

The Shops (Sunday Trading &c.) (NI) Order 1997

APPLICATION FOR ADDITIONAL PERMITTED SUNDAY OPENING HOURS FOR LARGE SHOPS

Completed Application to be sent to one of the offices below:

Oifig Dhún Padraig Downpatrick Office

Licensing Section
Economy, Regeneration and Tourism
Department
Downshire Civic Centre
Downshire Estate
Ardglass Road
Downpatrick
BT30 6GQ

For further information contact:

Tel: 0330 137 4030

Email: licensing@nmandd.org www.newrymournedown.org

Oifig an Iúir Newry Office

Licensing Section
Economy, Regeneration and Tourism
Department
Unit 19 Rampart Road
Greenbank Industrial Estate
Newry
BT34 2QU



Ref:

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Notification of additional permitted Sunday opening hours for large shops up to 18 specified Sundays in one year.

* required information

Section 1 of 3				
User Profile				
* First name				
* Last name				
* E-mail				
Main telephone number			Please indicate country code	
Other telephone number				
Indicate here if yo	ou would prefe	r not to be contacted by telephone	е	
Are you an agent acting of	on behalf of the	e applicant?		
Yes	No	Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.		
		nisation, including as a sole trader any special legal structure.)	? (A sole trader is a	
Yes	No			

Vann Barta ar			
Your Business			
* Is your business registered in t Companies House?	Yes	□ No	
Is your business registered outside	de the UK?	Yes	□ No
* Business name If your business is registered,	use its registered na	ame	
* VAT number Put "none" if you are not regis	stered		
* Legal Status			
* Your position in the business [
Business Address			
* Building number or name Address business corresponder	nce must be sent to	(
* Street			
District			
* City or Town			
* County or administrative area			
* Postcode			
* Country			
* Home Country The country where the headqu	uarters of your busir	ness is located	

Section 2 of 3	
Type of Notification * Please indicate whether this is a:	
New notification	
Notification with a change of o	details
Address for which notification is	s being made
* Name of premises/trading name	
Address	
st Is the address the same as (or sim	nilar to) the address given in section one?
☐ Yes ☐ No	If "Yes" you can re-use the details from section one, or amend them as required. If "No" enter a completely new set of details.
* Building number or name	
* Street	
District	
* City or Town	
County or administrative area	
Postcode	
* Country	
Premises Contact Details	
Are the contact details the same as ((or similar to) the contact details given in section one?
Yes No	If "Yes" you can re-use the details from section one or amend them as required. If "No" enter a completely new set of details.

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