

**ITEM 10 – APPLICATION FOR VARIATION OF A PREMISES LICENCE**

**Premises:** Glenhead Social Club, 1 Farm Road, Duntocher,  
Clydebank G81 6HH.

**Applicant:** Glenhead Social Club, 1 Farm Road, Duntocher,  
Clydebank G81 6HH.

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 75
Appendix 2	Application Form (with detailed Operating Plans)	Pages 77 - 90



## THE LICENSING (SCOTLAND) ACT 2005

**Application for Variation of Premises Licence****Ref:** WDLBPREM/0227**Name and Address of Premises:** Glenhead Social Club, 1 Farm Road, Duntocher, Clydebank, G81 6HH**Applicant/Licence Holder:** Glenhead Social Club, 1 Farm Road, Duntocher, Clydebank G81 6HH**Type of Premises:** On Sales (Members Club)**Proposed Variation:** To allow outdoor drinking to the left of the Premises to be used as on sales**Police Authority Comments:** No objection**Fire Authority Comments:** No comments**Regulatory Services Comments:****Environmental Health**

The proposed change of use from car park to outdoor drinking area has the potential to cause noise disturbance to neighbouring residential properties. As such the hours of use that are granted for this area should be restricted to no later than 2100hrs.

**Community Council Comments:** No active community council for this area**Health Board Comments:** No objection**Access Panel:** No comment**Additional Comments:** No additional comments**Decision:**



# WEST DUNBARTONSHIRE LICENSING BOARD

LICENSING (SCOTLAND) ACT 2005

APPLICATION FOR VARIATION OF PREMISES LICENCE/  
PROVISIONAL PREMISES LICENCE\*

\*Delete as appropriate

REC. NO. 119748 E200 CHB  
WEST DUNBARTONSHIRE  
COUNCIL

If you are completing this form by hand, please write legibly in block capitals using ink. 23 JUN 2014

## SECTION 1: APPLICANT INFORMATION

RECEIVED

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

GLENHEAD SOCIAL CLUB 1 FARM ROAD DUNDEER G.81.6HH	
Post Code	G 81. 6 HH
Premises Licence Ref. No.	WDLBPRM/0227

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

GLENHEAD SOCIAL CLUB 1 FARM ROAD DUNDEER G81 6HH			
Post Code	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)

A BEER GARDEN AS PER DRAWINGS.
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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)

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)

BEER GARDEN

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)

OUTSIDE DRINKING IN BEER GARDEN

## 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.

MR JAMES CONNOR WOOD 12 PETERSON DRIVE VOKER GLASGOW G13 4TH	
Reference Number of Personal Licence	GC 00952

#### PROPOSED PREMISES MANAGERESS

4(a) Name and telephone number

MISS JENNIFER WHITE	
Telephone No.	

4(b) Date and place of birth

13/3/83	GLASGOW
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4(c) Contact address, including postcode

4A ORBISTON DRIVE FAIRFLEY CLYDEBANK G81 5DR	
Postcode	G81 5DR

4(d) Email address

N/A.
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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
16/4/2014	GLASGOW R35004	1003303839

(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).

1st DECEMBER 2014
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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 .....

24/5/2014

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)	✓
Operating Plan (See Note 3)	
Layout Plans (See Note 3)	✓
Planning certificate (See Note 4)	N/A
Building standards certificate (See Note 4)	N/A
Food hygiene certificate (See Note 4)	N/A
Copy of Personal Licence	✓

#### 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:

N/A

? \* 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. No

##### Data Protection Act 1998

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**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](mailto: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	11 AM	12 MIDNIGHT
Tuesday	11 AM	12 MIDNIGHT
Wednesday	11 AM	12 MIDNIGHT
Thursday	11 AM	12 MIDNIGHT
Friday	11 AM	1 AM
Saturday	11 AM	1 AM
Sunday	12.30 PM	12 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	N/A	
Thursday		
Friday		
Saturday		
Sunday		

Question 4

SEASONAL VARIATIONS

Does the applicant intend to operate according to seasonal demand

YES NO\*

\*If YES – provide details

WE HAVE A SMALL AREA AT CABLE END OFF CLUB  
IN SUMMER WE HAVE 2 TABLES & 8 CHAIRS FOR SOMEONE  
TO SIT AND ENJOY THE SUN

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

We have children playing football ages 8 to 18  
they come up to us for water and soft drinks after  
games

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

12 O'CLOCK TO APP. 630 P.M.

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

Children have a corner over at the right hand side  
of our Social Club with their parents & coaches

#### Question 7

#### CAPACITY OF PREMISES

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

As per operational plan. AS REQUESTED  
 WE ALLOW THE FAMILY OF THE FOOTBALL TEAMS INTO THE CLUB  
 ON SATURDAY & SUNDAYS MUST BE OUT BY 6 O'CLOCK

5(d) Activity	Please confirm <u>YES</u> <u>NO</u>	To be provided during core licensed hours please confirm <u>YES</u> <u>NO</u>	Where activities are also to be provided outwith core licensed hours please confirm <u>YES</u> <u>NO</u>
Outdoor drinking facilities	<input checked="" type="checkbox"/>		
5(e) Activity	Please confirm <u>YES</u> <u>NO</u>	To be provided during core licensed hours please confirm <u>YES</u> <u>NO</u>	Where activities are also to be provided outwith core licensed hours please confirm <u>YES</u> <u>NO</u>
Adult entertainment			

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

POOL AND DANCE DURING THE WEEK AND FOOTBALL SATURDAY & SUNDAY

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.

N/A

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?	<u>YES</u> <u>NO</u> *
When fully occupied, are there likely to be more customers standing than seated?	<u>YES</u> <u>NO</u> *
*Delete as appropriate	



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		N/A	N/A
Conference facilities			
Restaurant facilities	NO	No	
Bar meals	NO	No	
5(b) Activity	Please confirm YES/NO	To be provided during core licensed hours please confirm YES/NO	Where activities are also to be provided outwith core licensed hours please confirm YES/NO
Social functions including:			
Receptions including Weddings, funerals, birthdays, retirements etc.	✓	YES	NO
Club or other group meetings etc.	✓	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	NO
Live performances - see 5(g)	✓	YES	NO
Dance facilities			
Theatre			
Films			
Gaming			
Indoor/outdoor sports	✓	YES	NO
Televised sport	✓	YES	NO



## 8(e) Personal licence

<i>Date of issue</i>	<i>Name of Licensing Board issuing</i>	<i>Reference no. of personal licence</i>
31/MARCH 2007	GLASGOW	RD20 04

**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 .. . . . . 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.

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