

ITEM 9 – APPLICATION FOR PROVISIONAL PREMISES LICENCE

Premises: Unit 27, Sylvania Way, Clydebank.

Applicant: Nath Enterprises Limited, Unit 27, Sylvania Way,
Clydebank G81 2RR.

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 81 |
| (b) Application Form (with detailed Operating Plans) | Pages 83 - 96 |
| (c) Letter of Objection from West Dunbartonshire Community Health & Care Partnership | Page 97 |

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

Ref: WDLBPREM/0276

Name and Address of Premises: Unit 27, Sylvania Way, Clydebank G81 2RR.

Applicant/Licence Holder: Nath Enterprises Limited, c/o Brunton Miller, Herbert House, 22 Herbert Street, Glasgow G20 6NB.

Proposed Variation: See attached application/paperwork outlining the proposed variations.

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: See attached letter of objection.

Access Panel: No comments received.

Additional Comments:

Decision:

Item No: 9(b)

WEST DUNBARTONSHIRE LICENSING BOARD

APPLICATION FOR ~~PREMISES LICENCE~~/PROVISIONAL PREMISES
LICENCE*

*Delete as appropriate

Licensing (Scotland) Act 2005, section 20

REC'D. 11.15.95 1200 hrs.
WEST DUNBARTONSHIRE
COUNCILAPPLICANT INFORMATION Licensing (Scotland) Act 2005, section 20(1)

16 SEP 2013

Question 1

Name, address and postcode of premises to be licensed.

RECEIVED

Unit 27 Sylvania Way, Clydebank G81 2RR

Question 2

Particulars of applicant

2(a) Where applicant is an individual, provide full name, date and place of birth, and home address including postcode.

N/A

2(b) Where applicant is a partnership, please provide full name, and postal address of partnership.

N/A

- 2(c) *Where applicant is a company, please provide name, registered office and company registration number.*

Nath Enterprises Limited,

- 2(d) *Where the applicant is a club or other body, please provide full name, and postal address of club or other body.*

N/A

- 2(e) *Where applicant is a partnership, company, club or other body, please provide the names, dates and places of birth, and home addresses of connected persons.**

| | | | | |
|---|--|--|--|--|
| | | | | |
| I | | | | |
| F | | | | |
| E | | | | |
| S | | | | |
| E | | | | |

* Connected person is defined in section 147(3) of the Licensing (Scotland) Act 2005.

Question 3*Previous applications*

- 3 Has the applicant been refused a premises licence under section 23 of the Licensing (Scotland) Act 2005 in respect of the same premises? **YES / NO ***

If YES – provide full details

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

Question 4*Previous convictions*

| | |
|---|-------------------|
| 4 Has the applicant or any connected person ever been convicted of a relevant or foreign offence (1)? | YES / NO * |
|---|-------------------|

*If YES – provide full details

For the purpose of this Act, a conviction for a relevant offence or foreign offence is to be disregarded if it is spent for the purpose of the Rehabilitation of Offenders Act 1974

| Name & position (if applicable) | Date of conviction or sentence | Court | Offence | Penalty |
|---------------------------------|--------------------------------|-------|---------|---------|
| | | | | |

(1) In addition to any convictions held by the applicant at the time of application, applicants should also familiarise themselves with the contents of section 24(1) of the Licensing (Scotland) Act 2005 in respect of any convictions for relevant or foreign offences which they may receive during the period beginning with the making of the premises licence application and ending with determination of the application.

DESCRIPTION OF PREMISES *Licensing (Scotland) Act 2005, section 20(2)(a)***Question 5**

- 5 *Description of premises (where application is submitted by a members' club, please also complete question 6)*

The premises are located within a Shopping Centre in the heart of Clydebank and comprise a Post office and Convenience Store in an area which is mainly commercial in nature.

Question 6

- 6 *To be completed by members' clubs only*

| | |
|---|------------|
| <i>Do the club's constitution and rules conform to the requirements of regulation 2 of the Licensing (Clubs) (Scotland) Regulations 2007?</i> | YES / NO * |
| * Delete as appropriate | |

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

Signature * (see note below)

Date 12 September 2013

Capacity Solicitor..... **APPLICANT** / AGENT (delete as appropriate)

Telephone number and email address of signatory: 0141-337 1199 archiemaciver@bruntonmiller.com

| <i>I have enclosed the relevant documents with this application – please tick the relevant boxes</i> | |
|--|---|
| <i>Operating plan</i> | ✓ |
| <i>Layout plan</i> | ✓ |
| <i>Planning certificate</i> | ✓ |
| <i>Building standards certificate</i> | |
| <i>Food hygiene certificate</i> | |

