

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

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

To:

**The Depute Clerk to the Licensing Board  
Aberdeenshire Council  
Viewmount  
Arduthie Road  
STONEHAVEN  
Kincardineshire  
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**Aberdeenshire Licensing  
Boards**

**South Aberdeenshire  
Divisional Licensing Board**

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>
<i>Monday</i>		
<i>Tuesday</i>		
<i>Wednesday</i>		
<i>Thursday</i>		
<i>Friday</i>		
<i>Saturday</i>		
<i>Sunday</i>		

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>		
<i>Tuesday</i>		
<i>Wednesday</i>		
<i>Thursday</i>		
<i>Friday</i>		
<i>Saturday</i>		
<i>Sunday</i>		

Question 4

SEASONAL VARIATIONS

Does the applicant intend to operate according to seasonal demand?	YES/NO*
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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

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

<i>Gaming</i>			
<i>Indoor/outdoor sports</i>			
<i>Televised sport</i>			
<b>5(d) Activity</b>	<b>Please confirm YES/NO</b>	<b>To be provided during core licensed hours – please confirm YES/NO</b>	<b>Where activities are also to be provided outwith core licensed hours please confirm YES/NO</b>
<i>Outdoor drinking facilities</i>			
<b>5(e) Activity</b>			
<i>Adult entertainment</i>			

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.

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/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 young persons will be allowed entry

Question 7

CAPACITY OF PREMISES

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

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

Date of issue	Name of Licensing Board issuing	Reference no. of personal licence

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 .....

Capacity : APPLICANT/AGENT (delete as appropriate).

Telephone number and email address of signatory .....  
.....

Address of Agent (if applicable)

.....  
.....

\* 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.