

# **Brewer's Retail Licences – Guidelines and Application**

If you are interested in obtaining a Brewer's Retail licence 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) Licence Requirements	
Completed application for Brewer's Retail licence (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	
<ul> <li>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 (e.g., storage)</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>	
If incorporated, please provide Notice of Directors form, The Corporations Act (Form	6)
Once all information is collected, a pre-licensing inspection will be conducted	



## APPLICATION FOR BREWER'S RETAIL LICENCE

## \*Please note:

An application fee of \$125 must accompany this completed form.

All licences are subject to an Annual Licensing Fee. For more details please see the Licence Fee Schedule.

#### PART 1

FOR INDIVIDUAL ONLY				
NAME OF APPLICANT IN FULL				
SURNAME			FULL GIVEN NAME	
HOME MAILING ADDRESS (PLEA	ASE INCLUDE POSTAL CODE)	BUSINESS MA	ILING ADDRESS (PLEASE I	NCLUDE POSTAL CODE)
TELEPHONE NUMBER	FAX NUMBER		EMAIL ADDRESS	
FOR CORPORATION				
(Please provide a certified copy	of The Corporations Act, Notice	of Directors, For	m 6 from Registry of Comp	anies)
NAME OF COMPANY			CONTACT PERSON	
ADDRESS	CITY/TO	OWN	POS	STAL CODE
TELEPHONE NUMBER	FAX NUMBER		EMAIL ADDRESS	· · · · · · · · · · · · · · · · · · ·
FOR PARTNERSHIP (register	red under the Partnership Ac	t or Limited Pa	rtnership Act)	
PARTNER NAME	ADDRESS			PHONE NUMBER



#### PART 2 - LOCATION OF PREMISES FROM WHICH BUSINESS IS TO BE OPERATED

IS THERE A CURRENT LICENCE IN PLACE?	☐ Yes ☐ No	If yes, please state licence number:			
BUSINESS NAME OF ESTABLISHMENT:					
PLEASE GIVE COMPLETE CIVIC ADDRESS (STREET # OR RR#). IF NO STREET ADDRESS, PLEASE DESCRIBE LOCATION TO NEAREST COMMUNITY:					
WILL APPLICANT OCCUPY BUILDING AS TENANT	OR OWNER?	☐ Tenant ☐ Owner			

## Completed applications may be submitted via email, fax or mail:

Email: corporateservices@nlliquor.com

Fax: 709-753-8625

**NEWFOUNDLAND LABRADOR LIQUOR CORPORATION** 

P.O. Box 8750, STN. A St. John's, NL A1B 3V1

**Attention: Regulatory Services** 



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 quilt against you of an effects	in Canada or 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.					
,, p 00, 11100	.,,				
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 licence.					

Signature of Applicant