

For Official Use: Cash Office/Service Point

APPLICATION FEE:	£10.00
FEE PAID:	
RECEIPT NO:	
DATE RECEIVED:	
RECEIVED BY: (SERVICE POINT & INITIALS)	



## HIGHLAND LICENSING BOARD

### Licensing (Scotland) Act 2005, section 68

### Extended Hours Application

Before completing this form please read the guidance notes at the end of the form.

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

This application must only be completed by the Premises Licence Holder or their Agent. (See Note 1)

#### SECTION 1 - APPLICANT INFORMATION

##### (a) Name, address and postcode of premises

Premises Licence No.	
Name of premises	
Address of premises (including postcode)	
Email Address:	
Telephone No:	

##### (b) Particulars of premises licence holder

Name of premises licence holder	
Address (including postcode)	
Email Address:	
Telephone No:	

#### SECTION 2 : NATURE OF EXTENDED HOURS APPLICATION

##### (a) Details of Event (See Note 2):

This application is in relation to (tick relevant box):-

- a special event or occasion to be catered for on the premises
- or
- a special event of local or national significance

(b) Provide details of event to which application relates and reasons why the extended hours are required:

--

(c) **Dates** when Extended Hours required

Provide the proposed duration that the Extended Hours Application is to have effect

<b>FROM:</b>	<b>Day:</b>		<b>Date:</b>	
<b>TO:</b>	<b>Day:</b>		<b>Date:</b>	

If the extension is **not** to have effect every day during the proposed duration, then provide further details of the days that the extension is to have effect:

--

(d) **Date and Times** that Extended Hours Application will have effect (See notes 3 & 4)

ON CONSUMPTION				OFF CONSUMPTION		
Day	Date	Existing Hours	Required Extended Hour(s)	Date	Existing Hours	Required Extended Hour(s)
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

**SECTION 3: CHECKLIST**

<b>I have made payment of £10 for the application fee.</b> See note on ways to pay below. (Please note that the Council can no longer accept payment of applications by cheque or cash).	
<b>Written Authority from Premises Licence Holder to act as agent (if required) (see note 1). Please tick</b>	

**DECLARATION BY APPLICANT OR AGENT ON BEHALF OF APPLICANT**

**If signing on behalf of the applicant please state in what capacity. (See note 1)**

**Please note that it is an offence to knowingly make a false statement in an application under this Act.**

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

Signature: ..... Print Name: .....

Capacity: APPLICANT/AGENT (delete as appropriate)

Date: .....

Telephone number and email address of signatory:

<b>Tel No:</b>		<b>Email address:</b>	
----------------	--	-----------------------	--

Postal Address of Agent (if appropriate)

.....

.....

**Data Protection Act 1998**

The information on this form may be held on an electronic register which may be available to members of the public on request.

# LICENSING (SCOTLAND) ACT 2005

## Extended Hours Application

### Guidance Notes

#### **Note 1:**

Applications may only be completed by the Premises Licence Holder or their Agent. The Agent can be either a Solicitor acting on behalf of the Premises Licence Holder or a person acting under the written authority of the Premises Licence Holder.

#### **Note 2:**

In terms of Section 68 of the Licensing (Scotland) Act 2005 the Licensing Board may extend the licensed hours if it **considers it appropriate to do so** in connection with a special event or occasion to be catered for on the premises, or a special event of local or national significance.

#### **Note 3:**

In terms of Section 68(2) of the Licensing (Scotland) Act 2005, the duration applied for may not exceed a period of **one month**.

Please ensure that the 'from' and 'to' dates of the proposed duration reflect the days on which the **extension** should begin and end.

(e.g. A Premises Licence allows a premises to trade until 0100 and said premises lodges an extended hours application to trade until 0200 in respect of a special event – such as a Wedding Reception. If the Wedding Reception takes place on a Friday evening, then the Extended Hours Application should specify the start date as the Saturday from 0100 to 0200 and not Friday – since the extension would not take effect until 0100 on the Saturday morning.)

#### **Note 4:**

An extended hours application does not allow a premises to sell alcohol for consumption off the premises if the relevant Premises Licence only allows the sale of alcohol on the premises and vice versa.

An extension of hours for the sale of alcohol for consumption off premises cannot extend outwith the hours of 1000 to 2200.

#### **Note 5: Notification of Extended Hours Application**

Upon receipt of the application the Licensing Board must give notice of it, together with a copy of the application to the appropriate Chief Constable and Licensing Standards Officer who must respond to the application within ten days.

#### **Note: Submission of Application**

In order to process the application timeously, please lodge the application at least **14 days** in advance of the event. Completed applications may be lodged at the relevant address below:-

### **HIGHLAND LICENSING BOARD CONTACT ADDRESSES AND PAYMENT DETAILS**

<b>Clerk to the Board</b>	<b>Inverness, Nairn, Badenoch and Strathspey areas</b>	<b>Lochaber</b>
Claire McArthur Highland Licensing Board Council Offices High Street Dingwall IV15 9QN Tel: (01349) 868541 <a href="mailto:claire.mcarthur@highland.gov.uk">claire.mcarthur@highland.gov.uk</a>	Highland Licensing Board Highland Council Headquarters Glenurquhart Road Inverness IV3 5NX Tel: (01463) 785087 <a href="mailto:licensing@highland.gov.uk">licensing@highland.gov.uk</a>	Highland Licensing Board Council Offices Charles Kennedy Building Achintore Road Fort William PH33 6RQ Tel: (01397) 707233 <a href="mailto:licensing@highland.gov.uk">licensing@highland.gov.uk</a>
<b>Caithness and Ross areas</b>	<b>Sutherland</b>	<b>Skye and Lochalsh</b>
Highland Licensing Board Caithness House Market Place Wick KW1 4AB Tel: (01955) 608214 <a href="mailto:licensing@highland.gov.uk">licensing@highland.gov.uk</a>	Highland Licensing Board Council Offices Drummuie Golspie KW10 6TA Tel: (01408) 635205 <a href="mailto:licensing@highland.gov.uk">licensing@highland.gov.uk</a>	Highland Licensing Board Council Offices Tigh na Sgìre Park Lane Portree, IV51 9GP Tel: (01478) 613824 <a href="mailto:licensing@highland.gov.uk">licensing@highland.gov.uk</a>

