NEWFOUNDLAND
LABRADOR
LIQUOR CORPORATION

Dear Applicant:

Enclosed is an application for the **Transfer** of a **Recreational Facility License**; please ensure that all items are completed.

In addition to the completed application, we also require the following documentation:

(1) Personal Data Sheets to be completed by owner and/or each shareholder if a company;

(2a) Written approval from the Provincial Fire Commissioner's Office, St. John's Regional Fire Department or the City of Corner Brook Fire Department;

(2b) Permit and/or occupancy permit from the city or municipal authority.

(3) A signed copy of your purchase or lease agreement (if applicable);

(4) A letter from the current licensee agreeing to transfer;

(5) A letter from the current licensee allowing you to operate on his/her license until your license has been approved;

(6) One sets of original floor plans, drawn to scale, outlining your Recreational Facility showing the areas where sale and consumption will or could take place and the total number of fixtures in your men's and ladies' washrooms; and

(7) Written approval from Building Accessibility and Fire & Life Safety ((This is only required if renovations have been completed, please advise).

(8) If incorporated, please provide a current certified or a current stamped copy of the Corporations Act. Form 6, Notice of Directors.

Once all documentation is received, a final inspection will be carried out by the Newfoundland and Labrador Liquor Corporation.

If you require any additional information, you may contact this office at 724-2238 or 724-2239.

NEWFOUNDLAND
LABRADOR
LIQUOR CORPORATION

NOTICE TO APPLICANTS FOR TRANSFER OF LIQUOR ESTABLISHMENT LICENSE

Section 28 Liquor Licensing Regulations

"An application for the approval of the board for a transfer of a license shall be forwarded to the board at least 30 days before the date proposed for the transfer."

Please note that upon receipt of application, all required documentation is to be forwarded to the Newfoundland Labrador Liquor Corporation within 30 days. Applicants failing to comply will not be in a legal position to operate.

NEWFOUNDLAND
LABRADOR
LIQUOR CORPORATION

( ) APPLICATION FOR LIQUOR ESTABLISHMENT LICENSE
( ) APPLICATION FOR TRANSFER OF EXISTING LICENSE

( ) Hotel ( ) Motel ( ) Tourist Home ( ) Lounge ( ) Restaurant ( ) Tour Boat ( ) Institution ( ) Club – Civilian or Military
( ) Recreational Facility ( ) Transportation Service ( ) Restaurant/Lounge ( ) Airport Establishment

If applying for transfer of license, name under which License was last issued:
_____License No. _____
Address _____
_____ Telephone No. _____

PART ONE
TO BE COMPLETED BY APPLICANTS APPLYING FOR HOTEL/MOTEL, TOURIST HOME, LOUNGE, RESTAURANT, and TOUR BOAT, RECREATIONAL FACILITY, RESTAURANT/LOUNGE, AND AIRPORT ESABLISHMENT OR TRANSFER OF SAME TYPE.

1. Do you require a catering license? ( ) Yes ( ) No

2. Name of Applicant in Full:
   Mr. ( ) Ms. ( ) _____
   (Surname) (Given Names)
   Address _____

   Email address _____ Telephone No. _____ Facsimile No. _____

3. (a) Business name of establishment:
   _____

   (b) **Physical** Address of Establishment (please complete **ALL FIELDS**)

   Address: _____
   _____

   City/Town: _____
   Postal Code: _____

   (c) **Mailing** Address of Establishment (**if different from above**)

   Address: _____
   _____

   City/Town: _____
   Postal Code: _____

4. Is applicant sole owner? ( ) Yes ( ) No
   If not sole owner, give particulars of agreements with any other party or parties
   _____

   (b) If a partnership, state separately each partner's investment and proportion of profit distribution:

   Name Investment % Profit-sharing ratio
   _____
   _____
   _____

   (c) If a corporation, give:
   Name _____
   Date of Incorporation _____
   Public or Private Company _____
   Provincial or Federal Charter _____

Officers& Directors **(If more than four, please provide separate list)**

Name Mailing Address **(including Postal Code)**

_____

_____

_____

_____

State whether applicant will occupy building as owner or tenant

_____

5. Has the applicant ever applied for a license for the sale of spirits, beers or wines in Canada or elsewhere either as an individual, a member of a partnership, or an officer, director or shareholder of a Corporation?

