

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 (see note 1)	
Premises licence number (if applicable)	WDLBPREM/0207
2. PREMISES DETAILS (see note 1)	
Name of Premises (if any) Cameron House Hotel and Country Estate	
Address	Loch Lomond
Post town Balloch	Post code G83 8QZ
Telephone Numbers	
Daytime	01389 755 565
Evening	
Fax Number	
E-mail Address (if you would prefer us to correspond with you by e-mail).	

3. PREMISES LICENCE HOLDER DETAILS (see note 2)	
Name (including registered number where licence holder is a company of limited liability partnership) Cameron House Loch Lomond Limited SC110933	
Address (registered address if a company or limited liability partnership)	Cameron House Hotel and Country Estate Limited Loch Lomond
Post Town Balloch	Post code G83 8QZ

4. DETAILS OF SPECIAL EVENT OR OCCASION (to be catered for on the premises or of special event of local or national significance) (see note 3)

The Addison/Lawless wedding party

5. DETAILS OF THE CURRENT LICENSED HOURS OF THE PREMISES

Opening Time

Terminal Time

Monday to Saturday 11am

Monday to Sunday 1am

Sunday 12.30pm

6. DETAILS OF THE PROPOSED EXTENDED HOURS (see note 4)

Commencement Time

Terminal Time

1am

3am

7. PLEASE DETAIL THE PROPOSED PERIOD DURING WHICH THE EXTENDED HOURS WILL APPLY (which must not exceed one month) (see note 5)

First Date

Last Date (if different from first date)

14th April 2012

8. CHILDREN AND YOUNG PERSONS (see note 6)

Do the extended hours' proposal affect existing provisions in the operating plan of the premises licence for children and / or young persons. **YES / NO / NOT-APPLICABLE** (please delete as appropriate)

If Yes please provide details of measures to protect children from harm during any extended hours granted (including any restrictions on access to parts of the premises, age and times)

8. CHECKLIST

I have

Please tick

- Made or enclosed payment of the fee of £10 for the application

9. SIGNATURE AND DECLARATION BY APPLICANT

DECLARATION

The contents of this Application are true to the best of my knowledge and belief.

Signature



Date

5th January 2012

Capacity (Applicant / Agent)

Telephone Number

0141 337 1199