**FIFE 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\** |
| *\*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*

|  |  |  |  |
| --- | --- | --- | --- |
| **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* |  | 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 outwith 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 outwith 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.*

|  |
| --- |
|  |

*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 ………………

\* **“How we use your information**

**The information provided by you on this form will be used by Fife Council in order to process your application.  It will be shared with Police Scotland and other Council Services and if appropriate NHS Fife and Scottish Fire and Rescue and information will be obtained from Police Scotland and other Council Services and if appropriate NHS Fife and Scottish Fire and Rescue. Further information on how your information is used and why can be found here:**

<https://www.fife.gov.uk/kb/docs/articles/privacy-notices/liquor-licence>

**The Licensing Board’s Data Protection Officer can be contacted on:** [**dataprotection@fife.gov.uk**](mailto:dataprotection@fife.gov.uk)**”.**