

**ITEM 5 – APPLICATION FOR EXTENDED HOURS**

**Premises:** The Twisted Thistle, 316 Dumbarton Road, Old Kilpatrick  
G60 5JH.

**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:-

<u>List of Productions</u>		<u>Page (s)</u>
Appendix 1	Application Form (with detailed Operating Plans)	Pages 14 - 16
Appendix 2	Report by Licensing Standards Officer	Page 17

## WEST DUNBARTONSHIRE LICENSING BOARD

LICENSING (SCOTLAND) ACT 2005

0613814-0214914

## 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/0043

2. PREMISES DETAILS	
Name of Premises (if any)	THE TWISTED TWISTLE (TELSTAR)
Address	316 DUMBARTON ROAD. OLD KILPATRICK.
Post town	CLYDEBANK.
Post code	G60 5JH.
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	
Address (registered address if a company or limited liability partnership)	GREENSIDE. KILBOWIE ROAD. HARDGATE.
Post Town	CLYDEBANK
Post code	G81 6AP

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

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

**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.

<b>6. SIGNATURE AND DECLARATION BY APPLICANT</b>	
<b>DECLARATION</b>	
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](mailto:marie.mccran@west-dunbarton.gov.uk)

## THE TWISTED TWISTLE

	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
DECEMBER 14	WED. 24TH. DEC. 12MN - 2AM.	TICKETED EVENT WITH 11PM FIREWORK.	

**PLEASE NOTE CONFIDENTIAL PAGES HAVE BEEN REMOVED**