**Application for Shop Opening Hours**

**F01**



New Mole House, Rosia Road, Gibraltar 🞟 Tel (+350) 200 72500 🞟 [www.police.gi](http://www.police.gi)

**Shop Hours Application**

**Payment**

The fee prescribed for the issuing of a permit under regulation 9(5) is £42.50.

**Form Guidance**

This form can be completed digitally, and anyfields that are not applicable should be marked N/A. Original or scanned signatures are required throughout. If you are printing off this form and filling it in by hand, PLEASE USE BLOCK CAPITALS (clearly and legibly) using BLACK INK only, throughout the form to assist in processing your request.

Complete **Sections 1 – 3 overleaf.**

Section 4 asks you to provide evidence of your identity by producing copies of documents(s) with your application.

**Form Submission**

Ensure all sections are completed and submit application form together with a copy of your identification documentation to datarequests@royalgib.police.gi

**Please note that fields marked \* are mandatory.**

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| **Regulation 9 (5) Shop (Days and Times of Opening) Regulation 1990**  |
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| **Section 1 – Application is hereby made for the grant of a Permit of additional Shop Opening Hours**  |
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| **1.1 \* Name of Shop:** | Click or tap here to enter text. |
| **1.2 \* Address of Shop:** | Click or tap here to enter text. |
| **1.3 \* Type of Shop:** | Click or tap here to enter text. |

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| **Section 2 – This application is made to open the shop as follows**  |
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| **2.1 \* Sundays:** | **Date:** Select date  | **Hours:** Click or tap here to enter text. |
| **2.2 \* Good Friday:** | **Date:** Select date  | **Hours:** Click or tap here to enter text. |
| **2.2 \* Christmas Day:** | **Date:** Select date  | **Hours:** Click or tap here to enter text. |
| **2.2 \* Any other Period:** | **Date:** Select date  | **Hours:** Click or tap here to enter text. |

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| **Section 3 – Personal Details**  |
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| **3.1 \* I am the shops (Select from drop down)** | Choose an item. |
| **3.2 \* Full Name:** | Click or tap here to enter text. |
| **3.3 \* Address:**  |  Click or tap here to enter text.  |
| **3.4 \* Daytime telephone No.** (Please make sure that you include local/area or international dialling codes.) | Click or tap here to enter text. |

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| **Signature:** |   | **Date:** | Select date  |
| \*\* You can sign this form physically with a pen or include a digital copy of your signature. This will then be matched to your signature on the proof of identity documents you have provided. If they do not match, your request may be rejected.Warning - a person who impersonates or attempts to impersonate another may be guilty of an offence. |

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| **Section 4 – Proof of identity** |
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| **\*** Please be advised that you must provide proof of identification. Your signature will be matched to your signature on the proof of identity document provided. If they do not match, your request may be rejected.Please note in some circumstances it may be necessary for us to request original identification documents. |

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| **Note**  |

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| **The fee of £42.50 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, a new application must be submitted and fee paid.** |

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| **Privacy Notice** |
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| The contents of this document will be processed in strict compliance with the Royal Gibraltar Police’s **Management of Police Information (MoPI) policy** which has been compiled in accordance with the provisions of the **Data Protection Act 2004 (DPA 2004)** and the **Gibraltar General Data Protection Regulations (Gib GDPR)**. The information provided within will be used to conduct searches of RGP systems to locate the information being requested.For further information in relation to the Royal Gibraltar Police Privacy Policy please see below links:<https://www.police.gi/privacy-policy><https://www.police.gi/special-category-personal-data> |

**FOR OFFICE USE ONLY**

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| **To be completed by Staff** |
|  |
| **Receipt No:** |  |
| **Permit No:** |  |
| **Issued/Refused by:**  |  |
| **Date of issue/Refusal:**  |  |  |
| **Expiry Date:** |  |

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| **To be completed by RGP Finance Department** |
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| **GRR No.** |  |
| **Amount Paid:**  |  |
| **Signature:**  |  |  |
| **Date:** |  |