**Form LP1A: Valuation of Licensed Premises**

**Please complete all sections**

|  |
| --- |
| **Property Number** |
|  |

**OCCUPIER DETAILS (Please complete in BLOCK CAPITALS)**

|  |  |
| --- | --- |
|  | |
| Occupier: |  |
| Trading Name: |  |
| Property Address: |  |
|  |
| Eircode: |  |
| Contact Name: |  |
| Telephone No: |  |
| Email Address: |  |

**LICENSED PREMISES DETAILS:**

Licence Details: 6 Day Licence 7 Day Licence Early Opening Licence

Other Please Specify:

Opening Hours:

Food Serving Hours:

Type of Trade: Drink On-Sales Food Sales Drink Off Sales

Other Please Specify:

Does the premises have a designated smoking area? Yes No

**DETAILS OF OTHER FACILITIES OR BUSINESSES OPERATING AT THESE PREMISES:**

Shop Post Office Service Station Workshop

Other Please Specify:

**ARE YOU RENTING THIS PREMISES?** Yes No, I own it.

If renting, please provide the following lease details:

Length of Lease: Rent:

Frequency (Weekly / Monthly / Other):

Commencement date of lease:

Rent review pattern:

Other relevant information:

Does the rent include residential accommodation? Yes No

**Form LP1A: Valuation of Licensed Premises**

**Please complete all sections**

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| --- |
| **Property Number** |
|  |

**Extracts From Accounts and Trading Information**

**(Include only details of trade at the licensed premises)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Financial Information**  **Accounts Year End Date:** | | **2013** | **2014** | **2015** | **2016** |
|  |  |  |  |
| **Turnover:** | Drink On-Sales |  |  |  |  |
| Drink Off-Sales |  |  |  |  |
| Food Sales |  |  |  |  |
| Franchise Income (see note 1 below) |  |  |  |  |
| **Total Turnover** |  |  |  |  |
| **Cost of Sales:** | |  |  |  |  |
| **Gross Profit:** | |  |  |  |  |
| **Expenses:** | Wages & Salaries |  |  |  |  |
| Insurance |  |  |  |  |
| Rent |  |  |  |  |
| TV Subscriptions |  |  |  |  |
| Entertainment |  |  |  |  |
| Repairs & Maintenance |  |  |  |  |
| Licence Fees |  |  |  |  |
| Security Costs |  |  |  |  |
| Legal Fees |  |  |  |  |
| Other (Please specify) |  |  |  |  |

**Note 1: Franchise Income:** Income arising to the occupier of a licensed premises from the granting of permission to a third party to carry out specified commercial activities on the licensed premises; generally refers to a food franchise.

**Note 2:** You may be requested to supply supporting information including copies of lease /licence agreements, copies of audited/certified/management accounts, etc. at a later date**.**

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| --- |
| **Property Number** |
|  |

**Certification by Accountant:**

I hereby certify that the information provided on this Form LP1A is true and accurate in relation to the above subject property.

Signature of Accountant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Particulars of Accountant:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Firm, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accountancy body of which a member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed forms should be returned to:

|  |  |
| --- | --- |
| Email | Post |
| Reval2017@valoff.ie  Please include your Property Number in the subject line. | Freepost  Representations  The Valuation Office,  Block 2, Irish Life Centre,  Abbey Street Lower,  Dublin 1  D01 E9X0 |