

Licensing (Scotland) Act 2005, sections 29 and 31

**APPLICATION FOR VARIATION OF PREMISES
LICENCE/PROVISIONAL PREMISES LICENCE***

By current licence holder where no transfer is taking place

*Delete as appropriate

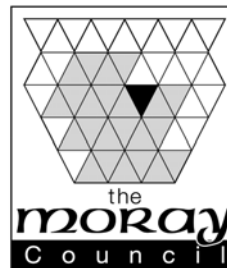
If you are completing this form by hand, please write legibly in block capitals using ink.

To:

**The Clerk to the Board
Moray Council
High Street
Elgin
IV30 1BX**

Tel: (01343) 543451
Fax: (01343) 540183
DX No 520666 Elgin

The Moray Licensing Board



Question 1 – DETAILS OF PREMISES

Name, address, postcode and premises licence number of premises.

Kirkie Bar, 50 Main street, New Elgin, Moray, IV30 6BH

P.L.N: MO/PRM/0050

Question 2 – APPLICANT INFORMATION

Please provide full name, address, postcode, phone number and e-mail address of applicant.

Michael Alexander Taylor

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Question 3 - MINOR VARIATIONS

3(a) *Do you consider the proposed variation to be a minor variation? YES/NO*
(If YES, please answer the rest of question 3. If NO please go to question 4)*

3(b) *Do you propose a variation to the layout plan which is not inconsistent with the operating plan for the Premises? YES/NO*
(if YES, please give details of the proposed variation below)*

Additional beer garden to be added to rear of building.

Change to Sunday and thursday trading hours

Children allowed entry to selected areas

Please submit 7 sets of plans showing the proposed layout of the premises with this application.

3(c) *Do you propose to restrict the terms on which children and young persons are admitted to the premises? YES/NO**

(if YES, please give details of the proposed variation below)

The proposed terms for children are: Children will be restricted to the soft seating area, games area and beer garden with allowed entry until 1900 whilst accompanied by a responsible adult.

Young persons are currently allowed entry with a responsible adult until 2200 hrs and are permitted in the soft seated area, games area and beer garden. This will stay the same.

Please submit an amended operating plan with this application.

- 3(d) *Do you propose to vary the information contained in the licence relating to the premises manager, including a variation to substitute a new premises manager?* YES/NO*

(if YES, please go to question 5 below)

- 3(e) *Do you propose any other variation as prescribed by Section 29(6)(d) of the 2005 Act?* YES/NO*

(if YES, please give details of the proposed variation below)

Question 4 - OTHER VARIATIONS

- 4(a) *Do you propose a variation to the conditions to which the licence is subject (other than those to which the licence is subject by virtue of Section 27(1))?* YES/NO*

(if YES, please give details of the proposed variation below)

Request to change licensed hours on Sundays to 1100 hrs until 2300 hrs
Request to change licensed hours on Thursday to 1100 hrs until 0030 hrs

- 4(b) *Do you propose to vary any of the information contained in the operating plan contained in the licence?* YES/NO*

(if YES, please give details of the proposed variation below)

Please submit a copy of the proposed operating plan with this application.

4(c) *Do you propose a variation to the layout plan contained in the licence?*
YES/NO*

(if YES, please give details of the proposed variation below)

Yes, additional beer garden at rear of building.

Please submit 7 sets of the proposed layout plans with this application.

4(d) *Do you propose to vary any other information contained or referred to in the licence, including an addition, deletion or other modification?*
YES/NO*

(if YES, please give details of the proposed variation below)

Additional beer garden, change to Sunday trading hours

Question 5 - VARIATION TO SUBSTITUTE NEW PREMISES MANAGER

Please provide details below of the name, address and personal licence number of the Existing Premises Manager.

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Proposed Premises Manager

5(a) Name and telephone number

5(b) Date and place of birth

5(c) Contact address, including postcode

--

5(d) Email address

5(e) Personal licence

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

Please submit the Personal Licence with this application.

5(f) *Is the variation to take effect during the application period?* YES/NO*

If the answer to the above question is NO, please provide below the date from which the variation is to take effect.

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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)

Date21/7/14.....

Capacity ...current 174 proposed 234.....

APPLICANT/AGENT (delete as appropriate)

.....

