**Application to change core opening hours**

|  |  |
| --- | --- |
| **Name of contractor**  |  |
| **Full address of premises to which the application relates** |  |
| **Address for correspondence (if different)** |  |

This is an application to:

* permanently change core opening hours
* make a one-off change

(Please tick as relevant).

Please insert below the current core opening hours for these premises.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
|  |  |  |  |  |  |  |

Please insert below the proposed core opening hours for these premises.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
|  |  |  |  |  |  |  |

If this is a permanent change, please state in the box below the date from which you would like the change to take effect.

|  |
| --- |
|  |

If this is a one-off change, please enter the dates for the change below.

|  |
| --- |
|  |

Please provide information on the changes to the needs of people in the area of the Health and Well-being Board, or other likely users of the premises, for pharmaceutical services that have led to your application.

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|  |

Signature …………………………………………………………………………………..

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of …………………………………………………………………………………

(insert name of contractor)

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………