**INVERCLYDE 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)***Please return completed application to:
Customer Services
Inverclyde Council
Municipal Buildings
Greenock
PA15 1LY****Question 1**

*Name, address and postcode of premises to be licensed*

|  |
| --- |
|  |

**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*

|  |
| --- |
|  |

*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 person.\**

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|       |

**\* 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 Has the applicant or any connected person ever been convicted of a relevant or foreign offence (1) *[ ]  YES [ ]  NO\**

*\*If YES – provide full details*

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| --- |
|  |

*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 (if applicable)* | *Date of conviction or sentence* | *Court* | *Offence* | *Penalty* |
|       |       |       |       |       |

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)*

|  |
| --- |
|       |

**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\** |
| *\* Tick 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:       \* (see note below)

Date:

Capacity:       APPLICANT/AGENT (delete as appropriate)

Telephone number and email address 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* | [ ]  |
| *Disabled Access and Facilities Statement* | [ ]  |

\* **Data Protection Act 2018**

Inverclyde Council is obliged to comply with current data protection laws and will use this information for the purposes of the Licensing (Scotland) Act 2005 and related purposes.

Further information can be found at www.inverclyde.gov.uk/privacy

The information on this form may be held on an electronic public register which may be available to members of the public on request.

|  |
| --- |
| **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** |  |
| **Disabled Access and Facilities Statement** |  |

|  |
| --- |
| **For use by the Licensing Board only****If application is for a provisional premises licence****Documents required** |
| **Provisional planning certificate** |  |
| **Operating plan** |  |
| **Layout plan** |  |
| **Disabled Access and Facilities Statement** |  |

**INVERCLYDE LICENSING BOARD**

**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* |
| *\*Tick 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*

|  |  |  |  |
| --- | --- | --- | --- |
| ***COL. 1******5(a)******Activity*** | ***COL. 2******Please confirm******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*** |
| *Accommodation* | *[ ]  YES [ ]  NO\** | *N/A* | *N/A* |
| *Conference facilities* | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** |
| *Restaurant facilities* | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** |
| *Bar meals* | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  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*** |
| *Receptions including**Weddings, funerals, birthdays, retirements etc.* | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** |
| *Club or other group meetings etc.* | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  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*** |
| *Recorded music –* ***see 5(g)*** | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** |
| *Live performances –* ***see 5(g)*** | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** |
| *Dance facilities*  | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** |
| *Theatre* | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** |
| *Films* | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** |

|  |  |  |  |
| --- | --- | --- | --- |
| *Gaming* | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** |
| *Indoor/outdoor sports* | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** |
| *Televised sport* | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  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*** |
| *Outdoor drinking facilities* | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  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*** |
| *Adult entertainment*  | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  NO\** | *[ ]  YES [ ]  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.*

|  |
| --- |
|  |

*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\** |
| *\*Tick 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\** |
|  | *\*Tick 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 (tick as appropriate).*

*Telephone number and email address of signatory:*

\* **Data Protection Act 2018**

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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 appropriate* |

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

# **Question 2**

**Disabled access to, from and within the premises**

Please provide clear and detailed description of how accessible the premises are for disabled people. e.g. ramps, accessible floors, signage.

# **Question 3**

**Facilities available**

Please describe in detail the facilities provided for disabled people. e.g. disabled toilets, lifts, accessible tables.

# **Question 4**

**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.

# **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 …………………….…………………… \* (see note below)

 Date ………………………………………………

Capacity …………………………………………. APPLICANT/AGENT

Telephone number and e-mail address of signatory

………………………………………………………………………………………………

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