

## Transfer of Lounge Licenses – Guidelines and Application

If you are interested in transferring a Lounge 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				
<ul> <li>Completed application for Transfer of Existing Liquor Establishment license (see attached)</li> </ul>				
<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				
<ul> <li>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)</li> </ul>				
<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>				
A letter from the current licensee agreeing to transfer the license				
<ul> <li>A letter from the current licensee permitting you to operate on his/her license until your license has been approved</li> </ul>				
<ul> <li>If incorporated, please provide Notice of Directors form, The Corporations Act (Form 6)</li> </ul>				
<ul> <li>Written approval from Buildings Accessibility and Fire &amp; Life Safety (this is only required if renovations have been completed, please advise; see Service NL section below)</li> </ul>				
<ul> <li>Verification of Food Establishment License (if applicable, see Service NL section below)</li> </ul>				
Once all information is collected, a pre-licensing inspection will be conducted				
Other Agency Requirements				
Service 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.

A Food Establishment License may also be required. Service NL conducts health inspections at all food establishments in the province. For more information, please visit www.servicenl.gov.nl.ca or call (709) 729-2104.



## 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		☐ Institution ☐ ☐ Tourist Home	I Lounge □ Trans	☐ Military Mess	☐ Recreational Facility		
	ease note:	3.			1			
	application fee of \$200 must	accompany this comp	oleted form.					
AII I	licenses are subject to an An	nual Licensing Fee. I	or more details, ple	ease see th	e License Fee Sch	edule.		
If ap	oplying for <b>transfer</b> of license,	name under which Lice	nse was last issued:					
					License No:			
Add	ress:							
					_ Phone:			
ΡΔΕ	RT ONE							
	BE COMPLETED BY ALL AP	PLICANTS						
1.	Do you require a catering lic	cense? ☐ Yes ☐ I	No					
2.	Applicant Information:							
	Name:Surname							
					Given Names			
	Address:							
	Phone:	Mobil	e:		Fax:			
	Email:							
3.	Establishment Information:							
	(a) Business name of esta	(a) Business name of establishment:						
	(b) Physical Address of Establishment (please complete ALL FIELDS)							
	Address:							
	City/Town:							
	Postal Code:							
	(c) Mailing Address of Establishment (if different from above)							
	Address:							
	City/Town:							
	Postal Code:							



a partnership, state separately each partner's investment and partnership, state separately each partner's investment investment.  Investment investment in a corporation in a c	% Profit-sharing ratio
a corporation, give:  of Incorporation  or Private Company  cial or Federal Charter  rs and Directors (If more than four, please provide separate  Mailing Addr  whether applicant will occupy building as owner or tenant  the applicant ever applied for a license for the sale of spirits, bee	ist)
or Private Company  cial or Federal Charter  rs and Directors (If more than four, please provide separate  Mailing Addr  whether applicant will occupy building as owner or tenant  the applicant ever applied for a license for the sale of spirits, bee	ist)
or Private Company  cial or Federal Charter  rs and Directors (If more than four, please provide separate  Mailing Addr  whether applicant will occupy building as owner or tenant  the applicant ever applied for a license for the sale of spirits, bee	ist)
or Private Company  or Private Company  cicial or Federal Charter  rs and Directors (If more than four, please provide separate  Mailing Addr  whether applicant will occupy building as owner or tenant  the applicant ever applied for a license for the sale of spirits, bee	ist)
or Private Company  cial or Federal Charter  rs and Directors (If more than four, please provide separate  Mailing Addr  whether applicant will occupy building as owner or tenant  the applicant ever applied for a license for the sale of spirits, bee	ist)
rs and Directors (If more than four, please provide separate Mailing Addr  whether applicant will occupy building as owner or tenant  the applicant ever applied for a license for the sale of spirits, bee	ist)
rs and Directors (If more than four, please provide separate  Mailing Addr  whether applicant will occupy building as owner or tenant  the applicant ever applied for a license for the sale of spirits, bee	ist)
whether applicant will occupy building as owner or tenant	•
ne applicant ever applied for a license for the sale of spirits, bee	
e applicant ever applied for a license for the sale of spirits, been ber of a partnership, or an officer, director or shareholder of a	
	rs or wines in Canada or elsewhere either as an indiv Corporation?
establishment to be managed by the applicant? ☐ Yes ☐ N ", by whom?	lo
in Full Add	
e establishment be operated throughout the year or only seaso	ress Ag



P	Δ	R	т	T	W	O
	_	1		-	7 Y	v

#### 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				
PA	RT 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:				
PA	RT FOUR				
TO BE COMPLETED BY ALL APPLICANTS					
I, _	,of				
do solemnly declare that:					
	I have knowledge of the matters herein deposed to;				
	<ul> <li>all information set forth in the attached application to the Newfoundland Labrador Liquor Corporation is true and correct in substance and in fact; and</li> </ul>				
	<ul> <li>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.</li> </ul>				
DATE	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



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				
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