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HIGHLAND LICENSING BOARD
Licensing (Scotland) Act 2005, section 29/31
Application for Variation of Premises Licence

Complete all sections of the application form.

SECTION 1 - TYPE OF VARIATION

Tick one box only

Is the application for a non-minor variation in terms of section 29 (5)? See Note 1

Is the application for a minor variation in terms of section 29 (6)? See Note 2

SECTION 2 - APPLICANT INFORMATION

a) Name, address and postcode of premises

Name of premises	
Address of premises (including postcode)	
E-mail Address:	
Telephone Number:	

b) Particulars of premises licence holder

Name of premises licence holder	
Address (including postcode)	
E-mail Address:	
Telephone Number:	

c) Premises Licence

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

SECTION 3 - DETAILS OF VARIATION

- a) Is the variation to any **Local Condition(s)**? YES NO
(*Local Conditions are attached to Premises Licence*)

If **YES**, describe below which condition(s) is to be varied and the variation sought.

- b) Is the variation to the **Operating Plan**? YES NO

If **YES** complete and attach to this application the proposed operating plan (variation) (pages 8-15) and describe below the variation sought – continue on a separate page if necessary.

- c) Is the variation to the **Layout Plan**? YES NO

If **YES**, **submit 7 copies of the proposed plan** and describe below the variation sought – continue on a separate page if necessary. If the Variation to the Layout Plan will alter the Operating Plan, a new operating plan (variation) should accompany this application.

d) Does the variation to the Operating Plan and/or Layout Plan alter the description of the premises within the **Premises Licence**? YES NO

If **YES** please provide updated description below (continue on separate page if necessary):

f) Are you intimating the substitution of a new premises manager (See Note 3)? YES NO

If **YES** please provide details below:

(i) Name of proposed premises manager

(ii) Date of birth of proposed premises manager

(iii) Contact address of proposed premises manager

(iv) Email address and telephone number of proposed premises manager

E-mail Address:	
Telephone Number:	

(v) Do you require the variation of premises manager to have immediate effect? YES NO*

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

(vi) Personal licence details of proposed premises manager

Expiry Date	Name of issuing Licensing Board	Personal Licence No.

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 Article 4 of the Licensing (Vessels etc.) (Scotland) Regulations 2007.

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:

Telephone No:	
E-mail Address:	

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.

APPLICATION CHECKLIST:

I have enclosed the relevant documents with this application – please tick the relevant boxes

(i) Application Fees

Please note that the Council can no longer accept payment of applications by cheque or cash. For ways to pay, see Note 4 below.

(a) Minor Variation <u>or</u>	Application Fee	Please Tick
Section 29(6) (minor)	£20.00	
Section 31(1) - Substitution of Premises Manager only (can include minor variation)	£31.00	

(b) Major Variation

Premises Licence Category	Rateable Value of Premises	Application Fee	Please tick
1	<ul style="list-style-type: none"> • Premises rated at nil • Premises not shown in the valuation roll • Visitor Attractions • Clubs • Private Accommodation 	£72.00 £360 (with balance payable or refundable when rateable value known) £72.00 £72.00 £72.00	
2	£1 - £11,500	£288.00	
3	£11,501 - £35,000	£396.00	
4	£35,501 - £70,000	£469.00	
5	£70,001 - £140,000	£613.00	
6	£140,001 - And above	£721.00	

(ii) Premises Licence, including:

- Premises Licence
- Summary of Premises
- Operating Plan
- Layout Plan

(iii) Operating Plan – Variation (if appropriate)**(iv) Layout Plan x 7 copies (if appropriate)**

For use by the Licensing Board only

Consideration date	
Last date for consideration	
Date of initial hearing	
Date of any modification hearing	
Date granted/refused (delete as appropriate)	

LICENSING (SCOTLAND) ACT 2005
Application for Variation of a Premises Licence
Guidance Notes

Note 1: Section 29(5)

A variation, in relation to a premises licences, means any variation of

- (a) any of the conditions to which the licence is subject (other than mandatory conditions)
- (b) any of the information contained in the operating plan,
- (c) the layout plan contained in the licence, or
- (d) any other information contained or referred to in the licence,

and includes an addition, deletion or other modification.

Note 2: Section 29(6)

A minor variation:

- (a) means a variation of the layout plan, if the variation does not result in any inconsistency with the operating plan
- (b) relates to a restriction of the terms on which children or young persons are allowed entry to the premises,
- (c) any variation of the information contained in the licence relating to the premises manager (including a variation so as to substitute a new premises manager),

Note 3: 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 4: 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

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

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

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

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.

**Operating Plan (Variation)
Licensing (Scotland) Act 2005**

NAME OF PREMISES: _____

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*
<i>*Delete as appropriate</i>		

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			
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
Music – see 5(g)			
Live performances – see 5(g)			
Dance facilities – see 5(g)			
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 – see 5(g)			

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 either live or recorded music, dancing or adult entertainment, any combination of these or all please provide the following details

Will the music level exceed 85dB?	YES/NO*
When fully occupied, are there likely to be more customers standing than seated?	YES/NO*
<i>*Delete as appropriate</i>	

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*
<i>*Delete as appropriate</i>		

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: Print Name:

Capacity: APPLICANT/AGENT (delete as appropriate)

Date:

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.

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

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