

EXTENDED HOURS APPLICATION

This application should only be completed by the Licence Holder of the appropriate Premises Licence, their Agent or the current Premises Manager.

Please complete all sections of the application form.

SECTION 1: PREMISES LICENCE DETAILS**1(a) Licence Number of Premises**

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1(b) Name and Address of Premises

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Post Code		Phone No.	
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1(c) Full Name and Address of Current Premises Licence Holder

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Post Code		Phone No.	
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SECTION 2: CORRESPONDENCE DETAILS**2(a) Contact Email Address**

[Please also provide contact phone number if different from numbers above]

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2(b) Preferred method of correspondence

Please confirm where correspondence regarding this application should be directed -
(Tick relevant box)

- By email to the address detailed in 2(a)
- In writing to Licence Holder's Address as detailed in 1(c)
- In writing to Premises Address as detailed in 1(b)
- In writing to Agent Address as detailed in section 4

SECTION 3: NATURE OF EXTENDED HOURS APPLICATION

3(a) Details of Event (See Note 1)

This application is in relation to-
(Tick relevant box)

- a special event or occasion to be catered for on the premises
- an event of local or national significance

Provide details of event to which application relates –

(See Note 2)

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3(b) Dates when Extended Hours required

Provide the proposed duration that the Extended Hours Application is to have effect

Date From:		Date To:	
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If the extension is **not** to have effect every day during the proposed duration, then provide further details of the days that the extension is to have effect

**3(c) Times that Extended Hours Application will have Effect
(See Note 3)**

Provide the times that the Premises proposes to operate under the Extended Hours.

Times for sale of alcohol for consumption **on sales**

Times for sale of alcohol for consumption **off sales**

SECTION 4: DECLARATION BY APPLICANT OR AGENT ON BEHALF OF APPLICANT

I confirm that (a) the contents of this application are true to the best of my knowledge and belief; and (b) the appropriate fee of £10 is enclosed.

Capacity in which you are making this application

(Tick relevant box)

- Current Premises Licence Holder
- Current Premises Manager
- Agent for Current Premises Licence Holder

Name

..... * (See Note 4 below)

Signature

..... * (See Note 4 below)

Date

.....

If agent, please provide company details

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Note 1:

Applications for extended hours must be in relation to specific criteria. Please refer to Part 5.7 of the Licensing Board Policy Statement for more information.

Note 2:

If the application is in respect of a special event such as a Birthday or Wedding etc, then you must also provide the full name and address of the individual to whom the application relates (e.g. If Wedding, the name and address of Bride/Groom must be provided).

Note 3:

An Extended Hours Application cannot allow a premises to sell alcohol for consumption **off the premises** if the relevant Premises Licence only allows the sale of alcohol **on the premises** and vice versa.

The proposed times for extension of hours for the sale of alcohol for consumption off premises cannot extend beyond the hours of 10.00am to 10.00pm.

Note 4:

Data Protection

The information on this form will be used to update the Premises Licence of the appropriate premises. Accordingly, the information contained on this form may be held on an electronic public register which may be available to members of the public on request.

Contact Us:

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Email: LicensingBoard@glasgow.gov.uk

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