

# **Institution Licenses – Guidelines and Application**

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 obtaining 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 Liquor Establishment license (see attached)	
<ul> <li>Completed Personal Data Sheets (enclosed) for each shareholder, director and/or officer who is in charge of the premises</li> </ul>	
<ul> <li>Current Certificate of Conduct for each shareholder, director and/or officer who is in charge of the premises</li> </ul>	
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)	
<ul> <li>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)</li> </ul>	
Verification of posting of three public notices	
Copies of three newspaper advertisements	
• If incorporated, please provide Notice of Directors form, <i>The Corporations Act</i> (Form 6)	
<ul> <li>Written approval from Buildings Accessibility and Fire &amp; Life Safety (see Digital Government and Service NL section below)</li> </ul>	
Once all information is collected, a pre-licensing inspection will be conducted	
Other Agency Requirements	
Digital Government and Service NL	
The proposed establishment will need approvals for Buildings Accessibility and Fire and Life Safety. For more information, please visit	
https://www.gov.nl.ca/dgsnl/licenses/building/ or call (709) 729-1038.	



### ADVERTISING REQUIREMENT

In keeping with Section 34 of the *Liquor Control Act*, an advertising requirement must be fulfilled when an application is being made for a liquor establishment license:

**Newspaper advertisements** measuring at least 2" x 3" must appear in a local newspaper once a week for three consecutive weeks. Copies of the newspaper advertisements, along with the name of the newspaper and insertion dates, must be submitted with the application.

# All newspaper advertisements must use the following wording:

Public Notice			
<insert company="" name="" of=""></insert>			
OPERATING AS	<insert establishment="" name="" of=""></insert>		
AT	<insert address,="" city="" exact="" location="" or="" street="" town=""></insert>		
IN THE PROVINCIAL DISTRICT OF	<insert district="" name="" of="" provincial=""></insert>		
IS APPLYING FOR A	Choose an item. to sell spirits, beers, and wines on premise.		
Resident and community feedback is an important part of the application process. If you have any concerns, or object to this application, please forward an email to <a href="mailto:licenseconcerns@nlliquor.com">licenseconcerns@nlliquor.com</a> by 4:30 p.m. on <a href="mailto:licenseconcerns@nlliquor.com">licenseconcerns@nlliquor.com</a> by 4:30 p.m. on			

<u>Public notices</u> measuring 8.5" x 11" must be posted in three conspicuous places within the specified Municipality or Electoral District (e.g., public bulletin boards, retail outlets, restaurants), in proximity to the proposed site, for three consecutive weeks. After the expiration of the three weeks, officials of the premises on which the notices were posted must sign the back of the notices as verification of posting.

Please use the Public Notice template attached for the applicable locations.

Please note that advertisements are valid for six months from the date of the last publication. If the six month period lapses, the applicant is required to re-advertise.



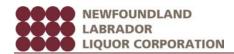
# PUBLIC NOTICE

$\pmb{AT}  \dots  \dots  \dots  \dots  \dots  \dots$	
IN THE PROVINCIAL DISTRICT OF $\ \ . \ \ .$	
IS APPLYING FOR A	
	to sell spirits, beers, and wines on premise

Resident and community feedback is an important part of the application process.

If you have any concerns, or object to this application, please send an email to: licenseconcerns@nlliquor.com by 4:30 p.m. on:

- \* A copy of the feedback may be provided to the license applicant.
- \*\* Please contact your municipality if you have questions or concerns about zoning bylaws and requirements.



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

☐ Ai	rport Establishment	b ☐ Hotel / Motel	Institution	□ Lounge	■ Military Mess	Recreational Facility
□ R	estaurant 🔲 Restaurant/Lo	unge 🚨 Tour Boat	☐ Tourist Home	e 🛚 Tran	sportation Service	
*Ple	ase note:					
	pplication fee of \$200 must					
All li	censes are subject to an An	nual Licensing Fee. F	or more details, p	lease see tl	ne License Fee Sch	edule.
If ap	plying for transfer of license, i	name under which Licer	se was last issued	:		
					License No:	
Addı	ess:					
					Phone:	
PAR	T ONE					
то в	BE COMPLETED BY ALL AP	PLICANTS				
1.	Do you require a catering lic	ense? □ Yes □ N	lo			
2.	Applicant Information:					
	Name:Surname					
	Surname				Given Names	
	Address:					
	Phone:	Mobile	e:		Fax:	
	Email:					
3.	Establishment Information:					
	(a) Business name of esta	blishment:				
	(b) <b>Physical</b> Address of E	stablishment (please co	mplete ALL FIELD	<b>9S</b> )		
	Address:					
	City/Town:					
	Postal Code:					
	(c) <u>Mailing</u> Address of Es	ablishment ( <b>if different</b>	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 separate	ely 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				
•	an four, please provide separate list) Mailing Address (includi	ng Postal Code)		
•		ng Postal Code)		
•		ng Postal Code)		
Name	Mailing Address (includi	ng Postal Code)		
State whether applicant will occup  Has the applicant ever applied for	Mailing Address (includi	n Canada or elsewhere either as an ind		
State whether applicant will occup  Has the applicant ever applied for	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?	n Canada or elsewhere either as an ind		



DATE

PART	TWO
то в	E 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
IOB	E 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
то в	COMPLETED BY ALL APPLICANTS
ı	,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				
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 <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.			
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