicable) | | | | |
|--|------------------------------------|----------------------------|---------------|--------|------|
| | | | | | |
| 2. PERSONAL I | DETAILS | 10个年代2016年1 | | | |
| TITLE (delete as | appropriate): Mr Mrs Miss Ms Othe | er (please state) | | | |
| Surname | Dobbin | | | | |
| Forenames | Steven | W 12.24 | | | 4 |
| DATE OF BIRTH | 1 | | Day | Month | Year |
| ADM 600 COM 500 COM 50 | enhead Road | BE USED FOR CORRESPO | NDENCE I | PURPOS | ES |
| Post town |)umbarton | Post code G82 2 | PL | | |
| TELEPHONE NU | JMBERS | | | | |
| Daytime | | | ~ 1 | | |
| Evening | | | | | |
| Mobile | | | | | |
| FAX NUMBER | | 3 4 | // e 2 | | |
| E-MAIL ADDRES | SS (if you would prefer us to corr | espond with you by e-mail) | | | |

Description of premises

Restaurant

Description of activities to be carried on in the premises

Conference facilities, Restaurant facilities Barmeals, Receptions, meetings, recorded Music, Live performances.

Charity events, business networking, Community events & meetings, tastings and food and drink events. Supper Club.

Cultural and artistic displays or Performances.

Full postal address of premises which this application refers to

Lomondgate

Dumbarton

682 2QU

4. DURATION OF LICENCE

From: Tuesday 12 January 2016

To: monday 25 January 2016

5. Is alcohol to be sold on & off the premises YES/NO* - Provide relevant details as to hours requested when alcohol will be sold on/off the premises-* delete as appropriate

Times for sale of alcohol for consumption on premises Sun - Thurs - Ham-Izmpremises

Fri - Sat - Ilam - Iam

mon-Sun-liam-lopm

| 6. CHILDREN (see note 2) | |
|---|--|
| This section must be completed where alcohol is | s for sale for consumption on the premises |
| | YES/NO (if answered yes the remainder of this |
| Ages of children or young persons permitted entry | Times at which children or young persons permitted entry |
| 0-17 years | when consuming a |
| 9(3) | meal - 10 pm |
| | when consuming a Meal - 10 pm functions - duration of function |
| | of function |
| Parts of premises to which children or young per | |
| All public areas. | |

| '. CHECKLIST | |
|---|---|
| have | |
| Please tick yes | |
| | |
| | , |
| Made or enclosed payment of the fee for the application | |

| 8. Signature and declaration by | applicant (see note 3) |
|-------------------------------------|---|
| DECLARATION | applicant (see note s) |
| The contents of this Application ar | re true to the best of my knowledge and belief. |
| SIGNATURE | DATE |
| | 03/12/2015 |
| 2 | |

Contact Us:

G81 1TG

West-Dunbartonshire-Licensing Board-Council Offices Rosebery Place Clydebank Phone: 01389 738701 Fax: 01389 738674

Email: marie.mccran@west-dunbarton.gov.uk

Stephen J. McGowan
Partner - Head of Licensing (Scotland)
TLT LLP
140 West George Street, Glasgow, G2 2HC
+44 (0)333 006 1203
Stephen.McGowan@TLTsolicitors.com

OL 20415

WEST DUNBARTONSHIRE LICENSING BOARD

LICENSING (SCOTLAND) ACT 2005

APPLICATION FOR OCCASIONAL LICENCE

NPO 8/12

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.

