



Dear Applicant:

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

A \$100.00 fee is required to accompany this application for processing.

**\*Please note:** upon receipt of an approved Catering license, you must complete and submit a *Notification of Use of Catering License* form (enclosed) for all planned functions.

If you require additional information, please call 724-1159 or email corporateservices@nliquor.com.

Enclosures

**APPLICATION FOR CATERING LICENSE**

**\*Please note that a \$100 application fee is required.**

1. Name of Licensee: \_\_\_\_\_  
License #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/Town/Community: \_\_\_\_\_ Postal Code: \_\_\_\_\_

2. Purpose for which the License is required:  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: ALL PREMISES MUST BE APPROVED BY THE PROVINCIAL FIRE COMMISSIONER'S OFFICE, SERVICE NL, AND THE MUNICIPALITY (IF APPLICABLE).**

**THE LICENSEE IS RESPONSIBLE FOR ENSURING THAT A MEAL IS PROVIDED.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Fee Payment:**

**Cheque or Money Order:** please make payable to **NEWFOUNDLAND LABRADOR LIQUOR CORPORATION.**

**Credit Card:** please pay online at <https://service.clearservice.com/nlcsecure/nlcpay/payment.aspx>

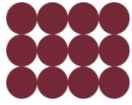
**Please send completed application to:**

**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](mailto:corporateservices@nlliquor.com)**



**NOTIFICATION OF USE OF CATERING LICENSE**

This form shall be completed as notification of functions for which the Liquor Establishment's Catering License is being used. Please forward to the NLC **two weeks** prior to the date of the proposed function(s).

**Name of Licensee:** \_\_\_\_\_

**License #:** \_\_\_\_\_

**Name of Establishment:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_

<b>Date and Time</b>	<b>Type of Function</b>	<b>Premises</b>	<b>Location</b>

**What arrangements will be made regarding the provision of food at such functions?**

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** This notification must be accompanied by **Verification of Food Establishment License**, an **Occupancy Permit** and a **Capacity Card** issued by the Provincial Fire Commissioner.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date

**Please send notification 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**

APPROVED BY NEWFOUNDLAND LABRADOR LIQUOR CORPORATION:

Signature: \_\_\_\_\_ (Liquor Licensing) Date: \_\_\_\_\_