<i>I have enclosed the relevant documents with this application – please tick the relevant boxes</i>	
<i>Premises Licence</i>	
<i>Letter explaining why the Premises Licence Has not been produced.</i>	
<i>Operating Plan**</i>	
<i>Layout plans**</i>	
<i>Planning certificate</i>	
<i>Building standards certificate</i>	
<i>Food hygiene certificate</i>	
<i>Personal Licence of the Proposed Premises Manager</i>	
<i>Fee</i>	

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.

** Where the proposed variation affects the current layout plan, please submit 7 sets of plans showing the proposed new layout of the premises. Where the proposed variation affects the current operating plan, please submit an operating plan incorporating the proposed variations.

For use by the Licensing Board only	
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)	

For use by the Licensing Board only	
Documents required	
<i>Premises Licence</i>	
<i>Letter explaining why the Premises Licence Has not been produced.</i>	
<i>Operating Plan</i>	
<i>Layout plans</i>	
<i>Planning certificate</i>	
<i>Building standards certificate</i>	
<i>Food hygiene certificate</i>	
<i>Personal Licence of the Proposed Premises Manager</i>	
<i>Fee</i>	



Moray
Submit an operating plan with a variation
Licensing (Scotland) Act 2005

For help contact
licensing@moray.gov.uk
Telephone: 01343 563027

* required information

Section 1 of 9

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference

Not Currently In Use

This is the unique reference for this application generated by the system.

Your reference

Kirkie01

You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

☐ Yes ☒ No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name

Michael

* Family name

Taylor

* E-mail

[REDACTED]

Main telephone number

[REDACTED]

Include country code.

Other telephone number

[REDACTED]

☐ Indicate here if you would prefer not to be contacted by telephone

Are you:

☒ Applying as a business or organisation, including as a sole trader
☐ Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

* Is your business registered in the UK with Companies House?

☒ Yes ☐ No

* Registration number

[REDACTED]

* Business name

Taylor properties (highland) limited

If your business is registered, use its registered name.

* VAT number

-

[REDACTED]

Put "none" if you are not registered for VAT.

* Legal status

Private Limited Company

Continued from previous page...

* Your position in the business

Home country

The country where the headquarters of your business is located.

Registered Address

Address registered with Companies House.

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Section 2 of 9

PREMISES TO WHICH PLAN RELATES

* Name of premises/
trading name

Premises Address

Is the address the same as (or similar to) the address given in section one?

☐ Yes ☒ No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

Capacity Of Premises

* Proposed capacity of the
premises

* When the premises are fully occupied, are there likely to be more customers standing than seated?

☐ Yes ☒ No

Section 3 of 9

SALE OF ALCOHOL

Continued from previous page...

* Alcohol will be sold for:

- ☒ Consumption on the premises
- ☐ Consumption off the premises
- ☐ Consumption both on and off the premises

Sale Of Alcohol For Consumption On The Premises

State the core times when alcohol will be sold for consumption on the premises for each day of the week

* Day or days

* From

* To

* Day or days

* From

* To

* Day or days

* From

* To

* Day or days

* From

* To

* Day or days

* From

* To

* Day or days

* From

* To

Continued from previous page...

* Day or days	<input type="text" value="SUNDAY"/>
* From	<input type="text" value="1100"/>
* To	<input type="text" value="2300"/>
<input type="button" value="Remove this day"/>	

Seasonal Variations

* Do you intend to operate according to seasonal demand?

☒ Yes ☐ No

* Provide further details

WOULD LIKE TO OPEN UNTIL 3AM ON THE NIGHTS OF DEC 31ST AND JAN 1ST

Section 4 of 9

OTHER ACTIVITIES AND SERVICES

* Confirm whether the following activities and services will be provided at the premises in addition to the sale of alcohol. If they are to be provided, indicate whether this will be during and/or outwith core licensed hours.

	To be provided	To be provided during core licensed hours	To be provided outwith core licensed hours
Additional activities or services	<input type="radio"/> None		
Accommodation and catering:			
Accommodation	<input type="radio"/> Yes		
Conference facilities	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
Restaurant facilities	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
Bar meals	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
Social functions, including:			
Receptions, including weddings, funerals, birthdays, retirements, etc	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
Club or other group meetings	<input checked="" type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
Entertainment, including:			
Recorded music	<input checked="" type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
Live performance	<input checked="" type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
Dance facilities	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
Theatre	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
Film	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes

Continued from previous page...

