



Dear Applicant:

Enclosed is an application for a new **Bonded Warehouse License**; please complete all sections.

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

- (1) Completed Personal Data Sheets (enclosed) for all shareholder and/or directors;
- (2) Current Certificate of Conduct for all shareholders/Directors;
- (3) Approval from the Canada Revenue Agency;
- (4) Written approval from Buildings Accessibility and Fire & Life Safety;
- (5) If incorporated, a current certified or a current stamped copy of *The Corporations Act*, Form 6, Notice of Directors; and
- (6) One set of floor plans, drawn to scale on paper no larger than 8.5" x 14", including dimensions of clearly identified rooms (including storage), outlining your proposed licensed area.

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.

Enclosures



APPLICATION FOR BONDED WAREHOUSE LICENSE

*** Please note:**

An application fee of \$200 must accompany this application.

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

1. Name of Applicant: _____

Address: _____

_____ POSTAL CODE

Email: _____ Telephone No: _____ Fax No: _____

2. Type of Business: _____

3. Purpose of Bonded Warehouse: _____

4. Location of Warehouse, if different from above: _____

_____ POSTAL CODE

5. Indicate approximate dollar value of projected annual sales in spirits, beer and wines:

6. Is applicant the sole owner of aforementioned business? Yes No

a) If not sole owner, give particulars of agreements with any other party or parties:

b) If a partnership, state name and address of each partner:

c) If a corporation, provide the following information:

Date of incorporation: _____

Public or Private Company: _____

Provincial or Federal Charter: _____

Officers and Directors (name and address of each):

7. Nationality:

- a) If sole owner, is applicant a Canadian citizen? Yes No
- b) If partnership, are all partners Canadian citizens? Yes No
- c) If corporation, are all officers and directors Canadian citizens? Yes No

DATE

SIGNATURE OF APPLICANT

(IF PARTNERSHIP, ALL PARTNERS MUST SIGN;
IF COMPANY, AUTHORIZED OFFICER MUST SIGN)

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 <i>LIQUOR CONTROL ACT</i> ? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE GIVE DETAILS		
HAS THERE BEEN ANY FINDINGS OF GUILT AGAINST YOU OF AN OFFENSE IN CANADA OR THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> 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 CANNABIS RETAIL LICENSE.		
_____ DATE		_____ SIGNATURE OF APPLICANT