_____

_____

6. Is the establishment to be managed by the applicant? ( ) Yes ( ) No
If "No", by whom?

_____
Name in Full Address Age

7. Will the establishment be operated throughout the year or only seasonally?

_____ (If seasonally, period of operation) _____

PART TWO

TO BE COMPLETED BY APPLICANTS APPLYING FOR AN INSTITUTION AND CLUB LICENSE (CIVILIAN OR MILITARY)

1. Name of institution, Club, Branch, Lodge, Division or mess _____
2. Incorporated or chartered _____ Date_____
3. Please provide separate list of executive including names, titles, addresses and telephone numbers.
4. State date on which institution or club commenced active operation _____

PART THREE

TO BE COMPLETED BY APPLICANTS APPLYING FOR TRANSPORATION SERVICES

1. Name and address of Company or Organization:

_____

_____

2. Indicate type of transport for which this application is being made:

_____

PART FOUR

TO BE COMPLETED BY ALL APPLICANTS

I, , of

do solemnly declare that

(a) I have knowledge of the matters herein deposed to; and

(b) all information set forth in the attached application to the Newfoundland and Labrador Liquor Corporation is true and correct in substance and in fact

and I made this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

_____ _____
DATE SIGNATURE OF APPLICANT

Send Application to:

NEWFOUNDLAND LABRADOR LIQUOR CORPORATION,
P.O. Box 8750, Stn. A
St. John's, NL A1B 3V1
Attention: Regulatory Services
Telephone: 724-2238/2239 Facsimile: 753-8625

NEWFOUNDLAND LABRADOR LIQUOR CORPORATION

Telephone: (709) 724-2238
(709) 724-2239
Facsimile: (709) 753-8625

PERSONAL DATA SHEET

NAME OF ESTABLISHMENT FOR WHICH THIS REPORT IS SUBMITTED	
LOCATION	
NAME SURNAME	GIVEN NAME (S)
ADDRESS	
	TELEPHONE NUMBER
IF MARRIED WOMAN, GIVE MAIDEN NAME	
DATE OF BIRTH / PLACE OF BIRTH	SEX ☐ MALE ☐ FEMALE
PLACE OF RESIDENCE DURING PAST TEN YEARS	

ARE YOU OR ANY MEMBER OF YOUR FAMILY ENGAGED, IN ANY CAPACITY, WITH THE ENFORCEMENT OR ADMINISTRATION OF THE LIQUOR CONTROL AND/OR THE LIQUOR CORPORATION ACTS?

☐ YES ☐ NO IF YES, PLEASE GIVE DETAILS _____

_____

_____

HAVE YOU ANY PAST OR PRESENT INTEREST, DIRECT OR INDIRECT, IN ANY BUSINESS WHERE ALCOHOLIC BEVERAGES ARE SOLD OR DISTRIBUTED?

☐ YES ☐ NO IF YES PLEASE GIVE DETAILS _____

_____

_____

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE (OTHER THEN MINOR TRAFFIC OFFENCES)? IF THE ANSWER IS "YES", GIVE DETAILS OF EACH CONVICTION.

DATE	PLACE	CHARGE	DISPOSITION

THE ROYAL CANADIAN MOUNTED POLICE, THE ROYAL NEWFOUNDLAND CONSTABULARY OR ANY OTHER LAW ENFORCEMENT AGENCY IS HEREBY AUTHORIZED TO SUPPLY THE NEWFOUNDLAND LIQUOR CORPORATION WITH ANY INFORMATION WHICH THE BOARD CONSIDERS PERTINENT TO MY APPLICATION FOR A LIQUOR LICENSE.

_____ DATE

_____ SIGNATURE OF APPLICANT