| 1. LICENCE DETAILS (see note 1) | |
|--|---------|
| Premises licence number (if applicable) | |
| Personal licence number (if applicable) | WD/1002 |
| Name of voluntary organisation (if appli | cable) |

| 2. PERSONAL I | DETAILS | | | | | |
|--|----------------------------------|-------------------|---------|----------|--------|-------|
| TITLE (delete as | appropriate): Mr Mrs Miss Ms Oth | er (please state) | | | | |
| Surname | Dobbin | | | | | |
| | | | | | | |
| Forenames | Steven | | | | | |
| DATE OF BIRTI | 1 | | | Day | Month | Year |
| | | | | | | 1 001 |
| ADDRESS WHE | RE ORDINARILY RESIDENT TO | BE USED FOR C | ORRESPO | NDENCE I | PURPOS | ES |
| | enhead Road | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Post town | oumbarton | Post code (| 382 21 | ٥L | | |
| TELEPHONE NU | JMBERS | | | | | |
| Daytime | | | - 8 | el s | | |
| Evening | | | | | | |
| Mobile | | | | | | |
| FAX NUMBER | | | | | | |
| E-MAIL ADDRESS (if you would prefer us to correspond with you by e-mail) | | | | | | |
| | | | | | | |
| | ~ Y 1.0.2 | | | | | |

Description of premises

Restaurant

Description of activities to be carried on in the premises

Conference facilities, Restaurant facilities Barmeals, Receptions, meetings, recorded Music, Live performances.

Charity events, business networking, community events & meetings, tastings and food and drink events. Supper club,

Cultural and artistic displays or Performances.

Full postal address of premises which this application refers to

Lomondgate

Dumbarton

682 2QU

4. DURATION OF LICENCE

From: Tuesday 26 January 2016

To: monday & february 2016

5. Is alcohol to be sold on & off the premises YES/NO* - Provide relevant details as to hours requested when alcohol will be sold on/off the premises-* delete as appropriate

Times for sale of alcohol for consumption on premises Sun - Thurs - Ham-Izmpremises

Fri - Sat - Ilam - Iam

mon-Sun-llam-lopm

| 6. CHILDREN (see note 2) This section must be completed where alcohol is | s for sale for consumption on the premises |
|---|---|
| | YES/NO_(if answered yes the remainder of this |
| Ages of children or young persons permitted entry O - 17 YCARS | Times at which children or young persons permitted entry When consuming at |
| | when consuming a meal - 10 pm functions - duration of function |
| Parts of premises to which children or young per | |
| All public areas. | |

| 7. CHECKLIST | |
|---|--|
| have | |
| Please tick yes | |
| | |
| | |
| Made or enclosed payment of the fee for the application | |

| 8. Signature and declaration by | applicant (see note 3) |
|------------------------------------|---|
| DECLARATION | |
| The contents of this Application a | re true to the best of my knowledge and belief. |
| SIGNATURE . | DATE |
| | 03/12/2015 |
| | |

Contact Us:

G81 1TG

-West Dunbartonshire Licensing Board — Council Offices Rosebery Place Clydebank

Phone: 01389 738701 Fax: 01389 738674

Email: marie.mccran@west-dunbarton.gov.uk

Stephen J. McGowan
Partner - Head of Licensing (Scotland)
TLT LLP
140 West George Street, Glasgow, G2 2H(
+44 (0)333 006 1203
Stephen.McGowan@TLTsolicitors.com

WEST DUNBARTONSHIRE LICENSING BOARD

LICENSING (SCOTLAND) ACT 2005

Em 4/12

APPLICATION FOR OCCASIONAL LICENCE

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.

WD/1002

You may wish to keep a copy of the completed form for your records.

1. LICENCE DETAILS (see note 1)

Premises licence number (if applicable)

Personal licence number (if applicable)

21837

| Name of voluntary organisation (if applicable) | | | | | | |
|--|---------------------------------|------------------|----------------|--------|--------|----|
| | | | | | | |
| 2. PERSONAL I | DETAILS | | | | | |
| TITLE (delete as | appropriate): Mr Mre Miss Ms Ot | her (please stat | e)- | | | |
| Surname | Dobbin | | | | | |
| Forenames | Steven | .9 | A., | | | |
| DATE OF BIRTH | DATE OF BIRTH Day Month Year | | | | Year | |
| ADDRESS WHE | RE ORDINARILY RESIDENT TO | BE USED FOR | R CORRESPO | NDENCE | PURPOS | ES |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Post town | umbarton | Post code | G82 21 | PL | | |
| TELEPHONE NU | IMBERS | | | | | |
| Daytime | | | | - 8 | | |
| Evening | | | | | | |
| Mobile | | | | | | |
| FAX NUMBER | | | | | | |
| E-MAIL ADDRESS (if you would prefer us to correspond with you by e-mail) | | | | | | |

Description of premises

Restaurant

Description of activities to be carried on in the premises

Conference facilities, Restaurant facilities Bar meals, Receptions, meetings, recorded Music, Live performances.

