

WEST DUNBARTONSHIRE LICENSING BOARD

LICENSING (SCOTLAND) ACT 2005

APPLICATION FOR VARIATION OF PREMISES LICENCE

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

SECTION 1: APPLICANT INFORMATION

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

| | | | |
|--|---------|---------------------------|---------------|
| Atlantis 246/262 Kilbowie Road Clydebank | | | |
| Post Code | G81 2JG | Premises Licence Ref. No. | WDLBPREM/0168 |

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

| | | | | | |
|--|---------|---------------|---------------|----------------|------------|
| Cressmount Ltd c/o Oran Mor 731 Great Western Road Glasgow G12 8QX | | | | | |
| Post Code | G12 8QX | Telephone No. | 0141 357 6200 | E-mail address | [REDACTED] |

SECTION 2: MINOR VARIATIONS

2(a) Do you consider the proposed variation to be a minor variation? **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)

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

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))?

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

(If the answer is **YES**, please give details of the proposed variation below)

1. Add out door drinking areas. Marked Area 1 and Area 2 on revised layout plan submitted.
2. Question 5(d) amend to read Yes Yes No.
3. Question 7 amend to include increased capacity of Area 1: 2 tables of 6 persons, Area 2: 8 tables of 6 persons. Total capacity increase 60 persons.
4. Amend opening hour on Sunday to 11am to reflect hours permitted on West Dunbartonshire Council Licensing Policy.
5. Amend 6(d) to read Children and Young Persons be allowed to remain at private functions to end of said function.

3(c) Do you propose a variation to the layout plan contained in the licence?

YES

(If the answer is **YES**, please give details of the proposed variation below)

As above layout plan will now show two external drinking areas marked Area 1 and Area 2. Area 1 measures 16 m² and fits neatly into a defined and delineated fenced recess in the structure of the premises and faces onto Kilbowie Road and some 30 metres across to the Clydebank Job Centre and is accessible from the front entrance of the premises. Area 2 measures 150 m² and is also defined and delineated by fencing to completely enclose the area with one point of access and egress. Area 2 faces onto Montrose Street with a Takeaway Restaurant some 12 m directly across from it, the nearest residential blocks being situated across roads some 30 m to the North and some 30 m to the east. Of note both areas will be refitted with new plantings, re painted fencing and bespoke sun screen canopies to enhance the look of the new outdoor areas.

3(d) Do you propose to vary any other information contained or referred to in the licence, including an addition, deletion or other modification?

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.

| | |
|--------------------------------------|--|
| N/A | |
| Reference Number of Personal Licence | |

PROPOSED PREMISES MANAGER

4(a) Name and telephone number

| | |
|---------------|--|
| | |
| Telephone No. | |

4(b) Date and place of birth

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

4(c) Contact address, including postcode

| | |
|----------|--|
| | |
| Postcode | |

4(d) Email address

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

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).

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.

SignatureNEIL MILLER..... (See Note 1 below)

Date 06/05/2022.....

Capacity AGENT

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

Neil Miller
Neil Miller Licensing Consultancy

.....
.....

| 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) | IN PROGRESS |
| Building standards certificate (See Note 4) | |
| Food hygiene certificate (See Note 4) | |
| 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:

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

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Contact Us:

**West Dunbartonshire Licensing Board
Council Offices
16 Church Street
Dumbarton
G82 1QL**

**Phone: 01389 738741
Email: licensing@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

| | |
|--|------------|
| <i>1(a) Will alcohol be sold for consumption solely ON the premises?</i> | <i>NO</i> |
| <i>1(b) Will alcohol be sold for consumption solely OFF the premises?</i> | <i>NO</i> |
| <i>1(c) Will alcohol be sold for consumption both ON and OFF the premises?</i> | <i>YES</i> |
| <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> |
| <i>Monday</i> | 11am | 12mn |
| <i>Tuesday</i> | 11am | 12mn |
| <i>Wednesday</i> | 11am | 12mn |
| <i>Thursday</i> | 11am | 12mn |
| <i>Friday</i> | 11am | 1am |
| <i>Saturday</i> | 11am | 1am |
| <i>Sunday</i> | 11am | 12mn |

