

**ABERDEENSHIRE (SOUTH) LICENSING BOARD**

**THE LICENSING (SCOTLAND) ACT 1976  
as amended**

**APPLICATION FOR REGULAR EXTENSION  
Section 64**

**IF IN DOUBT CONSULT YOUR SOLICITOR**

**FOR OFFICIAL USE ONLY**

Date copied to Police ..... Date copied to DES ..... Date copied to Firemaster ..... PLEASE RESPOND BY ..... Last Date for Objections .....	Date of receipt of application ..... Date Acknowledged ..... Fee Paid ..... Date Objection(s) Received ..... Date Objection(s) Acknowledged .....
Response received Police ..... Response received DES ..... Firemaster (Info only)	Board Meeting .....

**PLEASE DO NOT WRITE IN SHADED AREA**

1. Name, Address and Telephone Number of Premises	
2a. Type of Licence	<i>Please delete if not applicable HOTEL, RESTRICTED HOTEL, PUBLIC HOUSE, REFRESHMENT, RESTAURANT, ENTERTAINMENT, OFF-SALES</i>
2b. Date Licence last Granted/Renewed (not date of last Regular Extension)  or	
2c. CLUB Date and Place of Registration	

3. Applicant Company or Applicant Partnership Name, Address of Registered Office, Telephone Number, Email Address and Company Registration Number	<i>Please complete if Applicant is a Company or Partnership only</i>
4. Name, Designation, Address, Telephone Number, Date & Place of Birth & Email Address of Applicant or Employee/Agent to be responsible for day to day running of the Premises (married women include Maiden Name)	<i>Please complete if Applicant is a Natural Individual Person or Employee or Agent of no. 1 above</i>
5. State whether Applicant wishes Agent's Name and Address to be published in lieu of his own	Yes/No
<b>6. Days and Times during which the Regular Extension is required (please use 24 hour clock)</b>	
7a. State whether Board has previously Refused this Application	YES/NO
b. If YES, please advise Date of Refusal	
c. Did Board make Section 64(9) direction	<i>Did Board permit Applicant to submit same Application within one year of Refusal</i> YES/NO
DATE _____	SIGNATURE _____ APPLICANT/AGENT If submitted by an Agent, Agent complete the following:-
Solicitor's Name	
Firm Name and Address	
Postcode	
Office Reference	
Telephone No.	
Fax No.	
Legal Post Number	
Email	

COPY of this Application to be served on CHIEF CONSTABLE at the same time as it is lodged with the CLERK (address:- Grampian Police, Police Station, Dunnottar Avenue, Stonehaven, Kincardineshire, AB39 2JD).

NOTE Section 47 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990 states inter alia

(1) A Licensing Board shall not Grant an Application under Section 64 of the Principal Act for an Extension of Permitted Hours unless it is satisfied by the Applicant, taking account of the factors mentioned in subsection (3) of that Section-

(a) that there is a Need in the Locality in which the Premises in respect of which the Application is made are situated for a Regular Extension of the Permitted Hours

(b) that such an Extension is likely to be of such Benefit to the Community as a whole as to outweigh any Detriment to that Locality

**The Applicant or Agent must satisfy the Board at the meeting at which the Application is being considered in terms of the above Section, before any Application for Regular Extension can be Granted.**

Fee for Regular Extension £86  
(cheques to be made payable to "Aberdeenshire Council (South)")

# Police Copy

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<p>3. Applicant Company or Applicant Partnership Name, Address of Registered Office, Telephone Number, Email Address and Company Registration Number</p>	<p><i>Please complete if Applicant is a Company or Partnership only</i></p>
<p>4. Name, Designation, Address, Telephone Number, Date &amp; Place of Birth &amp; Email Address of Applicant or Employee/Agent to be responsible for day to day running of the Premises (married women include Maiden Name)</p>	<p><i>Please complete if Applicant is a Natural Individual Person or Employee or Agent of no. 1 above</i></p>
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<p>b. If YES, please advise Date of Refusal</p>	
<p>c. Did Board make Section 64(9) direction</p>	<p><i>Did Board permit Applicant to submit same Application within one year of Refusal</i> YES/NO</p>
<p>DATE _____</p>	<p>SIGNATURE _____ APPLICANT/AGENT If submitted by an Agent, Agent complete the following:-</p>
<p>Solicitor's Name</p>	
<p>Firm Name and Address</p>	
<p>Postcode</p>	
<p>Office Reference</p>	
<p>Telephone No.</p>	
<p>Fax No.</p>	
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