

For Official Use: Cash Office/Service Point

APPLICATION FEE:	£31.00
FEE PAID:	
RECEIPT NO:	
DATE RECEIVED:	
RECEIVED BY: (SERVICE POINT & INITIALS)	



**HIGHLAND LICENSING BOARD**  
**Licensing (Scotland) Act 2005, section 31**  
**Variation to Substitute new Premises Manager**

This application should be completed by the Premises Licence Holder of the appropriate Premises or their Agent. The application is ONLY to be utilised to substitute a new Premises Manager – no other aspect of the Premises Licence can be varied using this form.

**SECTION 1 – PREMISES LICENCE INFORMATION**

- a) Name, address and postcode of premises

Premises Licence No.	
Name of premises	
Address of premises (including postcode)	
E-mail Address:	
Telephone No:	

**SECTION 2 – DETAILS OF CURRENT PREMISES MANAGER**

- a) Please provide details below:

Name of current premises manager	
Address (including postcode)	
E-mail Address:	
Telephone No:	

b) Premises Licence

<b>I have enclosed the Premises Licence</b>	YES <input type="checkbox"/>	NO* <input type="checkbox"/>
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**\*If No please provide reason(s) for failure to produce the Premises Licence:**

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**SECTION 3 – DETAILS OF NEW PREMISES MANAGER**

a) Please provide details below:

(i) Name of proposed premises manager

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(ii) Date of birth of proposed premises manager

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(iii) Home address of proposed premises manager

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(iv) E-mail address and telephone number of proposed premises manager

<b>E-mail Address:</b>	
<b>Telephone No:</b>	

(v) Personal licence details of proposed premises manager

<b>Expiry Date</b>	<b>Name of Issuing Licensing Board</b>	<b>Personal Licence No.</b>

**Please note that the holder of a Personal Licence may only be named as the Premises Manager of one premises in Scotland at any time subject to Section 19(2) of the Licensing (Scotland) Act 2005.**

**SECTION 4 – DATE OF EFFECT**

Should the variation have immediate effect? YES  NO\*

\* If NO, state date of required effect .....

**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: ..... Print Name: .....

Capacity: APPLICANT/AGENT (delete as appropriate)

Date: .....

Telephone number and email address of signatory:

<b>Telephone No:</b>	
<b>E-mail Address:</b>	

Postal Address of Agent (if appropriate)

.....  
.....

**Data Protection Act 1998**

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

<b>APPLICATION CHECKLIST:</b>	
<b>I have enclosed the relevant documents with this application – please tick the relevant boxes</b>	
Application Fee - £31.00  (Please note that the Council can no longer accept payment of applications by cheque or cash). For ways to pay, see Note 2 below.	
<b>Premises Licence, including:</b>	
(i) Premises Licence	
(ii) Summary of Premises Licence	
(iii) Operating Plan	
(iv) <b>Layout Plan not required</b>	

**LICENSING (SCOTLAND) ACT 2005**  
**Variation to Substitute New Premises Manager**  
**Guidance Notes**

**Note 1: Section 31**

Variation to Substitute New Premises Manager:

This section applies in relation to a premises licence variation application where –

- (a) the variation sought is the substitution of another individual as premises manager, and
- (b) the applicant requests in the application, that the variation should have immediate effect.

**Note 2: Submission of Application**

Completed applications should be sent to the Clerk's office in the area where you normally reside:

**HIGHLAND LICENSING BOARD CONTACT ADDRESSES AND PAYMENT DETAILS**

<b>Clerk to the Board</b>	<b>Inverness, Nairn, Badenoch and Strathspey areas</b>	<b>Lochaber</b>
Claire McArthur Highland Licensing Board Council Offices High Street Dingwall IV15 9QN Tel: (01349) 868541 <a href="mailto:claire.mcarthur@highland.gov.uk">claire.mcarthur@highland.gov.uk</a>	Highland Licensing Board Highland Council Headquarters Glenurquhart Road Inverness IV3 5NX Tel: (01463) 785087 <a href="mailto:licensing@highland.gov.uk">licensing@highland.gov.uk</a>	Highland Licensing Board Council Offices Charles Kennedy Building Achintore Road Fort William PH33 6RQ Tel: (01397) 707233 <a href="mailto:licensing@highland.gov.uk">licensing@highland.gov.uk</a>
<b>Caithness and Ross areas</b>	<b>Sutherland</b>	<b>Skye and Lochalsh</b>
Highland Licensing Board Caithness House Market Place Wick KW1 4AB Tel: (01955) 608214 <a href="mailto:licensing@highland.gov.uk">licensing@highland.gov.uk</a>	Highland Licensing Board Council Offices Drummuie Golspie KW10 6TA Tel: (01408) 635205 <a href="mailto:licensing@highland.gov.uk">licensing@highland.gov.uk</a>	Highland Licensing Board Council Offices Tigh na Sgìre Park Lane Portree, IV51 9GP Tel: (01478) 613824 <a href="mailto:licensing@highland.gov.uk">licensing@highland.gov.uk</a>

