

www.servicenl.gov.nl.ca or call (709) 729-2104.

Transfer of Tourist Home Licenses – Guidelines and Application

If you are interested in transferring a Tourist Home 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.*

Gı	uidelines / Requirements	1	
Ne	wfoundland 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		
•	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, 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, The Corporations Act (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)		
•	Verification of Food Establishment License (see Service NL section below)		
•	Verification of Tourism license (see Tourism, Culture, Industry and Innovation section below)		
•	Once all information is collected, a pre-licensing inspection will be conducted		
Ot	her Agency Requirements		
Se	rvice NL		
The proposed establishment will need approvals from 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.			
	Food Establishment License is also required. Service NL conducts health inspections at all od establishments in the province. For more information, please visit		



Tourism, Culture, Industry and Innovation

The proposed establishment requires a Tourism License. For more information, please visit https://www.tcii.gov.nl.ca/tourism/tourism_development or contact Karen Clarke at (709) 729-2835.

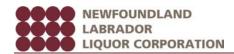


NOTICE TO APPLICANTS FOR TRANSFER OF LIQUOR ESTABLISHMENT LICENSE

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

□ A	irport Establishment 🔲	Club	☐ Institution ☐	l Lounge	■ Military Mess	Recreational Facility
□ R	estaurant 🔲 Restaurant	t/Lounge	☐ Tourist Home	☐ Trans	sportation Service	
*Ple	ease note:					
An a	application fee of \$200 mu	ıst accompany this comp	leted form.			
All I	icenses are subject to an	Annual Licensing Fee. F	or more details, ple	ase see th	e License Fee Sch	edule.
If ap	oplying for transfer of licens	e, name under which Licer	se was last issued:			
					License No:	
Add	ress:					
	RT ONE	ADDI ICANTO				
	BE COMPLETED BY ALL					
1.	Do you require a caterino	g license? ☐ Yes ☐ N	0			
2.	Applicant Information:					
	Name:	ame			Given Names	
	Address.					
	Phone:	Mobile	e:		Fax:	
	Email:					
3.	Establishment Information	on:				
	(a) Business name of e	establishment:				
	(b) <u>Physical</u> Address of Establishment (please complete ALL FIELDS)					
	Address:					
	City/Town:					
	Postal Code:					
	(c) <u>Mailing</u> Address of Establishment (if different from above)					
	Address:					
	City/Town:					
	Postal Codo:					



(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						
		ng Postal Code)				
State whether applicant will occupy	building as owner or tenant					
Has the applicant ever applied for a	building as owner or tenant license for the sale of spirits, beers or wines in the sale of spirits, director or shareholder of a Corporation?	n Canada or elsewhere either as an indi				
Has the applicant ever applied for a	license for the sale of spirits, beers or wines in ficer, director or shareholder of a Corporation?	n Canada or elsewhere either as an indi				



DATE

PART TWO				
то в	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			
то ве	E 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:			
	FOUR E COMPLETED BY ALL APPLICANTS			
I,				
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)				
Address					
Phone Number	Email				
Date of Birth	Place of Birth				
Date of Diff.	riddo di Birtin				
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 quilt against you of an offense	in Canada ar the United States?				
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.					
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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