



PERTH AND KINROSS LICENSING BOARD,
Council Building, 2 High Street, Perth, PH1 5P

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 5

PLEASE INDICATE THE OTHER ACTIVITIES OR SERVICES THAT WILL BE PROVIDED ON THE PREMISES IN ADDITION TO SUPPLY OF ALCOHOL

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 <u>outwith</u> core licensed hours please confirm YES/NO
Accommodation		N/A	N/A
Conference facilities			
Restaurant facilities			
Bar meals			
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 <u>outwith</u> core licensed hours please confirm YES/NO
Receptions including (Weddings funerals, birthdays, retirements etc)			
Club or other group meetings etc			
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 <u>outwith</u> core licensed hours please confirm YES/NO
Recorded Music – see 5(g)			

Live performances – see 5(g)			
Dance facilities			
Theatre			
Films			
Gaming			
Indoor/outdoor sports			
Televised sport			
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			
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			

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.

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5(g) Late night premises opening after 1.00am

Where you have confirmed that you are providing either live or recorded music, will the music 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

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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

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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

*** 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.