

ABERDEEN CITY 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.

If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written or typed in black ink. Use additional sheets, if necessary.

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

This application should only be completed by the Licence Holder of the appropriate Premises Licence or their Agent.

Section 1: PREMISES LICENCE DETAILS			
a) Premises Licence Number		AC0087	
b) Name and address of premises:			
CHEERZ Bar & Club 2-8 EXCHANGE STREET, ABERDEEN			
Post Code	AB11 6PH	Telephone Number	07557 384994
c) Full Name and address of current premises licence holder:			
Post Code		Telephone Number	
Section 2: Nature of Extended Hours Application			
a) Details of Event:			
This application is in relation to- (Tick relevant box)			
a special event or occasion to be catered for on the premises, or			<input checked="checked" type="checkbox"/>
an event of local or national significance			<input type="checkbox"/>
b) Provide details of event to which application relates and reasons why the extended hours are required: (see note 1)			
Application for extended hours on 1st January 2026 0200-0400. New Year's Eve celebrations over two floors with special live DJ, cabaret and Dancers. Ticketed admission only from 0100 hours. Extra Doorstaff, Minimum of two first aiders, additional bar and floor staff.			

c) Duration of Extended Hours Application (See note 2)

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

Date From:

01/01/26 02:00

Date To:

01/01/26 04:00

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) Times that Extended Hours Application will have Effect (See note 3)

Times for sale of alcohol for consumption on premises:
0200-0400

Times for sale of alcohol for consumption off premises;

Section 3: CHECKLIST

I have made or enclosed payment of the fee for the application
Please tick



8. Signature and declaration by applicant (see note 4)

DECLARATION

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

Signature ... [redacted] Print Name ALEXANDER B. ROBB

Date 14/11/25

Capacity : APPLICANT / ~~AGENT~~ (delete as appropriate)

Telephone number and email address of signatory [redacted]

Postal Address of signatory CHEERZ, 2 EXCHANGE STREET
ABERDEEN, AB11 6PH