If you wish any additional guidance or advice, please contact your **Licensing Standards Officer** in your area:

<b>LICENSING AREA</b>	<b>LSO</b>	<b>CONTACT DETAILS</b>
<b>SOUTH</b> Inverness, Nairn, Badenoch & Strathspey	Shonnie Campbell	Tel: 01463 702259 E-mail: <a href="mailto:shonnie.campbell@highland.gov.uk">shonnie.campbell@highland.gov.uk</a>
<b>NORTH</b> Caithness, Sutherland and Ross	Garry Cameron	Tel: 01408 635217 E-mail: <a href="mailto:garry.cameron@highland.gov.uk">garry.cameron@highland.gov.uk</a>
<b>WEST</b> Skye and Lochalsh and Lochaber	Chris MacKinnon	Tel: 07760 703222 E-mail: <a href="mailto:ewenchristopher.mackinnon@highland.gov.uk">ewenchristopher.mackinnon@highland.gov.uk</a>

**WAYS TO PAY:**

**By Debit or Credit Card**

- In Person at any Service Point
- By Telephone to a member of Council staff. Please telephone the payment line on 01349 886605/09 and a member of staff will be able to take your payment. This service is available Monday-Friday 8 am to 5 pm,

**By Bank Credit Transfer, Telephone or Online Banking or Standing Order**

Please pay to the: Virgin Bank, 15 Academy Street, Inverness, IV1 1JN

Bank Sort Code: 82:70:13

Bank Account Number: 30000542

Please quote: Name of Premises/Type of Application or Invoice Number with all payments.

## EQUAL OPPORTUNITIES MONITORING FORM QUESTIONS

### Introduction to Equalities Form:

In order to check the effectiveness of our equal opportunities policy we monitor a range of areas where people may experience discrimination. We would be pleased if you would complete the form below. The information you give will not be available to people involved in the application process and will be used for monitoring purposes only. All information will be treated in strict confidence and no names will be shown in any statistics produced.

Data Protection Act 1998

Information you provide in this form will be processed fairly and lawfully for the following purposes:

- For administrative purposes, reporting, monitoring data and using information as statistical data for strategic planning.
- For equal opportunities monitoring.

### Question 1: Gender Identity - 1

How would you describe your gender?

Female

Male

Prefer not to answer


### Question 2: Gender Identity - 2

Have you ever identified as a transgender person or trans person?

(For the purpose of this question "transgender" is defined as an individual who lives, or wants to live, full time in the gender opposite to that they were assigned at birth)

Yes

No

Prefer not to answer


### Question 3: Age

Please tick one box:-

18-24

25-34

35-44

45-54

55-64

65-74

75+

Prefer not to answer


### Question 4: Religion or Belief

What is your Religion or Belief?

Buddhist

Church of Scotland

Hindu

Humanist

Jewish

Muslim

None

Other Christian

Sikh

Pagan

Roman Catholic

Prefer not to answer

Other Religion or Belief, please specify (FREE TEXT):


**Question 5: Ethnic Group**

What is your ethnic group? Choose one from section A to F

**A. White**

Scottish

Other British

Irish

Gypsy/Traveller

Polish

Other white ethnic group


**B. Mixed or Multiple Ethnic Group**

Any mixed or multiple ethnic groups


**C. Asian, Asian Scottish or Asian British**

Pakistani, Pakistani Scottish or Pakistani British

Indian, Indian Scottish or Indian British

Bangladeshi, Bangladeshi Scottish or Bangladeshi British

Chinese, Chinese Scottish or Chinese British

Other


**D. African**

African, African Scottish or African British

Other


**E. Caribbean or Black**

Caribbean, Caribbean Scottish or Caribbean British

Black, Black Scottish or Black British

Other


**F. African**

Arab, Arab Scottish or Arab British

Other

Prefer not to answer

Other, please specify (FREE TEXT)


**Question 6a: Disability**

Under the terms of the Equality Act 2010, a disability is defined as a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out day-to-day tasks.

Do you consider that you have a disability?

Yes

No

Prefer not to answer


**Question 6b: Disability (Impairment)**

If yes to the above question, please state the type of impairment which applies to you. If none of the categories apply, please mark 'Other' and specify the type of impairment.

Deafness or partial hearing loss

Blindness or partial sight loss

Learning disability for example, Down's Syndrome

Learning difficulty for example, dyslexia

Developmental disorder for example, Autistic Spectrum Disorder or Asperger's Syndrome

Physical disability

Mental health condition

Long-term illness, disease or condition

Prefer not to answer


**Question 7: Sexual Orientation**

What is your sexual orientation?

Bisexual

Gay

Heterosexual/Straight

Lesbian

Prefer not to answer
