

Manufacturer's Retail Licences – Guidelines and Application

If you are interested in obtaining a Manufacturer'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 Manufacturer'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	
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)	
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)	
If incorporated, please provide Notice of Directors form, <i>The Corporations Act</i> (Form 6)	
Once all information is collected, a pre-licensing inspection will be conducted	

APPLICATION FOR MANUFACTURER'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 (PLEASE INCLUDE POSTAL CODE)

BUSINESS MAILING ADDRESS (PLEASE INCLUDE POSTAL CODE)

TELEPHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

FOR CORPORATION

(Please provide a certified copy of *The Corporations Act*, Notice of Directors, Form 6 from Registry of Companies)

NAME OF COMPANY

CONTACT PERSON

ADDRESS

CITY/TOWN

POSTAL CODE

TELEPHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

FOR PARTNERSHIP (registered under the Partnership Act or Limited Partnership 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?		

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

Email: corporateservices@nliquor.com

Fax: 709-753-8625

NEWFOUNDLAND LABRADOR LIQUOR CORPORATION
P.O. Box 8750, STN. A
St. John's, NL A1B 3V1
Attention: Regulatory Services

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 *Liquor Control Act* and/or the *Liquor Corporation Act*?

☐ 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 licence.

Date

Signature of Applicant