

Ferment-on-Premises (FOP) Licenses – Guidelines and Application

A ferment-on-premises facility license authorizes the licensee to provide, for a fee, equipment, ingredients, instruction and storage to individuals for the making of wine or beer for personal consumption.

If you are interested in obtaining a Ferment-on-Premises license in Newfoundland and Labrador please use the following as a guideline of list of application requirements that follow. *Please note: other agencies or departments may require information further to that which is listed below.*

| Newfoundland Labrador Liquor Corporation (NLC) License Requirements | |
|---|--|
| • Completed application for a Ferment-on-Premises license (see attached) | |
| • Completed Personal Data Sheets (enclosed) for all shareholders or directors | |
| • Current Certificate of Conduct for all Directors | |
| • Written Municipal approval | |
| • One set of floor plans, drawn to scale on paper no larger than 8.5" x 14", outlining the proposed licensed area, including dimensions of clearly identified rooms (including storage) | |
| • A current signed copy of a lease or purchase agreement | |
| • If incorporated, please provide Notice of Directors form, <i>The Corporations Act</i> (Form 6) | |
| • Written approval from the Canada Revenue Agency (<i>see CRA section below</i>) | |
| • Verification of Food Establishment License (<i>see Service NL section below</i>) | |
| • Written approval from Buildings Accessibility and Fire & Life Safety (<i>see Service NL section below</i>) | |
| • <i>Once all information is collected, a pre-licensing inspection will be conducted</i> | |

Other Agency Requirements

Canada Revenue Agency (CRA)

Applicants must obtain and submit a copy of a Ferment-on-Premises registration issued by CRA. For more information, please call 1-888-327-7999 or visit <https://www.canada.ca/en/revenue-agency/services/forms-publications/publications/edm4-1-3.html>

Application: <https://www.canada.ca/en/revenue-agency/services/forms-publications/forms/l63.html>

Service NL

To operate a Ferment-on-Premises license, a Food Establishment License is required. Service NL conducts health inspections at all food establishments in the province, including Ferment-on-Premises facilities. For more information, please visit www.servicenl.gov.nl.ca or call (709) 729-2104.

The proposed Ferment-on-Premises facility will also need approvals for Building Accessibility and Fire and Life Safety. For more information, please visit www.servicenl.gov.nl.ca/licenses/building/index.html or call (709) 729-1038.

APPLICATION FOR FERMENT-ON-PREMISES (FOP) LICENSE

***Please note:**

An application fee of \$125 must accompany this application.

FOP licenses are also subject to an Annual Licensing Fee of \$125.

Application is hereby made for a license to provide a facility where equipment for making wine and beer "on the premises" is available for customers to make their own wine or beer for personal use.

1. Applicant Information:

Name: _____ Position / title: _____

Address: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

2. (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: _____

3. 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) |
|------|---|
|------|---|

ALL APPLICANTS MUST COMPLETE THE FOLLOWING

I, _____, of _____

do solemnly declare that:

- I have knowledge of the matters herein deposed to;
- All information set forth in the attached application to the Newfoundland 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

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: 709-724-1159

Fax: 709-753-8625

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 |