

HARRISBURG DEPARTMENT OF PUBLIC AFFAIRS
NOTIFICATION OF EXTENDED HOURS

BUSINESS NAME: _____
BUSINESS ADDRESS: _____
TELEPHONE NUMBER: _____

LICENSE CLASS: _____
LICENSE No.: _____

NORMAL HOURS OF OPERATION ARE:

SUNDAY	12:00 noon - 7:00 p.m.
MONDAY	9:00 a.m. - 12:00 midnight
TUESDAY	9:00 a.m. - 12:00 midnight
WEDNESDAY	9:00 a.m. - 1:00 a.m. (Thursday)
THURSDAY	9:00 a.m. - 1:00 a.m. (Friday)
FRIDAY	9:00 a.m. - 2:00 a.m. (Saturday)
SATURDAY	9:00 a.m. - 2:00 a.m. (Sunday)

WE ARE HEREBY NOTIFYING THE ADMINISTRATIVE ASSISTANT TO THE MAYOR THAT WE SHALL REMAIN OPEN PAST THOSE LIMITS SET FORTH HEREIN ABOVE.

WE SHALL EXTEND OUR HOURS ON THE FOLLOWING: DAY: _____ DATE: _____
TIME: _____

REASON FOR EXTENDED HOURS: _____

WE ALSO UNDERSTAND THAT WE ARE NEVER PERMITTED TO REMAIN OPEN PAST 2:00 A.M.

DATE OF NOTIFICATION _____ NAME OF PERSON SUBMITTING NOTIFICATION _____

FOR DEPARTMENT OF PUBLIC AFFAIRS OFFICE USE ONLY

DATE NOTIFICATION RECEIVED: _____ TIME NOTIFICATION RECEIVED: _____
NOTIFICATION RECEIVED BY: _____
NUMBER OF TIMES HOURS EXTENDED: _____ OF _____

NOTE: PLEASE SUBMIT THIS NOTIFICATION TWO (2) WORKING DAYS BEFORE THE REQUESTED EXTENDED HOURS DATE SO THAT WE MAY NOTIFY THE HARRISBURG POLICE DEPARTMENT OF YOUR REQUEST. THANK YOU FOR YOUR COOPERATION.