

Transfer of Tour Boat Licenses – Guidelines and Application

If you are interested in transferring 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.*

Guidelines / Requirements		✓
Ne	ewfoundland Labrador Liquor Corporation (NLC) License Requirements	
•	Completed application for 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	
•	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)	
•	Approval from Transport Canada (see Transport Canada section below)	
•	Once all information is collected, a pre-licensing inspection will be conducted	
Other Agency Requirements		
Transport Canada		
The proposed establishment will need approval from Transport Canada. Please visit <u>https://www.tc.gc.ca/en/transport-canada.html</u> for more information.		



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

□ Airport Establishment
□ Club
□ Hotel / Motel
□ Institution
□ Lounge
□ Military Mess
□ Recreational Facility
□ Restaurant
□ Restaurant/Lounge
□ Tour Boat
□ Tourist Home
□ Transportation Service

*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:	
Add	ress:			
			Phone:	
PAR	RTONE			
TO	BE COMPLETED BY ALL APPL	ICANTS		
1.	Do you require a catering licer	nse? 🗆 Yes 🛛 No		
2.	Applicant Information:			
	Name:		Given Names	
	Address:			
	Phone:	Mobile:	Fax:	
	Email:			
3.	Establishment Information:			
	(a) Business name of establi	shment:		
	(b) Physical Address of Esta	ablishment (please complete ALL F	ELDS)	
	Address:			
	City/Town:			
	Postal Code:			
	(c) Mailing Address of Estab	lishment (if different from above)		
	Address:			
	City/Town:			
	Postal Code:			



5.

6.

7.

(a) If not sole owner, give particulars of agreements with any other party or parties

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 (includin	g Postal Code)
State whether applicant will occ	upy building as owner or tenant	
Has the applicant ever applied f a member of a partnership, or a	or a license for the sale of spirits, beers or wines in n officer, director or shareholder of a Corporation?	Canada or elsewhere either as an individu
Is the establishment to be mana If "No", by whom?	aged by the applicant?	
Name in Full	Address	Age
Will the establishment be opera	ted throughout the year or only seasonally?	
	If seasonally, period of operation: _	



PART TWO

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 TRANSPORATION SERVICE LICENSE

- 1. Name and address of Company or Organization:
- 2. Indicate type of transport for which this application is being made:

PART FOUR

DATE

TO BE COMPLETED BY ALL APPLICANTS

I, _____

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

_____,of _____

• 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.

SIGNATURE OF APPLICANT

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@nlliquor.com
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PERSONAL DATA SHEET

Name of Establishment for which this report is submitted	

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 <i>Liquor Control Act</i> and/or the <i>Liquor Corporation Act</i> ?		
YES	D NO	If yes, please give details

Have there bee	en any findings of	f guilt against you of an offense in Canada or the United States?
YES	D 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