

ITEM 7(b) – APPLICATION FOR EXTENDED HOURS

Premises: Casa Italia, 1 Montrose Street, Clydebank G81 2LP.

Applicant: Senex Investments Ltd, 4 Lynedoch Crescent, Glasgow
G3 6EQ

The following documents relating to the application are included as appendices as detailed below:-

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| Appendix 1 | Application for Extended Hours for Wednesday, 31 December 2014 | Page 68 - 70 |
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WEST DUNBARTONSHIRE LICENSING BOARD

LICENSING (SCOTLAND) ACT 2005

OE/194/14

APPLICATION FOR EXTENDED HOURS, SECTIONS 67 - 68

An application for Extended Hours can only be made by a Premises Licence Holder.

If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written or typed in black ink. Use additional sheets, if necessary.

You may wish to keep a copy of the completed form for your records.

| | |
|-----------------------------------------|---------------|
| 1. LICENCE DETAILS | |
| Premises licence number (if applicable) | WDLBPREM/0268 |

| | |
|--------------------------------------------------------------------------|--------------------------------|
| 2. PREMISES DETAILS | |
| Name of Premises (if any) CASA ITALIA | |
| Address | 1 MONTROSE STREET CLYDEBANK |
| Post town | CLYDEBANK |
| Post code | G81 2LQ |
| Telephone Numbers | |
| Daytime | |
| Evening | |
| Fax Number | |
| E-mail Address (if you would prefer us to correspond with you by e-mail) | |

| | |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 3. PREMISES LICENCE HOLDER DETAILS | |
| Name (including registered number where licence holder is a company of limited liability partnership) SENEY INVESTMENTS LTD | |
| Address (registered address if a company or limited liability partnership) | 4 LYNEDOCK CRESCENT |
| Post Town | GLASGOW |
| Post code | G3 6EQ |

| | |
|--------------------------------------------------------------------------------|--------------------------------|
| 4. DETAILS OF EXTENDED HOURS DURING THE FESTIVE PERIOD | |
| Nature of occasion in respect of which application for Extended Hours is made. | Please complete attached sheet |
| Dates and times during which the Extended Hour is required. | Please complete attached sheet |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 5. CHECKLIST | |
| I have | |
| Please tick | |
| <ul style="list-style-type: none"> Made or enclosed payment of the fee (a fee of £10 is required per date where Extended Hours Application is applied for) | ✓ |

Note

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.

| | |
|-----------------------------------------------------------------------------------|-----------------|
| 6. SIGNATURE AND DECLARATION BY APPLICANT | |
| DECLARATION | |
| The contents of this Application are true to the best of my knowledge and belief. | |
| Signature | Date 24/11/14 |
| Capacity (Applicant/Agent) | PETER CHOYNACKI |
| Telephone Number | |

Contact Us:

West Dunbartonshire Licensing Board
 Council Offices
 Rosebery Place
 Clydebank
 G81 1TG

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 Email: marie.mcgran@west-dunbarton.gov.uk

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