

Dear Applicant:

Enclosed is an application for a **Recreational Facility License**; please complete all sections.

In addition to a completed application, we 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) Written Municipal approval;
- (4) Written approval from the Provincial Fire Commissioner's Office;
- (5) One set of floor plans, drawn to scale on paper no larger than 8.5" x 14", outlining the proposed licensed area and including dimensions of clearly identified rooms (including storage and the total number of fixtures in the men's and ladies' washrooms);
- (6) Verification of posting of three public notices;
- (7) Copies of three newspaper advertisements;
- (8) A signed copy of a lease or purchase agreement, or another document that verifies ownership and/or legal possession of the establishment (e.g., Property Tax Bill);
- (9) Written approval from Buildings Accessibility and Fire & Life Safety; and
- (10) If incorporated, a current certified or a current stamped copy of *The Corporations Act*, Form 6, Notice of Directors.

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

ADVERTISING REQUIREMENT

In keeping with Section 34 of the *Liquor Control Act*, an advertising requirement must be fulfilled when an application is being made for an establishment liquor license:

- **Newspaper advertisements** measuring at least 2” x 3” must appear in a local newspaper once a week for three consecutive weeks. Copies of the newspaper advertisements, along with the name of the newspaper and insertion dates, must be submitted with the application.

- **Public notices** measuring 8.5” x 11” must be posted in three conspicuous places within the specified Municipality or Electoral District (e.g., public bulletin boards, retail outlets, restaurants), in proximity to the proposed site, for three consecutive weeks. After the expiration of the three weeks, officials of the premises on which the notices were posted must sign the back of the notices as verification of posting. All such notices are to accompany the application.

All newspaper advertisements and public notices must use the following wording:

“Public Notice”	
“Three weeks from _____ application will be made to the NLC for a (date of initial publication)	
_____ to sell spirits, beers, and wines at _____ (state type of license)	(state street address or exact location)
in the Community of _____ in the Provincial District of _____ (state name of community)	(state provincial district)
_____ (name of applicant)	
If you have any concerns regarding this application please forward an email to corporateservices@nliquor.com .”	

***Please note that advertisements are valid for six months from the date of the last publication. If the six month period lapses, the applicant is required to re-advertise.**

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:

_____ (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
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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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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
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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@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