WESTERN ISLES LICENSING BOARD

COUNCIL OFFICES SANDWICK ROAD STORNOWAY ISLE OF LEWIS HS1 2BW

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)

Questi	<u>on 1</u>
Name,	address and postcode of premises to be licensed.
Questi	<u>on 2</u>
Particu	lars 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.
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) W	here applicant is a partnership, company, club or other body, please provide the names, dates and places of birth, and home addresses of connected persons.*

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

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U	ıes	STI	on	5

Previous	annli	icatio	าทร
Previous	appi	ıcatıc	צו וכ

3	Has the applicant been refused a premises licence und Act 2005 in respect of the same premises?	er section 23 of the Licensing (Scotland) YES/NO*
	If YES – provide full details	
Questic	on 4	

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

Previous convictions

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 applicable)	& (if	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 approximately complete question 6)	plication is	submitted	by a	members'	club,	please	also
Questi	on 6							
6	To be completed by members' clubs o	only						
the re	club's constitution and rules conform t quirements of regulation 2 of th ng (Clubs) (Scotland) Regulations 2007?	ne		YES/N	O*			
* Delet	e as appropriate							
DECLA	RATION BY APPLICANT OR AGENT ON E	BEHALF OF A	APPLICANT					
If signii	ng on behalf of the applicant please sta	ate in what o	capacity.					
- -1	Color A. H				1. 6			
	ntents of this Application are true to the		knowledge	e and b	elief:			
	Signature* (see note below)							
	ame							
	4 DD L CANT /	A CENT / L L			,			
Capacity APPLICANT/AGENT (delete as appropriate)								
	one number of signatory							
Emaii a	ddress of signatory							

I have enclosed the relevant documents with this application – please tick the relevant boxes					
Operating plan					
Layout plan					
Planning certificate					
Building standards certificate					
Food hygiene certificate					

Data Protection Privacy Notice

Comhairle nan Eilean Siar, Council Offices, Sandwick Road, Stornoway, Isle of Lewis HS1 2BW will use your personal data to the extent that it is necessary in order to process your application and to carry out its public functions in the public interest as a licensing authority.

The Comhairle will hold your data securely and will share it only with organisations where it is required by law or it is in the public interest to do so, including auditors, law enforcement agencies and other public bodies concerned with the administration of public funds in order to prevent and detect fraud. Your data will be kept for the duration of the service and for any further period for which the Comhairle is required by law to keep it, or considers appropriate in accordance with its file retention policy.

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For use by the Licensing Board only			
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)			

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

For use by the Licensing Board only		
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

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		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

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		
Thursday		
Friday		
Saturday		
Sunday		

Question 4

SEASONAL VARIATIONS

Does the applicant intend to operate according to seasonal demand	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

	1 ALCOHOL		
COL. 1	COL. 2	COL. 3	COL. 4
5(a)	Please confirm	To be provided	Where activities are
Activity	YES/NO	during core licensed hours - please	also to be provided outwith core licensed
		confirm	hours please confirm
		YES/NO	YES/NO
Accommodation			
Conference facilities			
Restaurant facilities			
Bar meals			
5(b) Activity	Please confirm	To be provided	Where activities are
Social functions	YES/NO	during core licensed hours – please	also to be provided outwith core licensed
including:		confirm	hours please confirm
		YES/NO	YES/NO
Receptions including			
Weddings, funerals,			
birthdays, retirements etc.			
Club or other group meetings etc.			
meetings etc.			
5(c)	Please confirm	To be provided	Where activities are
Activity	YES/NO	during core licensed	also to be provided
Entertainment	,	hours – please confirm	outwith core licensed hours please confirm
including:		YES/NO	YES/NO
Recorded music – see 5(g)			
Live performances – see 5(g)			
Dance facilities			
Theatre			

Films			
Gaming			
Indoor/outdoor sports			
Televised sport			
5(d)	Please confirm	To be provided	Where activities are
Activity	YES/NO	during core licensed hours – please confirm	also to be provided outwith core licensed hours please confirm
		YES/NO	YES/NO
Outdoor drinking facilities			
5(e) Activity	Please confirm YES/NO	To be provided during core licensed hours – please confirm	Where activities are also to be provided outwith core licensed hours please confirm
		YES/NO	YES/NO
Adult entertainment			
Adult entertainment		100,110	129,110
Where you have answe below.	red YES in respect of any	y entry in column 4 abov	e, please provide further

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.

Where you have confirmed that you are providing live or recorded music, will the decibel level exceed 85dB?			
Wher	n fully occupied, are there likely to be more customers standing than seated?	YES/NO*	
*Dele	ete as appropriate		
Ques	<u>tion 6</u> (On-sales only)		
CHILE	DREN 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		
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
O(E)	young persons will be allowed entry
Ques	tion 7
CAPA	CITY OF PREMISES
What	is the proposed capacity of the premises to which this application relates?
(For o	on-sales premises – maximum customers allowed; For on-sales premises – area of alcohol m2)

Question 8

PREM	ISES MANAGER (NOTE: no	ot required where application is fo	or grant of provisional premises licen		
Persor	nal details				
8(a)	Name				
8(b)	Date of birth				
			7		
8(c)	Contact address				
			,		
8(d)	Email address				
8(e)	Personal licence				
, ,					
	Date of issue	Name of Licensing Board issuing	Reference no. of personal licence		
DECLA	ARATION BY APPLICANT O	OR AGENT ON BEHALF OF APPLICA	<u>ant</u>		
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					
Print Name					
Print N					
_					
Date	Name		opropriate).		
Date	Nameity		opropriate).		

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Western Isles Licensing Board

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 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 app		

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 e.g. ramps, accessible floors, signage.			

Question 3

Facilities available
Please describe the facilities provided for disabled people e.g. disabled toilets, lifts, accessible tables.
Question 4
<u>Question 4</u>
Other provisions
Please provide details of any other provisions made to aid the use of the premises by disabled people e.g. assistance dogs welcome, large print menus.

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.

Name of premises
Telephone number of signatory
Email address of signatory
Signature* (see note below)
Print Name
Date
Capacity APPLICANT/AGENT

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OTHER AGENCIES FOR APPLICANT TO CONTACT

Fire Scotland

All applicants should fill in a Fire Risk Assessment after looking at the information available at

<u>Scottish Fire & Rescue Service (firescotland.gov.uk)</u> and return it to their email at <u>n.hlndpandplegislationsupport@firescotland.gov.uk</u> as part of this application process.

The website <u>Fire safety risk assessment: forms and guidance - gov.scot (www.gov.scot)</u> has fire safety risk assessment forms available and provides guidance on completing a fire safety risk assessment for people responsible for non-domestic premises.

If you have difficulty carrying out a Fire Risk Assessment, you should contact the Scottish Fire and Rescue Service at the above email.

Building Control

e-mail: cnes_buildingstandards@cne-siar.gov.uk

To get the relevant Section 50 Building Standards certificate

Planning

e-mail: planning&design@cne-siar.gov.uk

To get the relevant Planning permission and Section 50 Planning certificate

Environmental Health

e-mail: eh@cne-siar.gov.uk

To get the relevant Section 50 Food Hygiene certificate