

OPERATING PLAN – Lomond Services Ltd
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> | NO |
| <i>1(b) Will alcohol be sold for consumption solely OFF the premises?</i> | YES |
| <i>1(c) Will alcohol be sold for consumption both ON and OFF the premises?</i> | 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> |
| <i>Monday</i> | N/A | N/A |
| <i>Tuesday</i> | N/A | N/A |
| <i>Wednesday</i> | N/A | N/A |
| <i>Thursday</i> | N/A | N/A |
| <i>Friday</i> | N/A | N/A |
| <i>Saturday</i> | N/A | N/A |
| <i>Sunday</i> | N/A | 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> | 10AM | 10PM |
| <i>Tuesday</i> | 10AM | 10PM |
| <i>Wednesday</i> | 10AM | 10PM |
| <i>Thursday</i> | 10AM | 10PM |
| <i>Friday</i> | 10AM | 10PM |
| <i>Saturday</i> | 10AM | 10PM |
| <i>Sunday</i> | 10AM | 10PM |

Question 4

SEASONAL VARIATIONS

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

**If YES – provide details*

| |
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| |
|--|

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> | NO | N/A | N/A |
| <i>Conference facilities</i> | NO | NO | NO |
| <i>Restaurant facilities</i> | NO | NO | NO |
| <i>Bar meals</i> | NO | NO | NO |
| | | | |
| <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> | NO | NO | NO |
| <i>Club or other group meetings etc.</i> | NO | NO | NO |
| | | | |
| <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> | YES | YES | YES |
| <i>Live performances – see 5(g)</i> | NO | NO | NO |
| <i>Dance facilities</i> | NO | NO | NO |
| <i>Theatre</i> | 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>Adult entertainment</i> | NO | NO | NO |

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

Background recorded music may be played when premises is open.

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 will open outwith core licensed hours for the sale of other goods and provision of services consistent with a filling station/convenience store, the premises may also offer a 'food to go' service, lotto, payment solutions, free ATM. There will be a seating area for consumption of snacks soft drinks, teas/coffees etc

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? | N/A |
| When fully occupied, are there likely to be more customers standing than seated? | 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 | N/A |
| | *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

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?

Off sales – 14.92m2

Question 8

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

Personal details

8(a) *Name*

Iain MacBean

8(b) *Date of birth*

[REDACTED]

8(c) *Contact address*

[REDACTED]
[REDACTED]
[REDACTED]

8(d) *Email address*

[REDACTED]

8(e) *Personal licence*

| <i>Date of issue</i> | <i>Name of Licensing Board issuing</i> | <i>Reference no. of personal licence</i> |
|----------------------|--|--|
| 02 June 20009 | East Dunbartonshire | EDC/180 |

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 [REDACTED] * (see note below)

Date16/01/2022.....

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

Telephone number and email address of signatory [REDACTED] t: [REDACTED]

TLT LLP, Cadworks, 41 West Campbell Street, G2 6SE

*** 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.