

West Dunbartonshire Licensing Board

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

*Delete as appropriate

Licensing (Scotland) Act 2005, section 20

APPLICANT INFORMATION *Licensing (Scotland) Act 2005, section 20(1)*

Question 1

Name, address and postcode of premises to be licensed.

Suite 2, Strathleven House, Vale of Leven Industrial Estate, Dumbarton G82 3PD.

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.*

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

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

Scotch Bay Limited
Strathleven House, Vale of Leven Industrial Estate, Dumbarton G82 3PD.
Company Number: SC732398

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

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.**

John Stevenson

██

Date of Birth: ██████

Place of Birth: ██████████

*** 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

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Question 4

Previous convictions

4 <i>Has the applicant or any connected person ever been convicted of a relevant or foreign offence (1)</i>	<i>YES/NO*</i>
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**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

<i>Name & position (if applicable)</i>	<i>Date of conviction or sentence</i>	<i>Court</i>	<i>Offence</i>	<i>Penalty</i>

(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)

Storage unit contained within larger building within an Industrial Estate. The premises will be used solely for the storage and despatch of alcohol. There will be no public retail sales from the unit.

Question 6

6 To be completed by members' clubs only

Do the club's constitution and rules conform to the requirements of regulation 2 of the Licensing (Clubs) (Scotland) Regulations 2007?	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 ... [REDACTED] * (see note below)

DateMonday, 16 May 2022.....

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

Telephone number and email address of signatory

Archie Maciver Esq., Messrs Brunton Miller, Solicitors, 22 Herbert Street, Glasgow G20 6NB

Telephone: [REDACTED]

Email: [REDACTED]

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<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**

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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**

<u>For use by the Licensing Board only</u>	
Application checklist	
Date received	
Fee amount	
Receipt number	
Received by (<i>INITIALS</i>)	
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

N/A

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>	10:00AM	10:00PM
<i>Tuesday</i>	10:00AM	10:00PM
<i>Wednesday</i>	10:00AM	10:00PM
<i>Thursday</i>	10:00AM	10:00PM
<i>Friday</i>	10:00AM	10:00PM
<i>Saturday</i>	10:00AM	10:00PM
<i>Sunday</i>	10:00AM	10:00PM

Question 4

SEASONAL VARIATIONS

<i>Does the applicant intend to operate according to seasonal demand</i>	<i>YES/NO*</i>
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**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	COL. 2	COL. 3	COL. 4
5(a) 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>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
5(b) Activity Social functions including:	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>Receptions including</i> <i>Weddings, funerals,</i> <i>birthdays, retirements</i> <i>etc.</i>	NO	NO	NO
<i>Club or other group</i> <i>meetings etc.</i>	NO	NO	NO
5(c) Activity Entertainment including:	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>Recorded music – see</i> <i>5(g)</i>	NO	NO	NO
<i>Live performances –</i> <i>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	<i>Please confirm YES/NO</i>	<i>To be provided during core licensed hours – please confirm YES/NO</i>	<i>Where activities are also to be provided outwith core licensed hours please confirm YES/NO</i>
<i>Outdoor drinking facilities</i>	NO	NO	NO
5(e) Activity	<i>Please confirm YES/NO</i>	<i>To be provided during core licensed hours – please confirm YES/NO</i>	<i>Where activities are also to be provided outwith core licensed hours please confirm YES/NO</i>
<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.

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?	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 * 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 – zero capacity

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 ... [REDACTED] * (see note below)

DateMonday, 16 May 2022.....

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

Telephone number and email address of signatory

Archie Maciver Esq., Messrs Brunton Miller, Solicitors, 22 Herbert Street, Glasgow G20 6NB

Telephone: [REDACTED]

Email: [REDACTED]

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SCHEDULE

SCHEDULE 6

Regulation 7

DISABLED ACCESS AND FACILITIES STATEMENT
Licensing (Scotland) Act 2005, Section 20(2)(b)(iia)

Question 1

Disabled access and facilities

1 (a)	Is there disabled access to the premises	YES/NO
1 (b)	Do you have any facilities for those with a disability	YES/NO
1 (c)	Do you have any other provisions available to aid the use of the premises by disabled people	YES/NO*

*Delete as appropriate

If you have answered Yes to any of the questions above please complete, as appropriate, the following sections.

Question 2

Access to the premises

Please provide clear information about how accessible the premises are for disabled people.

N/A

Question 3

Facilities available

Please describe the facilities provided for disabled people

N/A

Question 4

Other provisions

Please provide details of any other provisions made to aid the use of the premises by disabled people

N/A

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 disabled access and facilities statement are true to the best of my knowledge and belief.

Signature .. [REDACTED] * (see note below)

DateMonday, 16 May 2022.....

CapacityAPPLICANT/ AGENT (delete as appropriate).

Telephone number and email address of signatory; 0141-337 1199

Archie Maciver Esq., Messrs Brunton Miller, Solicitors, 22 Herbert Street, Glasgow G20 6NB

Telephone: [REDACTED]

Email: [REDACTED]

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