



ROYAL GIBRALTAR POLICE

**APPLICATION FOR  
ADDITIONAL SHOP  
OPENING HOURS**

**WRITE IN BLOCK CAPITALS THROUGHOUT EXCEPT WHEN SIGNING**

**Regulation 9 (5) Shop (Days and Times of Opening) Regulation 1990**

1. Application is hereby made for the grant of a Permit of additional Shop Opening Hours.

(i) Name of Shop \_\_\_\_\_

(ii) Address \_\_\_\_\_

(iii) Type of shop \_\_\_\_\_

2. Application is made to open the shop as follows:-

(i) Sundays \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_

(ii) Good Friday \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_

(iii) Christmas Day \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_

(iv) Any other period \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_

3. I am the Owner/Director/Manager of the shop (delete as appropriate)

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Telephone No \_\_\_\_\_

Signature \_\_\_\_\_

**NOTE: THE FEE OF £20.00 MUST BE PAID WHEN THE APPLICATION IS SUBMITTED. THE PERMIT HAS A VALIDITY OF TWELVE MONTHS FROM THE DATE OF ISSUE AND ON EXPIRY OF SAME A NEW APPLICATION MUST BE SUBMITTED AND FEE PAID**

**FOR OFFICIAL USE ONLY**

RECEIPT No: \_\_\_\_\_ ISSUED/REFUSED BY: \_\_\_\_\_

PERMIT No: \_\_\_\_\_ DATE OF ISSUE/REFUSAL: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_



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