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> | 11am | 10pm |
| <i>Tuesday</i> | 11am | 10pm |
| <i>Wednesday</i> | 11am | 10pm |
| <i>Thursday</i> | 11am | 10pm |
| <i>Friday</i> | 11am | 10pm |
| <i>Saturday</i> | 11am | 10pm |
| <i>Sunday</i> | 12.30pm | 10pm |

Question 4

SEASONAL VARIATIONS

| | |
|--|------------|
| <i>Does the applicant intend to operate according to seasonal demand</i> | <i>YES</i> |
|--|------------|

**If YES – provide details*

As per West Dunbartonshire Licensing Board Policy.

Question 5

PLEASE INDICATE THE OTHER ACTIVITIES OR SERVICES THAT WILL BE PROVIDED ON THE PREMISES IN ADDITION TO SUPPLY OF ALCOHOL

| COL. 1 <i>5(a)</i> Activity | COL. 2 <i>Please confirm</i> 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 |
|---|---|---|--|
| <i>Accommodation</i> | | N/A | N/A |
| <i>Conference facilities</i> | Y | Y | Y |
| <i>Restaurant facilities</i> | Y | Y | Y |
| <i>Bar meals</i> | Y | Y | Y |
| | | | |
| <i>5(b) Activity</i> Social functions including: | <i>Please confirm</i> 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>Receptions including Weddings, funerals, birthdays, retirements etc.</i> | Y | Y | Y |
| <i>Club or other group meetings etc.</i> | Y | Y | Y |
| | | | |
| <i>5(c)</i> Activity Entertainment including: | <i>Please confirm</i> 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>Recorded music – see 5(g)</i> | Y | Y | Y |
| <i>Live performances – see 5(g)</i> | Y | Y | Y |
| <i>Dance facilities</i> | Y | Y | Y |
| <i>Theatre</i> | Y | Y | Y |
| <i>Films</i> | Y | Y | Y |
| <i>Gaming</i> | Y | Y | Y |
| <i>Indoor/outdoor sports</i> | Y | Y | Y |
| <i>Televised sport</i> | Y | Y | Y |

| 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> | Y | Y | N |
| | | | |
| 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>Adult entertainment</i> | N | N | N |

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

5(a) Restaurant, Bar Meals and conference facilities may take place out with core hours however no alcohol will be sold out with core hours.

5(b) Receptions, Functions and other group meetings may take place out with core hours however no alcohol will be sold out with core hours.

5(c) Recorded music, live performances, theatre, films, gaming, dance facilities, indoor/outdoor sports and televised sport may take place out with core hours however no alcohol will be sold out with core hours.

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.

Activities listed below in both area of premises:

Karaoke, DJ, Bands, Cabaret, Open mic nights, stand-up comedy, children's events and entertainment, poker nights, race nights and food and wine tasting evenings, party nights and dinner dances.

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* |
|---|---------|

| | |
|--|---------|
| 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 |
| | *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

Children of 15 years and under will be accompanied by an adult, young persons will have access to the premises.

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

0-17

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

Children of 15 and under to 8pm or 10pm when having a meal. Young person's 16 & 17 to 10 pm.
Children and young persons to end of any private function.

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

All public parts of the premises only.

Question 7

CAPACITY OF PREMISES

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

On Sales indoor 387 persons: 28.9m2

On Sales external drinking areas: Area 1 12 persons 16m2: Area 2 48 Persons 150m2

Question 8

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

Personal details

8(a) *Name*

Adriana Discombe

8(b) *Date of birth*

██████████

8(c) *Contact address*

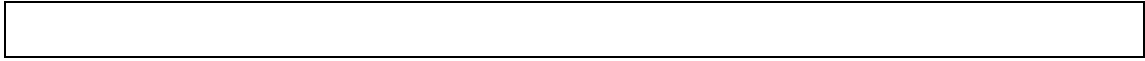
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██████████

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> |
|----------------------|--|--|
| 16/12/2019 | West Dunbartonshire Council | WD / 1380 |

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.

SignatureNeil Miller..... * (see note below)

Date ...06/05/2022.....

CapacityAGENT

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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