



Dear Applicant:

Enclosed is an application for a **Transfer** of a **Tour Boat License**; please complete all items.

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

- (1) Completed Personal Data Sheets (enclosed) for all shareholders or Directors;
- (2) Current Certificate of Conduct for all shareholders/Directors;
- (3) Approval from the Federal Department of Transportation;
- (4) If incorporated, a current certified or a current stamped copy of *The Corporations Act*, Form 6, Notice of Directors;
- (5) A letter from the current licensee agreeing to transfer the license; and
- (6) A letter from the current licensee allowing you to operate on his/her license until your license has been approved.

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
------	------------	------------------------

(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)
------	-----------------------------------------

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 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**

