



## Broadmead Activation Grant: Extended Opening Hours – Application Form

Before completing this application form, please read the **Broadmead Activation Grant – Overview and Guidance Notes** for the Extended Opening Hours Grants

Please note we can only accept applications forms which have been completed by the business owner, director, or main partner in the business. **Please do not submit this form unless you hold one of the named positions. Please ensure that you have answered each question as fully as possible.**

|                                                                                                                                                                                                                            |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Your name                                                                                                                                                                                                                  |                                 |
| Email address                                                                                                                                                                                                              |                                 |
| Name of Business                                                                                                                                                                                                           |                                 |
| Trading address including postcode - this must be within one of the streets named in the 'Overview and Guidance Notes' to be eligible for the funding and the same address as where the extended opening hours will happen |                                 |
| Length of time the business has been operating from this location                                                                                                                                                          |                                 |
| On what date was the business established                                                                                                                                                                                  | DD/MM/YYYY Amend as appropriate |
| Legal status of your business e.g., Sole Trader/Partnership/ Ltd. / LLP / CIC / Charity / etc.                                                                                                                             |                                 |
| What eligible sector(s) does/do your business cover:<br>retail/ health & beauty/ culture/ hospitality                                                                                                                      |                                 |
| Are you the business owner, a director or main partner in the business? To be eligible you must have full control over all business decisions.                                                                             |                                 |
| Turnover for the last 12 months (If you started trading less than 12 months                                                                                                                                                |                                 |

|                                                                                                          |                             |
|----------------------------------------------------------------------------------------------------------|-----------------------------|
| ago, please state your total turnover to date)                                                           |                             |
| Number of paid Full-Time (FT) and Part Time (PT) positions employed by the business                      |                             |
| Name and job title or position of the person who will lead on this project (if different from the above) |                             |
| Have you received any other grants or subsidies totalling more than £315,00 since April 2021?            | Yes/No Amend as appropriate |

**Q1. Please explain why you want to trial extended opening hours. Include why you don't currently open at this time, and what you will use the grant funding for (please itemise expenditure). (Max 150 words) (scored question):**

**Q2: What are the dates and times on which you wish to trial extended opening hours (this must be between 1 January and 30 September 2027). The grant requires you to trial a minimum of three extended opening hours, but if you intend to trial more, please include the information here. This question is not scored.**

|                                  |                                                                                                                                |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>Date 1</b>                    | At least one trial must be during the Bristol Light Festival, 18-27 February 2027. Please specify date within that range here: |
| <b>Date 2</b>                    |                                                                                                                                |
| <b>Date 3</b>                    |                                                                                                                                |
| <b>Date 4 (where applicable)</b> |                                                                                                                                |
| <b>Date 5 (where applicable)</b> |                                                                                                                                |

**Q3 Please explain your rationale for choosing to trial extended opening hours on these dates (100 words max): (question scored):**

E.g. You may wish to spread the dates of your extended opening hours over different months and days of the week; you may consider what events are taking place in the city; you may coordinate your extended openings with other nearby businesses.

**Q4: Please explain your approach to marketing and promotion and how you would ensure that your trial extended opening hours is a success (Max 150 words) (scored question):**

Please include timing of promotion; selection of marketing channels; appropriate audiences; anything else you consider relevant.

**Q5: How will you decide whether to continue extended opening hours following this trial? (Max 150 words) (scored question). Please include:**

- Your existing customer numbers per day and average spend per customer
- Realistic projections of numbers and spend per head on extended opening hour trials and how you reached this
- What you would consider a success in terms of numbers and takings
- Any other considerations, e.g. ease of opening, staffing

## Additional Information

### Baseline Documents

Please confirm you have sent the following documents with your application. If you do not include these documents, your application will not be progressed.

| Document                                            | Yes/No |
|-----------------------------------------------------|--------|
| Public liability insurance minimum £5 million       |        |
| Employer liability minimum (if required) £5 million |        |

### Declaration:

By signing this form, you agree to the following:

- I declare that the information I have given on this form is correct to the best of my knowledge and belief.

|            |                                      |
|------------|--------------------------------------|
| Full name: |                                      |
| Signature: |                                      |
| Date:      | DD/MM/YY <i>amend as appropriate</i> |

Our [privacy statement](#) and our [Arts Development privacy notice](#) explain how we process your personal information, how long it's kept for and your rights as a data subject.

Once you have completed and signed the application form, please send it along with the baseline documents to [artsdevelopment@bristol.gov.uk](mailto:artsdevelopment@bristol.gov.uk) by **10am, Wednesday 28 October 2026**. Please use 'Broadmead Activation Grant: Extended Opening Hours' followed by the name of your business in the subject heading.