

## **Tour Boat Licenses – Guidelines and Application**

*A tour boat license may be issued to an operation by a seagoing vessel primarily for the recreation or education of the passengers and not for their conveyance from place to place.*

If you are interested in obtaining a Tour Boat liquor license in Newfoundland and Labrador please use the following as a **guideline** of the requirements. *Please note: other agencies or departments may require information further to that which is listed below.*

| <b>Guidelines / Requirements</b>  | ✓ |
|---|---|
| <b>Newfoundland Labrador Liquor Corporation (NLC) License Requirements</b>  |   |
| <ul style="list-style-type: none"> <li>• Completed application for Liquor Establishment license (see attached)</li> <li>• Completed Personal Data Sheets (enclosed) for each shareholder, director and/or officer who is in charge of the premises</li> <li>• Current Certificate of Conduct for each shareholder, director and/or officer who is in charge of the premises</li> <li>• Approval from Transport Canada (<i>see Transport Canada section below</i>)</li> <li>• If incorporated, please provide Notice of Directors form, <i>The Corporations Act</i> (Form 6)</li> <li>• Once all information is collected, a pre-licensing inspection will be conducted</li> </ul> |   |
| <b>Other Agency Requirements</b>  |   |
| <p><b>Transport Canada</b></p> <p>The proposed establishment will need approval from Transport Canada. Please visit <a href="https://www.tc.gc.ca/en/transport-canada.html">https://www.tc.gc.ca/en/transport-canada.html</a> for more information.</p>   |   |



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 |
|------|------------|------------------------|
|------|------------|------------------------|

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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) |
|------|---|
|------|---|

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 |
|--------------|---------|-----|
|--------------|---------|-----|

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:

- 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

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

## PERSONAL DATA SHEET

Name of Establishment for which this report is submitted

Location

Surname

Given Name(s)

Address

Phone Number

Email

Date of Birth

Place of Birth

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 *Liquor Control Act* and/or the *Liquor Corporation Act*?

YES       NO      If yes, please give details

Have there been any findings of guilt against you of an offense in Canada or the United States?

YES       NO      If 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 license.

Date

Signature of Applicant