

For Official Use: Cash Office/Service Point

| | |
|---|--|
| FEE PAID: | |
| RECEIPT NO: | |
| DATE RECEIVED: | |
| RECEIVED BY: (SERVICE POINT & INITIALS) | |



HIGHLAND LICENSING BOARD
Licensing (Scotland) Act 2005, section 20
Application for Premises Licence/
Provisional Premises Licence*

*Delete as appropriate

APPLICANT INFORMATION Licensing (Scotland) Act 2005, section 20(1)

Question 1

Name, address, postcode and telephone number of premises to be licensed.

Question 2

Particulars of applicant

2(a) Where applicant is an individual, provide full name, date and place of birth, and home address including postcode.

2(b) Where applicant is a partnership, please provide full name, and postal address of partnership.

2(c) Where applicant is a company, please provide name, registered office and company registration number.

2(d) Where the applicant is a club or other body, please provide full name, and postal address of club or other body.

2(e) Where applicant is a partnership, company, club or other body, please provide the names, dates and places of birth, and home addresses of connected persons. ¹

¹ A connected person is, in relation to a partnership, a company, a club or other body (where incorporated or unincorporated), a connected person if the person (a) in the case of a partnership, is a partner (b) in the case of a company, is a director or has control of the company (c) in the case of a club, is an office bearer of the club (d) in any other case, is concerned in the management or control of the body.

Question 3

Previous applications

3. Has the applicant been refused a premises licence under section 23 of the Licensing (Scotland) Act 2005 in respect of the same premises? YES/NO*

*If YES – provide full details

| |
|--|
| |
|--|

Question 4

Previous convictions

| | |
|--|---------|
| 4. Has the applicant or any connected person ever been convicted of a relevant or foreign offence ² | YES/NO* |
|--|---------|

*If YES – provide full details

For the purpose of this Act, a conviction for a relevant offence or foreign offence is to be disregarded if it is spent for the purpose of the Rehabilitation of Offenders Act 1974.

| Name & position (if applicable) | Date of conviction or sentence | Court | Offence | Penalty |
|---------------------------------|--------------------------------|-------|---------|---------|
| | | | | |

DESCRIPTION OF PREMISES Licensing (Scotland) Act 2005, section 20(2)(a)

² In addition to any conviction held by the applicant at the time of application, applicants should also familiarise themselves with the contents of section 24(1) of the Licensing (Scotland) Act 2005 in respect of any convictions for relevant or foreign offences which they may receive during the period beginning with the making of the premises licence application and ending with determination of the application.

Question 5

5. Description of premises (where application is submitted by a members' club, please also complete question 6).

| |
|--|
| |
|--|

Question 6

6. To be completed by members' clubs only.

| | |
|--|---------|
| Do the club's constitution and rules conform to the requirements of regulation 2 of the Licensing (Clubs) (Scotland) Regulations 2007? | YES/NO* |
| * Delete as appropriate | |

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 public register which may be available to members of the public on request.

**Operating Plan
Licensing (Scotland) Act 2005, section 20(2)(b)(i)**

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* |
| *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? *Delete as appropriate | YES/NO* |
|--|---------|

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 *Delete as appropriate | YES/NO* |
|------|--|---------|

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

| Expiry Date | Name of Issuing Licensing Board | Personal Licence No. |
|-------------|---------------------------------|----------------------|
| | | |

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:

PLEASE NOTE - IT IS AN OFFENCE TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

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 public 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:

(A) Application Fee : Grant of Premises Licence Category Fee as undernoted

| Premises Licence Category | Rateable Value of Premises | | Application Fee | Please tick |
|---|---|-----------|-----------------|-------------|
| 1 | <ul style="list-style-type: none"> • Premises rated at nil or not shown in the valuation roll • Visitor Attractions • Clubs • Private Accommodation | | £200 | |
| 2 | £1 - | £11,500 | £800 | |
| 3 | £11,501 | £35,000 | £1,100 | |
| 4 | £35,501 | £70,000 | £1,300 | |
| 5 | £70,001 | £140,000 | £1,700 | |
| 6 | £140,001 | And above | £2,000 | |
| (ii) | Operating Plan | | | |
| (iii) | Seven copies of layout plan(s) | | | |
| (iv) | Section 50 - Planning Certificate or Provisional Planning Certificate if application relates to Provisional Premises Licence | | | |
| (v) | Section 50 - Building Standards Certificate | | | |
| (vi) | Section 50 - Food Hygiene Certificate | | | |
| (vii) | <p>S20(2)(b) – Statement of disabled access and facilities (required to accompany all premises licence applications lodged after 30 March 2018).</p> <p>Guidance for applicants completing a Disabled Access and Facilities Statement, as required by the Licensing (Scotland) Act 2005, may be viewed here.</p> <p>https://www.highland.gov.uk/downloads/file/18965/guidance-for-completing-a-disabled-access-and-facilities-statement</p> | | | |
| (B) Application Fee : <u>Provisional Grant</u> of Premises Licence | | | | |
| Section 45 | Provisional Premises Licence | | £200 | |

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 Sgìre 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.

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

| |
|--|
| |
| |
| |
| |
| |