

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)

2. PREMISES DETAILS (see note 1)			
Name of Premises (if any)			
Address	THE BOULEVARD HOTEL COMPLEX		
Post town	CLYDEBANK	Post code	G81 2HT
Telephone Numbers			
Daytime	07786 136614		
Evening			
Fax Number			
E-mail Address (if you would prefer us to correspond with you by e-mail)			
Boulevard-hotel@br connect.com			

3. PREMISES LICENCE HOLDER DETAILS (see note 2)	
Name (including registered number where licence holder is a company of limited liability partnership)	
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Address (registered address if a company or limited liability partnership)	
Post Town	Post code

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

MAY DAY HOLIDAY

5. DETAILS OF THE CURRENT LICENCED HOURS OF THE PREMISES

Opening Time

Terminal Time

11 - 3

11 - 3

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

Commencement Time

Terminal Time

11

4

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)

SUNDAY 6/4/12

7/4/12

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

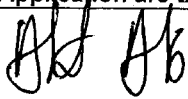
Please tick

- 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

26/3/12

Capacity (*Applicant/Agent*)

Telephone Number