*** 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.

| <u>For use by the Licensing Board only</u> | |
|---|--|
| Application checklist | |
| Date received | |
| Fee amount | |
| Receipt number | |
| Received by (INITIALS) | |
| Consideration date | |
| Last date for consideration | |
| Date of initial hearing | |
| Date of any modification hearing | |
| Date granted/refused (delete as appropriate) | |

| <u>For use by the Licensing Board only</u> | |
|--|--|
| If application is for a premises licence | |
| Documents required | |
| Operating plan | |
| Layout plan | |
| Planning certificate | |
| Building standards certificate | |
| Food hygiene certificate | |

| <u>For use by the Licensing Board only</u> | |
|--|--|
| If application is for a provisional premises licence | |
| Documents required | |
| Provisional planning certificate | |
| Operating plan | |
| Layout plan | |

OPERATING PLAN

Licensing (Scotland) Act 2005, section 20(2)(b)(i)

Question 1

STATEMENT REGARDING ALCOHOL BEING SOLD ON PREMISES/OFF PREMISES OR BOTH

| | |
|--|-----------------------|
| <i>1(a) Will alcohol be sold for consumption solely ON the premises?</i> | YES / NO * |
| <i>1(b) Will alcohol be sold for consumption solely OFF the premises?</i> | YES / NO * |
| <i>1(c) Will alcohol be sold for consumption both ON and OFF the premises?</i> | YES / NO * |
| <i>*Delete as appropriate</i> | |

Question 2

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

| <i>Day</i> | <i>ON Consumption</i> | |
|------------|-----------------------|----------------------|
| | <i>Opening time</i> | <i>Terminal hour</i> |
| Monday | N/A | |
| Tuesday | N/A | |
| Wednesday | N/A | |
| Thursday | N/A | |
| Friday | N/A | |
| Saturday | N/A | |
| Sunday | N/A | |

Question 3

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

| <i>Day</i> | <i>OFF Consumption</i> | |
|------------------|------------------------|----------------------|
| | <i>Opening time</i> | <i>Terminal hour</i> |
| <i>Monday</i> | 10.00 a.m | 10.00 p.m. |
| <i>Tuesday</i> | 10.00 a.m | 10.00 p.m. |
| <i>Wednesday</i> | 10.00 a.m | 10.00 p.m. |
| <i>Thursday</i> | 10.00 a.m | 10.00 p.m. |
| <i>Friday</i> | 10.00 a.m | 10.00 p.m. |
| <i>Saturday</i> | 10.00 a.m | 10.00 p.m. |
| <i>Sunday</i> | 10.00 a.m | 10.00 p.m. |

Question 4

SEASONAL VARIATIONS

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

**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(a) Activity | COL. 2 Please confirm YES/NO | COL. 3 To be provided during core licensed hours please confirm YES/NO | COL. 4 Where activities are also to be provided outwith core licensed hours please confirm YES/NO |
|--|------------------------------------|---|--|
| Accommodation | NO | N/A | N/A |
| Conference facilities | NO | NO | NO |
| Restaurant facilities | NO | NO | NO |
| Bar meals | NO | 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. | NO | NO | NO |
| Club or other group meetings etc. | NO | NO | 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 | 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) 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 |
| <i>Outdoor drinking facilities</i> | NO | NO | 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 |
| <i>All entertainment</i> | NO | NO | NO |
| | | | |

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

There may be background Music in the premises from time to time in the form of a Radio.

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 premises comprise a General Convenience Store and Post Office. The premises will operate outwith the core hours for the provision of the sale of non alcohol goods and the provision of the Postal Services. For the avoidance of doubt, alcohol will not be sold other than during the core licensed hours.

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 * |
| | N/A |

| | |
|--|-----------------------|
| When fully occupied, are there likely to be more customers standing than seated? | YES / NO * |
| | N/A |
| *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 | N/A |

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

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

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

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

6(d) Provide 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

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

Question 7***CAPACITY OF PREMISES***

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

6.95 Square Metres

Question 8

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

Personal details

8(a) *Name*

8(b) *Date of birth*

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> |
|----------------------|--|--|
| | | |

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 12 September 2013

Capacity Solicitor..... ~~APPLICANT~~ / AGENT (delete as appropriate).

Telephone number and email address of signatory; 0141-337 1199 archlemaciver@bruntonmiller.com

*** 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.

PLEASE NOTE CONFIDENTIAL PAGES HAVE BEEN REMOVED