Charity events, business networking, Community events & meetings, tastings and food and drink events. Supper club,

Cultural and artistic displays or Performances.

Full postal address of premises which this application refers to

Lomondgate

Dumbarton

682 2QU

4. DURATION OF LICENCE

From: Tuesday 9 february 2016

To: monday 22 february 2016

5. Is alcohol to be sold on & off the premises YES/NO* - Provide relevant details as to hours requested when alcohol will be sold on/off the premises-* delete as appropriate

Times for sale of alcohol for consumption on premises Sun Thurs Ham 12mpremises

Fri - Sat - Ilam - Iam

mon-Sun-liam-lopm

| FOR DURING THE RESIDENCE OF THE PARTY OF THE | |
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| 6. CHILDREN (see note 2) | |
| This section must be completed where alcohol is | s for sale for consumption on the premises |
| | YES/NO (if answered yes the remainder of this |
| Ages of children or young persons permitted entry | Times at which children or young persons permitted entry |
| 0-17 years | when consuming a |
| grace | when consuming a meal - 10 pm functions - duration of function |
| | functions - duration |
| e e | of function |
| Parts of premises to which children or young per | |
| All public areas. | |

| CHECKLIST | |
|---------------|----|
| nave | |
| ease tick yes | |
| | |
| | ./ |

| 8. Signature and declaration by DECLARATION | applicant (see note 3) |
|--|--|
| The contents of this Application a | e true to the best of my knowledge and belief. |
| SIGNATURE | DATE |
| | 03/12/2015 |
| | |

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

Stephen J. McGowan
Partner - Head of Licensing (Scotland)
TLT LLP
140 West George Street, Glasgow, G2 2H(
+44 (0)333 006 1203
Stephen.McGowan@TLTsolicitors.com

OL20615

WEST DUNBARTONSHIRE LICENSING BOARD

LICENSING (SCOTLAND) ACT 2005

EM 4/12.

APPLICATION FOR OCCASIONAL LICENCE

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 21838. additional sheets, if necessary.

WD/1002

You may wish to keep a copy of the completed form for your records.

1. LICENCE DETAILS (see note 1)

Premises licence number (if applicable)

Personal licence number (if applicable)

| Name of voluntary organisation (if applicable) | | | | | |
|--|----------------------------------|--------------------------------|----------|--------|------|
| | | | | | |
| 2. PERSONAL E | DETAILS | | | | |
| TITLE (delete as | appropriate): Mr Mrs Miss Ms Oth | e r (please state)· | | | |
| Surname | Dobbin Steven | | | | |
| Forenames | Steven | | 9 | | |
| DATE OF BIRTH | DATE OF BIRTH Day Month Year | | | | Year |
| ADDRESS WHE | RE ORDINARILY RESIDENT TO I | BE USED FOR CORRESPON | NDENCE I | PURPOS | ES |
| 53 Greenhead Road | | | | | |
| Post town | umbarton | Post code G82 21 | ٥L | | |
| TELEPHONE NU | JMBERS | | | | |
| Daytime | | 6 | | | |
| Evening | | | | | |
| Mobile | | | | | |
| FAX NUMBER | | | | | |
| E-MAIL ADDRESS (if you would prefer us to correspond with you by e-mail) | | | | | |
| | | | | | |

Description of premises

Restaurant

Description of activities to be carried on in the premises

Conference facilities, Restaurant facilities Barmeals, Receptions, meetings, recorded Music. Live performances.

Charity events, business networking, Community events & meetings, tastings and food and drink events. Supper club.

Cultural and artistic displays or Performances.

