



Licensing (Scotland) Act 2005, Section 29 Application for Variation of Premises Licence

To:

Clerk to the Licensing Board
Clackmannanshire Council
Kilncraigs
Alloa
FK10 1EB

If you are Completing this Form by Hand, Please Write Legibly in Block Capitals using **BLACK INK**. Please Ensure the Completed Application is Signed by the Applicant, Dated and Returned to the Above Address along with the Fee and the Original Licence or a Statement of Reasons as to why the Original Licence Cannot be Produced.

APPLICANT INFORMATION

Question 1

Name, Address, Postcode and Licence Number of Premises.

Question 2

Full Name, Address, Postcode, Telephone Number and Email Address of the Current Licensee or the Applicant if Different.

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DETAILS OF VARIATION

Question 3

Brief Details of Variation (Continue on Separate Sheet if Necessary)

OPERATING PLAN

Question 4

Do you Propose to Vary any of the Information Within the Operating Plan Contained in the Licence?

YES/NO

If Yes Please Complete and submit New Operating Plan to include the Proposed Variations.

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LAYOUT PLAN

Question 5

Do you Propose a Variation to the Layout Plan Contained in the Licence?

YES/NO

If Yes Please Supply **6 Copies** of the New Layout Plan Conforming to Paragraph 5 of The Premises Licence (Scotland) Regulations 2007.

CONDITIONS

Question 6

Do you propose a variation to any of the conditions to which the licence is subject?

YES/NO

If Yes please give details of the proposed variation below

Please Note That You Cannot Vary any Condition Which Is on Your Licence By Virtue Of Section 27(1) Of The Licensing (Scotland) Act, 2005 (Mandatory Conditions).

PREMISES MANAGER

Question 7

If you Propose to Vary the Information Contained in the Licence Relating to the Premises Manager . Please Provide the following information.

Name, Address and Personal Licence Details (Number and Issuing Board) of the Existing Premises Manager

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If only the existing Premises Manager's Personal Details have Changed
Please Provide details

If there is a Change of Premises Manager Please Provide the following:-.

Name and Address of the Proposed Premises Manager

Date and Place of Birth of the Proposed Premises Manager

Email Address and Telephone Number of the Proposed Premises Manager

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Personal Licence

| Date of Issue | Name of Licensing Board Issuing | Reference No. Of Personal Licence |
|---------------|---------------------------------|-----------------------------------|
| | | |

Is the Variation Relating to the change of Premises Manager to Take Effect During the Application Period

YES/NO

If the Answer to the Above Question is NO Please Provide Below the Date the Variation is to Take 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..... Date

* (See Note Overleaf)

Capacity **APPLICANT/AGENT**
(Delete as appropriate)

Telephone Number and Email Address of Signatory

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.....
.....

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*** 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

Clackmannanshire Licensing Board has a duty to protect public funds that it administers and may use this information for the prevention and detection of fraud. For more details, please contact The Councils, Senior Auditor, on telephone number 01259 452047

| Checklist | |
|--|--|
| Fee enclosed | |
| Application signed/dated | |
| Original Licence enclosed or a Statement of reasons for failing to produce the Licence | |
| New Operating Plan Enclosed | |
| New Layout Plan Enclosed | |