

| Dear | Λnr | ممناد | nt. |
|------|-----|-------|------|
| Deal | ADI | JIICa | uıt. |

Enclosed is an application for a Catering License; please complete all sections.

A \$100.00 fee is required to accompany this application for processing.

*Please note: upon receipt of an approved Catering license, you must complete and submit a Notification of Use of Catering License form (enclosed) for all planned functions.

If you require additional information, please call 724-1159 or email corporateservices@nlliquor.com.

Enclosures



APPLICATION FOR CATERING LICENSE

*Please note that a \$100 application fee is required.

| 1. | Name of Licensee: | | | | | |
|-----|-------------------|-------------------|---------------|--|--|--|
| | License #: | | | | | |
| | Street Address: | | | | | |
| | City/To | wn/Community: | | Postal Code: | | |
| 2. | Purpos | | | | | |
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| | | | | | | |
| NOT | <u>re:</u> | | | ED BY THE PROVINCIAL FIRE E NL, AND THE MUNICIPALITY (IF | | |
| | | THE LICENSEE IS I | RESPONSIBLE F | OR ENSURING THAT A MEAL IS | | |
| | | | | | | |
| | | | | | | |
| | Signat | ure of Applicant | | Date | | |

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: 724-1159 Facsimile: 753-8625 Email: corporateservices@nlliquor.com



NOTIFICATION OF USE OF CATERING LICENSE

This form shall be completed as notification of functions for which the Liquor Establishment's Catering License is being used. Please forward to the NLC **two weeks** prior to the date of the proposed function(s).

| Name of Licensee: | | | | | | | | |
|---|--------------------------|----------------|---------------------------|--|--|--|--|--|
| License #: | | | | | | | | |
| Name of Establishment | t: | | | | | | | |
| Address: | | | | | | | | |
| Telephone number: | | | | | | | | |
| Contact person: | | | | | | | | |
| Date and Time | Type of Function | Premises | Location | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| What arrangements will be made regarding the provision of food at such functions? NOTE: This notification must be accompanied by Verification of Food Establishment License, an Occupancy Permit and a Capacity Card issued by the Provincial Fire Commissioner. | | | | | | | | |
| Signature of Licensee | | Date | | | | | | |
| Please send notification to: | | | | | | | | |
| NEWFOUNDLAND LABRADOR LIQUOR CORPORATION P.O. Box 8750, Stn. A St. John's, NL A1B 3V1 Attention: Regulatory Services | | | | | | | | |
| Telephone: 724-1159 | Facsimile: 753-862 | 5 Email: corpo | rateservices@nlliquor.com | | | | | |
| APPROVED BY NEWFOUNDLAND LABRADOR LIQUOR CORPORATION: | | | | | | | | |
| Signature: | (Liquor Licensing) Date: | | | | | | | |