Gaming ☒ Yes ☐ Yes ☐ Yes

Indoor/outdoor sports ☒ Yes ☐ Yes ☐ Yes

Televised sport ☒ Yes ☐ Yes ☐ Yes

Other activities:

Outdoor drinking facilities ☒ Yes ☐ Yes ☐ Yes

Adult entertainment ☐ Yes ☐ Yes ☐ Yes

N.B. Adult Entertainment means any form of entertainment which:

- (a) involves a person performing an act of an erotic or sexually explicit nature; and
(b) is provided wholly or mainly for the sexual gratification or titillation of the audience

Any other activities ☒ Yes ☐ Yes ☐ Yes

* Specify what other activities

KARAOKE, QUIZ NIGHT, BINGO FOR PRIZES, POKER NIGHTS, DISCOS AND CHARITY FUNDRAISING EVENTS

Section 5 of 9

LATE NIGHT PREMISES OPEN AFTER 1 A.M.

* Will the premises be open after 1 am?

☒ Yes ☐ No

* Will live or recorded music be provided?

☒ Yes ☐ No

* Will the decibel level exceed 85dB?

☐ Yes ☒ No

Section 6 of 9

CHILDREN AND/OR YOUNG PEOPLE

* When alcohol is being sold for consumption on the premises will children and/or young people be permitted entry?

☒ Yes ☐ No

Provide details of the terms under which children and/or young people will be permitted entry

* Ages of the children and/or young people to be permitted entry

UNDER 14 WILL BE PERMITTED IN THE LOUNGE AREA AND BEER GARDEN WHEN WITH A RESPONSIBLE ADULT AND OVER 14 WILL BE ALLOWED ENTRY WHEN WITH A RESPONSIBLE ADULT

* Times at which children and/or young people will be permitted entry

UNDER 14 UNTIL 7PM, YOUNG PERSONS UNTIL 10PM

* Parts of the premises to which children and/or young people will be permitted entry

CHILDREN WILL BE PERMITTED IN GAMES, SOFT SEATING AND BEER GARDEN AND YOUNG PERSONS ALSO IN THE GAMES, SOFT SEATING AND BEER GARDEN AREAS

* Terms under which children and/or young people will be permitted entry

Continued from previous page...

THEY WILL ONLY BE ALLOWED IN DURING LICENSED HOURS

Section 7 of 9

PREMISES MANAGER

* Is your application for a provisional premises licence?

☐ Yes ☒ No

Provide the following details about the proposed premises manager. Note that a Personal Licence holder may only be named as the Premises Manager of one premises in Scotland at any one time

Name

* First name

* Family name

Contact Address

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Contact Details

E-mail

* Main telephone number

Other telephone number

Further Details

* Date of birth / /
dd mm yyyy

Personal Licence Details

* Date Issued / /
dd mm yyyy

* Reference number

* Name of licensing board

Section 8 of 9

ADDITIONAL DETAILS

Continued from previous page...

Provide any additional information which is required or relevant to your application (check for local guidance notes and conditions which may provide details of specific requirements in your area)

proposed capacity (60) is for the proposed variation and not the whole of the premises as stated on previous licence as these will stay the same. proposed capacity is solely for additional area as all other areas will stay the same. Please find attached a copy of new premises plan.

Section 9 of 9**ATTACHMENTS****AUTHORITY POSTAL ADDRESS****Address**

Building number or name	<input type="text"/>
Street	<input type="text"/>
District	<input type="text"/>
City or town	<input type="text"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text" value="United Kingdom"/>

DECLARATION

* The contents of this application are true to the best of my knowledge and belief.

☐ Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name	<input type="text"/>
* Capacity	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/>

Add another signatory

Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...
2. Go back to <https://www.gov.uk/apply-for-a-licence/premises-licence-2/moray/change-4> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

ADDITIONAL BEER GARDEN AREA

10x TABLES = 60 PEOPLE

TOILETS

TOILETS

BAR

Door

DARTS AREA

BAR

OFFICE AREA

STORE

BAR

BAR

LOUNGE AREA

EMERGENCY EXIT

POOL AREA

SMOKING AREA

EMERGENCY EXIT

BURGER VAN

PRIVATE

CAR PARK

EXISTING BEER GARDEN

GARAGE

PUBLIC HIGHWAY

