

### Gift Basket Licences - Guidelines and Application

A gift basket licence may be issued to the owner or operator of a retail store that is maintained, equipped and operated in a manner satisfactory to the board.

A 'retail store' includes a grocery store, a gift shop, a florist shop, or another premises approved by the board.

A gift basket licence authorizes the licensee to prepare and sell gift baskets which contain alcoholic liquor in addition to other products.

If you are interested in obtaining a Gift Basket licence in Newfoundland and Labrador please use the following as a guideline of list of application requirements that follow. *Please note:* other agencies or departments may require information further to that which is listed below.

# Newfoundland Labrador Liquor Corporation (NLC) Licence Requirements Completed application for a Gift Basket licence (see attached) Completed Personal Data Sheets (enclosed) for all shareholders or directors Current Certificate of Conduct for all directors/shareholders Written Municipal approval 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) A current signed copy of a lease or purchase agreement If incorporated, please provide Notice of Directors form, The Corporations Act (Form 6) Written approval from Buildings Accessibility and Fire & Life Safety (see Government Modernization and Service Delivery section below) Once all information is collected, a pre-licensing inspection will be conducted Government Modernization and Service Delivery Requirements

The proposed gift basket licensed location will also need approvals for Building Accessibility and Fire and Life Safety. For more information, please call (709) 729-1038.



### APPLICATION FOR GIFT BASKET LICENCE

### \*Please note:

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

Gift Basket licences are also subject to an Annual Licensing Fee of \$125.

Application is hereby made for a licence to prepare and sell gift baskets which contain alcoholic liquor in addition to other products in a retail store.

| 1. Applicant Informa         | ation:                                       |                   |  |  |
|------------------------------|--|-------------------|--|--|
| Name:                        |  | Position / title: |  |  |
| Address:                     |  |                   |  |  |
| Phone:                       | Mobile:                                      | Fax:              |  |  |
| Email:                       |  |                   |  |  |
| 2. (a) Business nan          |  |                   |  |  |
|                              | of establishment (please complete            | ALL FIELDS)       |  |  |
| Address:                     |  |                   |  |  |
| City/Town:                   |  | Postal Code:      |  |  |
| (c) <u>Mailing</u> address o | f establishment ( <b>if different from a</b> | bove)             |  |  |
| Address:                     |  |                   |  |  |
| City/Town:                   |  | Postal Code:      |  |  |



| applicant sole owner?                      | es 🚨 No                                 |                                 |
|--|---|---------------------------------|
| (a) If not sole owner, give partic         | ulars of agreements with any other part | ty or parties                   |
| (b) If a partnership, state separa         | tely each partner's investment and pro  | portion 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              |   |                                 |
| Officers and Directors ( <b>If more th</b> | an four, please provide separate list   | t)                              |
| Name                                       | Mailing Address (includ                 | ing Postal Code)                |
|  |   |                                 |
|  |   |                                 |
|  |   |                                 |

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

Email: <a href="mailto:corporateservices@nlliquor.com">corporateservices@nlliquor.com</a>

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  |                                 |  |  |  |
| a 120 a 140 ii yes, piease 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