

<u>Transfer of Institution Licenses – Guidelines and Application</u>

Institution: a corporate body or organization instituted and organized for an educational, medical or similar purpose and includes the designated premises used for any of those purposes.

If you are interested in transferring an Institution 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.

Guidelines / Requirements	✓
Newfoundland Labrador Liquor Corporation (NLC) License Requirements	
Completed application for a Transfer of Existing Liquor Establishment license (see attached)	
• Completed Personal Data Sheets (enclosed) for each shareholder, director and/or officer who is in charge of the premises	
• Current Certificate of Conduct for each shareholder, director and/or officer who is in charge of the premises	
Written Municipal approval	
Written approval from the Provincial Fire Commissioner's Office	
• 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)	
 A current 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) 	
A letter from the current licensee agreeing to transfer the license	
• A letter from the current licensee permitting you to operate on his/her license until your license has been approved	
• If incorporated, please provide Notice of Directors form, <i>The Corporations Act</i> (Form 6)	
 Written approval from Buildings Accessibility and Fire & Life Safety (this is only required if renovations have been completed, please advise; see Service NL section below) 	
Once all information is collected, a pre-licensing inspection will be conducted	
Other Agency Requirements	
Service NL	
The proposed establishment will need approvals for Buildings 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.	

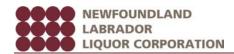


NOTICE TO APPLICANTS FOR TRANSFER OF LIQUOR ESTABLISHMENT LICENSE

Section 28 Liquor Licensing Regulations

"An application for the approval of the Board for a transfer of a license shall be forwarded to the Board at least 30 days before the date proposed for the transfer."

Please note that upon receipt of application, all required documentation is to be forwarded to the Newfoundland Labrador Liquor Corporation within 30 days. Applicants failing to comply will not be in a legal position to operate.

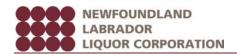


☐ APPLICATION FOR LIQUOR ESTABLISHMENT LICENSE☐ APPLICATION FOR TRANSFER OF EXISTING LICENSE

	irport Establishment	☐ Hotel / Motel		Lounge	☐ Military Mess	☐ Recreational Facility	
ЦR	estaurant	nge 🗖 Tour Boat	☐ Tourist Home	☐ Iran	sportation Service		
	ase note:						
	application fee of \$200 must ac						
AII I	icenses are subject to an Ann	ual Licensing Fee. F	or more details, ple	ease see tl	he License Fee Sch	edule.	
If ap	oplying for transfer of license, na	me under which Licer	se was last issued:				
					License No:		
Add	ress:						
					Dhama		
					Pnone:		
	RT ONE						
ТО	BE COMPLETED BY ALL APPL	LICANTS					
1.	Do you require a catering lice	nse? 🗆 Yes 🗆 🗅 N	lo				
2.	Applicant Information:						
	Name:						
	Name:Surname				Given Names		
	Address:						
	Phone:	Mobile	e:		Fax:		
	Email:						
3.	Establishment Information:						
	(a) Business name of establ	ishment:					
	(b) Physical Address of Establishment (please complete ALL FIELDS)						
	Address:						
	City/Town:						
	Postal Code:						
	(c) Mailing Address of Estal	olishment (if differen t	from above)				
	Address:						
	City/Town:						
	Postal Code:						



(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	Provincial or Federal Charter						
•	an four, please provide separate list) Mailing Address (includi	ing Postal Code)					
•		ing Postal Code)					
•		ing Postal Code)					
•	Mailing Address (includi	ing Postal Code)					
State whether applicant will occup	Mailing Address (includi	in Canada or elsewhere either as an ind					
State whether applicant will occup	Mailing Address (including building as owner or tenant a license for the sale of spirits, beers or wines in officer, director or shareholder of a Corporation of the sale of spirits, beers or wines in officer.	in Canada or elsewhere either as an ind					



DATE

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 RE	E COMPLETED BY APPLICANTS APPLYING FOR A TRANSPORATION SERVICE LICENSE				
ТОВ	COMPLETED BY AFFLICANTS AFFLYING FOR A TRANSFORATION 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	E COMPLETED BY ALL APPLICANTS				
l,	,of				
do sol	emnly 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.				

Please send completed application to:

SIGNATURE OF APPLICANT

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



Date

PERSONAL DATA SHEET

Name of Establishment for which this report is submitted					
Location					
Surname	Given Name(s)				
Cumano					
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 <i>Liquor Control Act</i> and/or the <i>Liquor Corporation Act</i> ? □ 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.				
T. B. 10. II. M 15 II. II. B					
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.					

Signature of Applicant