Full postal address of premises which this application refers to JACONELLI & FISH

Lomondgate

Dumbarton

682 2QU

4. DURATION OF LICENCE

From: Tuesday 23 february 2016 monday 7 march 2016

5. Is alcohol to be sold on & off the premises YES/NO* - Provide relevant details as to hours requested when alcohol will be sold on/off the premises-* delete as appropriate

Times for sale of alcohol for consumption on | Times for sale of alcohol for consumption off premises Sun - Thurs - Harn-12mpremises

Fri - Sat - Ilam - Iam

mon-Sun-11am-10pm

| | ACCESS IN CONTROL OF THE PROPERTY OF THE PROPE | | |
|--|--|--|--|
| 6. CHILDREN (see note 2) | | | |
| This section must be completed where alcohol i | s for sale for consumption on the premises | | |
| | YES/NO (if answered yes the remainder of this | | |
| Ages of children or young persons permitted entry | Times at which children or young persons permitted entry | | |
| 0-17 years | when consuming a | | |
| 9 | when consuming a meal - 10 pm functions - duration of function | | |
| | functions - duration | | |
| | of function | | |
| Parts of premises to which children or young persons permitted entry | | | |
| All public areas. | | | |

7. CHECKLIST

I have

Please tick yes

Made or enclosed payment of the fee for the application

| 8. Signature and declaration by app | olicant (see note 3) |
|--|--|
| The contents of this Application are tri | ue to the best of my knowledge and belief. |
| SIGNATURE | DATE |
| | 03/12/2015 |
| * | |

Contact Us:

G81 1TG

-West Dunbartonshire-Licensing Board Council Offices Rosebery Place Clydebank

Phone: 01389 738701 Fax: 01389 738674

Email: marie.mccran@west-dunbarton.gov.uk

Stephen J. McGowan
Partner - Head of Licensing (Scotland)
TLT LLP
140 West George Street, Glasgow, G2 2H(
+44 (0)333 006 1203
Stephen.McGowan@TLTsolicitors.com

WEST DUNBARTONSHIRE LICENSING BOARD

LICENSING (SCOTLAND) ACT 2005

em 4/12

APPLICATION FOR OCCASIONAL LICENCE

Before completing this form please read the guidance notes at the end of the form.

NPO 812

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.

WD/1002

You may wish to keep a copy of the completed form for your records.

1. LICENCE DETAILS (see note 1)

Premises licence number (if applicable)

Personal licence number (if applicable)

| Name of voluntary organisation (if applicable) | | | | | |
|--|----------------------------------|--------------------------------|-----|-------|------|
| | | | | | |
| 2. PERSONAL I | DETAILS | | | | |
| TITLE (delete as | appropriate): Mr Mrs Miss Ms Oth | e r (please state) | | | |
| Surname | Dobbin | | | | |
| Forenames | Steven | | | | |
| DATE OF BIRTH | ı | | Day | Month | Year |
| ADDRESS WHERE ORDINARILY RESIDENT TO BE USED FOR CORRESPONDENCE PURPOSES | | | | | |
| 53 Greenhead Road | | | | | |
| Post town | umbarton | Post code G82 21 | ٥٢ | | |
| TELEPHONE NU | JMBERS | | | | |
| Daytime | | | | | |
| Evening | | | | | |
| Mobile | | | | | |
| FAX NUMBER | | (| | | |
| E-MAIL ADDRESS (if you would prefer us to correspond with you by e-mail) | | | | | |

Description of premises

Restaurant

Description of activities to be carried on in the premises

Conference facilities, Restaurant facilities Bar meals, Receptions, meetings, recorded Music, Live performances.

Charity events, business networking, Community events & meetings, tastings and food and drink events. Supper Club.

Cultural and artistic displays or Performances.

