

## Form LP1: Valuation of Licensed Premises

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

Occupier:	
Trading Name:	
Address of Premises:	
	Eircode:
Contact Name:	
Telephone No:	Mobile 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

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**Extracts From Accounts and Trading Information**  
(Include only details of trade at the licensed premises)

Financial Information		2014	2015	2016	2017
<b>Accounts Year End Date:</b>					
<b>Turnover:</b>	Drink On-Sales				
	Drink Off-Sales				
	Food Sales				
	Franchise Income*				
	<b>Total Turnover</b>				
<b>Cost of Sales:</b>					
<b>Gross Profit:</b>					
<b>Expenses:</b>	Wages & Salaries				
	Insurance				
	Rent				
	TV Subscriptions				
	Entertainment				
	Repairs & Maintenance				
	Licence Fees				
	Security Costs				
	Legal Fees				
	Other (Please specify)				

**\*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:** 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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### Certification by Accountant:

I hereby certify that the information provided 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: \_\_\_\_\_