



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) Completed Personal Data Sheets (enclosed) for all shareholders and Directors;
- (2) Current Certificate of Conduct for all shareholders/Directors;
- (3) Written approval from the Provincial Fire Commissioner's Office;
- (4) Written Municipal approval;
- (5) A signed copy of a purchase or lease agreement, or another document that verifies ownership and/or legal possession of the establishment (e.g., Property Tax Bill);
- (6) A letter from the current licensee agreeing to transfer;
- (7) A letter from the current licensee allowing you to operate on his/her license until your license has been approved;
- (8) If incorporated, a current certified or a current stamped copy of *The Corporations Act*, Form 6, Notice of Directors;
- (9) One set of floor plans, drawn to scale on paper no larger than 8.5" x 14", outlining the proposed licensed area and including dimensions of clearly identified rooms (including storage and the total number of fixtures in the men's and ladies' washrooms); and
- (10) Written approval from Buildings Accessibility and Fire & Life Safety (this is only required if renovations have been completed, please advise).

Once all information has been received, the Newfoundland Labrador Liquor Corporation will undertake an inspection of your premises prior to a final decision on your application. You will then be notified accordingly.

If you require additional information, please call 724-1159 or email [corporateservices@nliquor.com](mailto:corporateservices@nliquor.com).

Enclosures

## **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.**

**APPLICATION FOR LIQUOR ESTABLISHMENT LICENSE**

**APPLICATION FOR TRANSFER OF EXISTING LICENSE**

Hotel  Motel  Tourist Home  Lounge  Restaurant  Tour Boat  Institution  Club  Military Mess  
 Recreational Facility  Transportation Service  Restaurant/Lounge  Airport Establishment

**\*Please note:**

**An application fee of \$200 must accompany this completed form.**

**All licenses are subject to an Annual Licensing Fee. For more details, please see the License Fee Schedule.**

If applying for transfer of license, name under which License was last issued:

\_\_\_\_\_ License No. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_

**PART ONE  
TO BE COMPLETED BY ALL APPLICANTS**

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  
(a) 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
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(c) If a corporation, give:

Name \_\_\_\_\_

Date of Incorporation \_\_\_\_\_

Public or Private Company \_\_\_\_\_

Provincial or Federal Charter \_\_\_\_\_

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

Name	Mailing Address (including Postal Code)
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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
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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 LICENSE OR MILITARY LICENSE**

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 A TRANSPORTATION SERVICE LICENSE**

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

**PLEASE NOTE THAT PERSONAL DATA SHEET(S) AND CERTIFICATES OF CONDUCT *MUST* ACCOMPANY THIS APPLICATION AND BE COMPLETED BY ALL APPLICANTS INCLUDING DIRECTORS AND SHAREHOLDERS.**

**Please send completed application to:**

**NEWFOUNDLAND LABRADOR LIQUOR CORPORATION  
P.O. Box 8750, Stn. A  
St. John's, NL A1B 3V1  
Attention: Regulatory Services**

**Telephone: 724-1159**

**Facsimile: 753-8625**

**Email: corporateservices@nliquor.com**



**PERSONAL DATA SHEET**

NAME OF ESTABLISHMENT FOR WHICH THIS REPORT IS SUBMITTED		
LOCATION		
NAME SURNAME	GIVEN NAME(S)	
ADDRESS		
TELEPHONE NUMBER	EMAIL	
DATE OF BIRTH	PLACE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> 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 ACT AND/OR THE LIQUOR CORPORATION ACT?

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 AN OFFENCE IN CANADA OR THE UNITED STATES?    YES     NO

IF THE ANSWER IS "YES", PLEASE ATTACH A CERTIFIED COPY OF YOUR CRIMINAL RECORD.

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

\_\_\_\_\_

DATE

\_\_\_\_\_

SIGNATURE OF APPLICANT