

Gift Basket Licenses – Guidelines and Application

A gift basket license may be issued to the owner or operator of a retail store that is maintained, equipped and operated in a manner satisfactory to the board.

A ‘retail store’ includes a grocery store, a gift shop, a florist shop, or another premises approved by the board.

A gift basket license authorizes the licensee to prepare and sell gift baskets which contain alcoholic liquor in addition to other products.

If you are interested in obtaining a Gift Basket 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 Gift Basket license (see attached)	
• Completed Personal Data Sheets (enclosed) for all shareholders or directors	
• Current Certificate of Conduct for all directors/shareholders	
• 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 Buildings Accessibility and Fire & Life Safety (see <i>Service NL section below</i>)	
• <i>Once all information is collected, a pre-licensing inspection will be conducted</i>	
Service NL Requirements	
The proposed gift basket licensed location 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 GIFT BASKET LICENSE

***Please note:**

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

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

Application is hereby made for a license to prepare and sell gift baskets which contain alcoholic liquor in addition to other products in a retail store.

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
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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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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