NEWFOUNDLAND
LABRADOR
LIQUOR CORPORATION

Dear Applicant:

Enclosed is an application for a **Brewer's Agent License**, please complete all sections.

In addition to a completed application, we require the following documentation:

(1) If applicant is a company limited, each shareholder must complete Personal Data Sheets. If a partnership, Personal Data Sheets must be completed by each partner. Please advise when submitting application so appropriate forms can be obtained;

(2) If incorporated, please provide a current certified copy of the Corporations Act, Form 6, Notice of Directors. **Please contact Deeds & Companies at 729-3317;**

(3) Originals are required;

(4) Please provide a floor plan drawn to scale including storage area(s);

(5) Written municipal approval.

(6) A signed copy of your purchase or lease agreement.

Once all information has been received and police checks have been obtained, 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 any additional information, you may contact this office at 724-2238 or 724-2239.

Enclosures

P.O. Box 8750, Station "A", St. John's NL A1B 3V1

Telephone: 724-2238/2239
Facsimile: 753-8625

NEWFOUNDLAND
LABRADOR
LIQUOR CORPORATION

APPLICATION FOR

☐ **Brewer's Agent** ☐ **Brewer's Distributor**

PART 1

FOR INDIVIDUAL ONLY

NAME OF APPLICANT IN FULL ☐ MR. ☐ MS.	SURNAME	FULL GIVEN NAME
HOME MAILING ADDRESS(PLEASE INCLUDE POSTAL CODE)	**BUSINESS MAILING ADDRESS(PLEASE INCLUDE POSTAL CODE)**	
TELEPHONE NUMBER	**FAX NUMBER**	**E-MAIL ADDRESS**

FOR CORPORATION (Please provide a certified copy Notice of Directors, Form 6, The Corporations Act, from Registry of Companies)

NAME OF COMPANY		
ADDRESS	**CITY/TOWN**	**POSTAL CODE**
TELEPHONE NUMBER	**FAX NUMBER** **E-MAIL ADDRESS**	**CONTACT PERSON**

NAME OF PARTNERSHIP (registered under the Partnership Act or Limited Partnership Act)

NAME	ADDRESS	PHONE NUMBER

PART 2 LOCATION OF PREMISES FROM WHICH BUSINESS IS TO BE OPERATED

IS THERE A CURRENT LICENSE IN PLACE? **PLEASE STATE LICENSE NUMBER**

PLEASE GIVE COMPLETE CIVIC ADDRESS (STREET # OR RR#). IF NO STREET ADDRESS, PLEASE DESCRIBE LOCATION TO NEAREST COMMUNITY.
WILL APPLICANT OCCUPY BUILDING AS TENANT OR OWNER?

PART 3

(a) **HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE?** ☐ YES ☐ NO IF "YES", PLEASE PROVIDE DETAILS IN (A) BELOW.

(A) IF CONVICTED, PLEASE PROVIDE THE FOLLOWING DETAILS

DATE	LOCATION	OFFENSE
1.		
2.		
3.		

I, _____ state that the information contained in this application is true and correct to the best of my knowledge.

_____ DATE

_____ SIGNATURE

PLEASE SEND COMPLETED APPLICATION TO:

NEWFOUNDLAND LABRADOR LIQUOR CORPORATION
P.O. Box 8750, STN. A
St. John's, NL
A1B 3V1
ATTENTION: REGULATORY SERVICES

PLEASE NOTE THAT PERSONAL DATA SHEET(S) MUST ACCOMPANY THIS APPLICATION AND BE COMPLETED BY ALL APPLICANTS INCLUDING DIRECTORS AND SHAREHOLDERS.

Telephone: 724-2238/2239
Facsimile: 753-8625

NEWFOUNDLAND LABRADOR LIQUOR CORPORATION

Telephone: (709) 724-2238
(709) 724-2239
Facsimile: (709) 753-8625

PERSONAL DATA SHEET

NAME OF ESTABLISHMENT FOR WHICH THIS REPORT IS SUBMITTED	
LOCATION	
NAME SURNAME	GIVEN NAME (S)
ADDRESS	
	TELEPHONE NUMBER
IF MARRIED WOMAN, GIVE MAIDEN NAME	
DATE OF BIRTH / PLACE OF BIRTH	SEX ☐ MALE ☐ 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 LIQUOR CONTROL AND/OR THE LIQUOR CORPORATION ACTS?

☐ YES ☐ 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?

☐ YES ☐ NO IF YES PLEASE GIVE DETAILS _____

_____

_____

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE (OTHER THEN MINOR TRAFFIC OFFENCES) DURING THE PAST 3 YEARS? IF THE ANSWER IS "YES", GIVE DETAILS OF EACH CONVICTION.

DATE	PLACE	CHARGE	DISPOSITION

THE ROYAL CANADIAN MOUNTED POLICE, THE ROYAL NEWFOUNDLAND CONSTABULARY OR ANY OTHER LAW ENFORCEMENT AGENCY IS HEREBY AUTHORIZED TO SUPPLY THE NEWFOUNDLAND LIQUOR CORPORATION WITH ANY INFORMATION WHICH THE BOARD CONSIDERS PERTINENT TO MY APPLICATION FOR A LIQUOR LICENSE.

_____ DATE

_____ SIGNATURE OF APPLICANT