

ITEM 6 – APPLICATION FOR EXTENDED HOURS

Premises: Glenhead Tavern, Dumbarton Road, Duntocher,
Clydebank G81 6HD.

Applicant: Robert O'Donnell, Greenside, Kilbowie Road, Hardgate,
Clydebank G81 6JT.

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

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Appendix 1	Application Form (with detailed Operating Plans)	Pages 20 - 22
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WEST DUNBARTONSHIRE LICENSING BOARD

LICENSING (SCOTLAND) ACT 2005

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/0063

2. PREMISES DETAILS

Name of Premises (if any)

GLENHEAD TAVERN

Address

DUMBARTON ROAD.
DUNTOCHER.

Post town

CLYDEBANK.

Post code

G81 6HD

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)

ROBERT O'DONNELL / PUNCH TAVERNS

Address (registered address if a company or limited liability partnership)

Post Town

Post code

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	
<input type="checkbox"/> 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 6/11/14.
Capacity (Applicant/Agent)	APPLICANT.
Telephone Number	

Contact Us:

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

Phone: 01389 738701
Fax: 01389 738674
Email: marie.mccran@west-dunbarton.gov.uk

GLENHEAD TAVERN

	DATES & TIMES DURING WHICH THE EXTENDED HOURS ARE REQUIRED	NATURE OF OCCASION IN RESPECT OF WHICH APPLICATION IS MADE	NAME OF PARTY REQUESTING FUNCTION & APPROXIMATE NUMBERS ATTENDING
0613114	WED. 24TH. DEC. 12MN - 2AM.	TICKETED EVENT WITH 11PM CURFEW.	

PLEASE NOTE CONFIDENTIAL PAGES HAVE BEEN REMOVED