

Dear Applicant:

Enclosed is an application for a **Brewer's Distributor License**; please complete all sections.

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

- (1) Personal Data Sheets (enclosed) for each shareholder (if applicant is a company limited) or each partner (if applicant is a partnership);
- (2) Current Certificate of Conduct for all shareholder/Directors;
- (3) If incorporated, a current certified or a current stamped copy of *The Corporations Act*, Form 6, Notice of Directors;
- (4) Written Municipal approval;
- (5) A letter from the Brewery for whom you will be distributing; and
- (6) A current 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).

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



**APPLICATION FOR**

**Brewer’s Agent License**     **Brewer’s Distributor License**

**\*Please note:**

An application fee of \$125 (Brewer’s Agent) or \$200 (Brewer’s Distributor) must accompany this completed form. All licenses are subject to an Annual Licensing Fee. For more details, please see the License Fee Schedule.

**PART 1**

**FOR INDIVIDUAL ONLY**

NAME OF APPLICANT IN FULL		
SURNAME		FULL GIVEN NAME
HOME MAILING ADDRESS (PLEASE INCLUDE POSTAL CODE)		BUSINESS MAILING ADDRESS (PLEASE INCLUDE POSTAL CODE)
TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS

**FOR CORPORATION**

(Please provide a certified copy of *The Corporations Act*, Notice of Directors, Form 6 from Registry of Companies)

NAME OF COMPANY		CONTACT PERSON	
ADDRESS		CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	

**FOR PARTNERSHIP (registered under the Partnership Act or Limited Partnership Act)**

PARTNER NAME	ADDRESS	PHONE NUMBER

**PART 2 - LOCATION OF PREMISES FROM WHICH BUSINESS IS TO BE OPERATED**

IS THERE A CURRENT LICENSE IN PLACE? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please state license number:
PLEASE GIVE COMPLETE CIVIC ADDRESS (STREET # OR RR#). IF NO STREET ADDRESS, PLEASE DESCRIBE LOCATION TO NEAREST COMMUNITY:
WILL APPLICANT OCCUPY BUILDING AS TENANT OR OWNER?

I, \_\_\_\_\_ state that the information contained in this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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**PLEASE NOTE THAT PERSONAL DATA SHEET(S) 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@nlliquor.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