Full postal address of premises which this application refers to JACONELLIS TISH

Lomondgate

Dumbarton

682 2QU

4. DURATION OF LICENCE

From: Tuesday 8 march 2016

To: monday 15 march 2016

5. Is alcohol to be sold on & off the premises YES/NO* - Provide relevant details as to hours requested when alcohol will be sold on/off the premises-* delete as appropriate

Times for sale of alcohol for consumption on premises Sun - Thurs - Ilam-I2mpremises

Fri - Sat - Ilam - Iam

mon-Sun-llam-lopm

| 6. CHILDREN (see note 2) This section must be completed where alcohol is | s for sale for consumption on the promises |
|---|--|
| 11.00 | YES/MD_(if answered yes the remainder of this |
| Ages of children or young persons permitted entry O - 17 YCARS | Times at which children or young persons permitted entry When consuming a Meal - 10 pm Functions - duration of function |
| | of function |
| Parts of premises to which children or young per | |
| All public areas. | |

| have | |
|-----------------|--|
| Please tick yes | |
| | |

| 8. Signature and declaration by DECLARATION | applicant (see note 3) |
|---|---|
| | re true to the best of my knowledge and belief. |
| SIGNATURE | DATE |
| | 03/12/2015 |
| | |

Contact Us:

G81 1TG

West Dunbartonshire Licensing Board Council Offices Rosebery Place Clydebank Phone: 01389 738701 Fax: 01389 738674

Email: marie.mccran@west-dunbarton.gov.uk

Stephen J. McGowan
Partner - Head of Licensing (Scotland)
TLT LLP
140 West George Street, Glasgow, G2 2H0
+44 (0)333 006 1203
Stephen.McGowan@TLTsolicitors.com

| Page 38 | 8 01 50 | |
|---------|---------|--|
| | | |

OL19915

WEST DUNBARTONSHIRE LICENSING BOARD

LICENSING (SCOTLAND) ACT 2005

APPLICATION FOR OCCASIONAL LICENCE

EM 4/12

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.

| | DETAILS (see note 1) | | | |
|---------------|---|--------|-------|------|
| Freimses nce | ence number (if applicable) | - 6 | | |
| Personal lice | nce number (if applicable) GC08091 | | | |
| Name of volu | ntary organisation (if applicable) | y J. e | 2.1 | |
| | | | | |
| 2. PERSONAI | - DETAILS | -A 70 | | |
| TITLE (delete | as appropriate): Mr Mrs Miss Ms Other (please state) | | 1 | |
| Surname | Sohal | × | | |
| Sumame | | | | |
| | | | | |
| Forenames | Balraj Singh | | | |
| | | Day | Month | Year |

Post town Glasgow
Post code G51 3LY

TELEPHONE NUMBERS

Daytime
Evening
Mobile

FAX NUMBER

E-MAIL ADDRESS (if you would prefer us to correspond with you by e-mail)

35 Elderpark grove

3. THE PREMISES

Description of premises

A single storey, brick built property which is set back from the main road. The premises is currently operating as a family restaurant, serving a range of international cuisine. An application for a full premises licence has been recently submitted to West Dunbartonshire Licensing Board

Description of activities to be carried on in the premises (please give full detailed description of the event/activities & approx numbers attending)

As a full licence application has already been made, we are seeking an occasional licence to allow the business to establish a full drinks service in the short term, prior to the full application being formally considered by the board.

The premises operates as a traditional-style family restaurant and the nature of the proposed activities will be the same as outlined in the full licence application. Specifically, the service of food and drinks, in keeping with the style of a family restaurant. There will be no live music or other entertainment and any music will be limited to discreet "background" music.

The capacity of the premises (as outlined in the layout plan) is 49 and so the maximum number of numbers attending would be 49 at any given point

Full postal address of premises which this application refers to

The Macchiato's 176, Main Street, Jamestown, Alexandria, G83 8PN.

