OPERATING PLAN

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

Question 1

STATEMENT REGARDING ALCOHOL BEING SOLD ON PREMISES/OFF PREMISES OR BOTH

I(a) Will alcohol be sold for consumption solely ON the premises?	YES <mark>/NO</mark> *
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/ <mark>NO</mark> *
*Delete as appropriate	

Question 2

STATEMENT OF \pmb{CORE} TIMES WHEN ALCOHOL WILL BE SOLD FOR CONSUMPTION \pmb{ON} PREMISES

Day	ON Consumption	
	Opening time	Terminal hour
Monday	N/A	N/A
Tuesday	N/A	N/A
Wednesday	N/A	N/A
Thursday	N/A	N/A
Friday	N/A	N/A
Saturday	N/A	N/A
Sunday	N/A	N/A

Question 3

STATEMENT OF **CORE** TIMES WHEN ALCOHOL WILL BE SOLD FOR CONSUMPTION **OFF** PREMISES

Day	OFF Consumption	
	Opening time	Terminal hour
Monday	10:00	22:00
Tuesday	10:00	22:00
Wednesday	10:00	22:00
Thursday	10:00	22:00
Friday	10:00	22:00
Saturday	10:00	22:00
Sunday	10:00	22:00

Question 4

SEASONAL VARIATIONS

Does the applicant intend to operate according to seasonal demand	YES/ <mark>NO*</mark>
WICKER A. I. J. J.	
*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	COL. 2	COL. 3	COL. 4
5(a)	Please confirm	To be provided	Where activities are
Activity	YES/NO	during core licensed hours – please	also to be provided outwith core licensed
		confirm	hours please confirm
		YES/NO	YES/NO
Accommodation	N	N/A	N/A
Conference facilities	N	N	N
Restaurant facilities	N	N	N
Bar meals	N	N	N
5(b) Activity	Please confirm	To be provided	Where activities are
Social functions	YES/NO	during core licensed hours – please	also to be provided outwith core licensed
including:		confirm	hours please confirm
		YES/NO	YES/NO
Receptions including	N	N	N
Weddings, funerals,			
birthdays, retirements etc.			
Club or other group	N	N	N
meetings etc.			
5(c)	Please confirm	To be provided	Where activities are
Activity	YES/NO	during core licensed hours – please	
Entertainment		confirm	hours please confirm
including:		YES/NO	YES/NO
Recorded music – see 5(g)	Y	Y	Y
Live performances – see 5(g)	N	N	N
Dance facilities	N	N	N
Theatre	N	N	N

Films	N	N	N
Gaming	N	N	N
Indoor/outdoor sports	N	N	N
Televised sport	N	N	N
5(d) Activity	Please confirm YES/NO	To be provided during core licensed hours – please confirm	Where activities are also to be provided outwith core licensed hours please confirm
		YES/NO	YES/NO
Outdoor drinking facilities	N	N	N
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	N	N	N

Where you have answered YES in respect of any entry in column 4 above, please provide further details below.

Background music maybe played within and outwith core hours

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.

Food to Go

Home delivery service of food and alcohol

Parcel collection service

5(g) L	ate night premises opening after 1.00am	
	re you have confirmed that you are providing live or recorded music, will the pel level exceed 85dB?	N/A*
When	a fully occupied, are there likely to be more customers standing than seated?	N/A*
*Del	ete as appropriate	
Quest	ion 6 (On-sales only)	
CHILI	OREN AND YOUNG PERSONS	
6(a)	When alcohol is being sold for consumption on the premises will children or young persons be allowed entry	N/A*
	*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	
N/A		

6(c)	Provide statement regarding the AGES of children or young persons to be allowed entry
N/A	
6(d)	Provide statement regarding the TIMES during which children and young persons will be allowed entry
N/A	
6(e)	Provide statement regarding the PARTS of the premises to which children and young persons will be allowed entry
N/A	

Question 7

8(d) Email address

CAPACITY OF PREMISES	
What is the proposed capacity of the premises to which this application rela	tes?

Off sales : Accessib	le 4.95 M2	
Inaccessi	ble 5.0m2	
Total	9.95m2	
Question 8		
PREMISES MANAG. licence)	ER (NOTE: not required where application is for grant of provisional prem	mises
Personal details		
8(a) Name		
N/A		
8(b) Date of birth		
8(c) Contact addr	ess	

8(e) Personal licence		
Date of issue	Name of Licensing Board issuing	Reference no. of personal licence
DECLARATION BY APPLICA	ANT OR AGENT ON BEHALF	OF APPLICANT
	cant please state in what capacit	
The contents of this operating pla	n are true to the best of my knowle	edge and belief.
Signature	* (see note below)	
Date2 nd Oct 2025		
Capacity AGENT (delete as ap	propriate).	
Telephone number and email add	ress of signatory Tel	
Email:		
* Data Protection Act 1998		
The information on this form may of the public on request.	be held on an electronic public reg	ister which may be available to members
Contact Us:		
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