If you wish any additional guidance or advice, please contact your **Licensing Standards Officer** in your area:

LICENSING AREA	LSO	CONTACT DETAILS
<b>SOUTH</b> Inverness, Nairn, Badenoch & Strathspey	Shonnie Campbell	Tel: 01463 702259 E-mail: <a href="mailto:shonnie.campbell@highland.gov.uk">shonnie.campbell@highland.gov.uk</a>
<b>NORTH</b> Caithness, Sutherland and Ross	Garry Cameron	Tel: 01408 635217 E-mail: <a href="mailto:garry.cameron@highland.gov.uk">garry.cameron@highland.gov.uk</a>
<b>WEST</b> Skye and Lochalsh and Lochaber	Chris MacKinnon	Tel: 07760 703222 E-mail: <a href="mailto:ewenchristopher.mackinnon@highland.gov.uk">ewenchristopher.mackinnon@highland.gov.uk</a>

**WAYS TO PAY:**

**By Debit or Credit Card**

- In Person at any Service Point
- By Telephone to a member of Council staff. Please telephone the payment line on 01349 886605/09 and a member of staff will be able to take your payment. This service is available Monday-Friday 8 am to 5 pm,

**By Bank Credit Transfer, Telephone or Online Banking or Standing Order**

Please pay to the: Virgin Bank, 15 Academy Street, Inverness, IV1 1JN  
Bank Sort Code: 82:70:13  
Bank Account Number: 30000542  
Please quote: Name of Premises/Type of Application or Invoice Number with all payments.

## EQUAL OPPORTUNITIES MONITORING FORM QUESTIONS

### Introduction to Equalities Form:

In order to check the effectiveness of our equal opportunities policy we monitor a range of areas where people may experience discrimination. We would be pleased if you would complete the form below. The information you give will not be available to people involved in the application process and will be used for monitoring purposes only. All information will be treated in strict confidence and no names will be shown in any statistics produced.

Data Protection Act 1998

Information you provide in this form will be processed fairly and lawfully for the following purposes:

- For administrative purposes, reporting, monitoring data and using information as statistical data for strategic planning.
- For equal opportunities monitoring.

### Question 1: Gender Identity - 1

How would you describe your gender?

Female

Male

Prefer not to answer


### Question 2: Gender Identity - 2

Have you ever identified as a transgender person or trans person?

(For the purpose of this question "transgender" is defined as an individual who lives, or wants to live, full time in the gender opposite to that they were assigned at birth)

Yes

No

Prefer not to answer


### Question 3: Age

Please tick one box:-

18-24

25-34

35-44

45-54

55-64

65-74

75+

Prefer not to answer


**Question 4: Religion or Belief**

What is your Religion or Belief?

Buddhist	
Church of Scotland	
Hindu	
Humanist	
Jewish	
Muslim	
None	
Other Christian	
Sikh	
Pagan	
Roman Catholic	
Prefer not to answer	
Other Religion or Belief, please specify (FREE TEXT):	

**Question 5: Ethnic Group**

What is your ethnic group? Choose one from section A to F

<b>A. White</b>	
Scottish	
Other British	
Irish	
Gypsy/Traveller	
Polish	
Other white ethnic group	
<b>B. Mixed or Multiple Ethnic Group</b>	
Any mixed or multiple ethnic groups	
<b>C. Asian, Asian Scottish or Asian British</b>	
Pakistani, Pakistani Scottish or Pakistani British	
Indian, Indian Scottish or Indian British	
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	
Chinese, Chinese Scottish or Chinese British	
Other	
<b>D. African</b>	
African, African Scottish or African British	
Other	
<b>E. Caribbean or Black</b>	
Caribbean, Caribbean Scottish or Caribbean British	
Black, Black Scottish or Black British	
Other	

**F. African**

Arab, Arab Scottish or Arab British

Other

Prefer not to answer

Other, please specify (FREE TEXT)


**Question 6a: Disability**

Under the terms of the Equality Act 2010, a disability is defined as a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out day-to-day tasks.

Do you consider that you have a disability?

Yes

No

Prefer not to answer


**Question 6b: Disability (Impairment)**

If yes to the above question, please state the type of impairment which applies to you. If none of the categories apply, please mark 'Other' and specify the type of impairment.

Deafness or partial hearing loss

Blindness or partial sight loss

Learning disability for example, Down's Syndrome

Learning difficulty for example, dyslexia

Developmental disorder for example, Autistic Spectrum Disorder or Asperger's Syndrome

Physical disability

Mental health condition

Long-term illness, disease or condition

Prefer not to answer


**Question 7: Sexual Orientation**

What is your sexual orientation?

Bisexual

Gay

Heterosexual/Straight

Lesbian

Prefer not to answer