4. DURATION OF LICENCE

From: 16.12.15

то: 29.12.15

5. Is alcohol to be sold on & off the premises YES/NO* - Provide relevant details as to hours requested when alcohol will be sold on/off the premises-* delete as appropriate

Times for sale of alcohol for consumption on premises

Times for sale of alcohol for consumption off premises

11.00 - 00.00

11.00 - 22.00

Statement of the times at which any activities other than the sale of alcohol will be carried on in the premises

Food service between 11.00 - 00.00

6. CHILDREN (see note 2)

This section must be completed where alcohol is for sale for consumption on the premises

Are children or young persons permitted entry? YES/NO (if answered yes the remainder of this section must be completed)

Ages of children or young persons permitted entry

Times at which children or young persons permitted entry

Children (under 16) and young persons (16-17) may be permitted to enter the premises only when accompanied by a responsible adult

Children under the age of 16 until 20.00 when accompanied by a responsible adult

Young persons (16-17) until 00.00 when accompanied by a responsible adult

Parts of premises to which children or young persons permitted entry

Entrance, reception/waiting area, main dining area and lavatories

| 7. CHECKLIST | | |
|------------------|--|--|
| I have | | |
| Please tick yes | | |
| | | |
| | | |
| Made or enclosed | payment of the fee for the application | |

8. Signature and declaration by applicant (see note 3)

DECLARATION

The contents of this Application are true to the best of my knowledge and belief.

SIGNATURE

DATE

3.12.15

Contact Us:

West Dunbartonshire Licensing Board Council Offices Garshake Road Dumbarton G82 3PU Phone: 01389 738701

Email: licensing@west-dunbarton.gov.uk

NOTES

- 1. Section 56 of the Licensing (Scotland) Act provides that only:-
 - · The holder of a premises licence;
 - The holder of a personal licence; or
 - A representative of any voluntary organisation

is eligible to apply for an occasional licence

- 2. Where alcohol is to be sold for consumption on the premises, the Act requires that a clear statement be made as to whether children or young persons are to be allowed entry and, if they are, a statement of the terms on which they are allowed entry
- 3. Data Protection Act 1998

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

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

OL 20015.

WEST DUNBARTONSHIRE LICENSING BOARD

LICENSING (SCOTLAND) ACT 2005

ON 4/12

APPLICATION FOR OCCASIONAL LICENCE

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.

1. LICENCE DETAILS (see note 1)

Premises licence number (if applicable)

21832

| Name of volunt | tary organisation (if applicable) | | | | #)) |
|------------------|---|--------------------------|---------|--------|------|
| | , o o o o o o o o o o o o o o o o o o o | | | (| |
| | 12 1 1 1 1 1 | | | | |
| 2. PERSONAL I | DETAILS | | | | |
| TITLE (delete as | s appropriate): Mr Mrs Miss Ms Oth | er (please state) | | | |
| Surname | Sohal | | | | |
| | | | | | |
| Forenames | Balraj Singh | | | | |
| DATE OF BIRTI | Н | | Day | Month | Year |
| | | | | - 4 | |
| ADDRESS WHE | ERE ORDINARILY RESIDENT TO | BE USED FOR CORRESPO | ONDENCE | PURPOS | ES |
| 35 Elderpark | | | | | |
| | | | | | |
| Post town Gla | sgow | Post code G51 3LY | | | |
| TELEPHONE N | UMBERS | | | 7.0 | |
| Daytime | | , , | 2 1 | | - 1 |
| Evening | | p) | | | |
| Mobile | | | | | |
| FAX NUMBER | | | | | |
| E-MAIL ADDRE | SS (if you would prefer us to cor | respond with you by e-ma | il) | | |
| | | | | | |
| | | | | | |

3. THE PREMISES

Description of premises

A single storey, brick built property which is set back from the main road. The premises is currently operating as a family restaurant, serving a range of international cuisine. An application for a full premises licence has been recently submitted to West Dunbartonshire Licensing Board

Description of activities to be carried on in the premises (please give full detailed description of the event/activities & approx numbers attending)

As a full licence application has already been made, we are seeking an occasional licence to allow the business to establish a full drinks service in the short term, prior to the full application being formally considered by the board.

The premises operates as a traditional-style family restaurant and the nature of the proposed activities will be the same as outlined in the full licence application. Specifically, the service of food and drinks, in keeping with the style of a family restaurant. There will be no live music or other entertainment and any music will be limited to discreet "background" music.

The capacity of the premises (as outlined in the layout plan) is 49 and so the maximum number of numbers attending would be 49 at any given point

Full postal address of premises which this application refers to

The Macchiato's 176, Main Street, Jamestown, Alexandria, G83 8PN.

WEST DUNBARTONSHIRE LICENSING BOARD

LICENSING (SCOTLAND) ACT 2005

ON 4/12

APPLICATION FOR OCCASIONAL LICENCE

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.

NRO 8/12.

| 1. LICENCE DETAILS (see note 1) | | | 16,030 19,01 |
|---|----------|-----|--------------|
| Premises licence number (if applicable) | | | |
| Personal licence number (if applicable) GC08091 | | * | |
| Name of voluntary organisation (if applicable) | | . (| 38. (8) |
| | <u> </u> | | |

| 2. PERSONAL | DETAILS | | | | |
|---|--|--------------------|----------|--------|------|
| TITLE (delete a | as appropriate): Mr Mrs Miss Ms Oth | er (please state) | | | |
| Surname | Sohal | | 5 | | |
| Forenames | Balraj Singh | | | | |
| DATE OF BIRT | н | | Day | Month | Year |
| | | | | 3 | , |
| ADDRESS WH | ERE ORDINARILY RESIDENT TO | BE USED FOR CORDER | DONDENOE | PUPPOS | |
| | | DE USED FOR CORRES | PONDENCE | PURPOS | ES |
| | k grove | | | PURPOS | ES |
| Post town Gla | k grove | Post code G51 3LY | | PURPOS | ES |
| Post town Gla | k grove | | | PURPOS | ES |
| 35 Elderpar Post town Gla TELEPHONE N Daytime Evening Mobile | k grove | | | PURPOS | ES |
| Post town Glasses TELEPHONE N Daytime Evening | k grove | | | PURPOS | ES |

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| 7. CHECKLIST | | | | | | |
|---------------------------------|-----------------|-------------------|-------------|---|----------|--|
| l have | | | | | DE BANKS | |
| Please tick yes | | | | | | |
| | | | 1, | 7 | | |
| | | , | | / | | |
| Made or end | losed payment o | f the fee for the | application | | | |

8. Signature and declaration by applicant (see note 3)

DECLARATION

The contents of this Application are true to the best of my knowledge and belief.

SIGNATURE

DATE

3.12.15

Contact Us:

West Dunbartonshire Licensing Board Council Offices Garshake Road Dumbarton G82 3PU

Phone: 01389 738701

Email: licensing@west-dunbarton.gov.uk

NOTES

- 1. Section 56 of the Licensing (Scotland) Act provides that only:-
 - The holder of a premises licence;
 - The holder of a personal licence; or
 - A representative of any voluntary organisation

is eligible to apply for an occasional licence

- 2. Where alcohol is to be sold for consumption on the premises, the Act requires that a clear statement be made as to whether children or young persons are to be allowed entry and, if they are, a statement of the terms on which they are allowed entry
- 3. Data Protection Act 1998

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

4. DURATION OF LICENCE

From: 30.12.15

то: 12.01.16

5. Is alcohol to be sold on & off the premises YES/NO* - Provide relevant details as to hours requested when alcohol will be sold on/off the premises-* delete as appropriate

Times for sale of alcohol for consumption on premises

Times for sale of alcohol for consumption off premises

11.00 - 00.00

11.00 - 22.00

Statement of the times at which any activities other than the sale of alcohol will be carried on in the premises

Food service between 11.00 - 00.00

6. CHILDREN (see note 2)

This section must be completed where alcohol is for sale for consumption on the premises

Are children or young persons permitted entry? YES/NO (if answered yes the remainder of this section must be completed)

Ages of children or young persons permitted entry

Times at which children or young persons permitted entry

Children (under 16) and young persons (16-17) may be permitted to enter the premises only when accompanied by a responsible adult

Children under the age of 16 until 20.00 when accompanied by a responsible adult

Young persons (16-17) until 00.00 when accompanied by a responsible adult

Parts of premises to which children or young persons permitted entry

Entrance, reception/waiting area, main dining area and lavatories

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