

Transportation Service Licences – Guidelines and Application

Transportation Service: a service provided primarily for the conveyance of passengers by ship or aircraft.

If you are interested in obtaining a Transportation Service liquor 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 Liquor Establishment 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 - Approval from Transport Canada (<i>see Transport Canada section below</i>) - 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	
Other Agency Requirements	
Transport Canada The proposed establishment will need approval from Transport Canada. Please visit https://www.tc.gc.ca/en/transport-canada.html for more information.	

4. Is applicant sole owner? ☐ Yes ☐ No

(a) If not sole owner, give particulars of agreements with any other party or parties

(b) If a partnership, state separately each partner's investment and proportion 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 (If more than four, please provide separate list)

Name	Mailing Address (including Postal Code)

State whether applicant will occupy building as owner or tenant

5. Has the applicant ever applied for a licence for the sale of spirits, beers or wines in Canada or elsewhere either as an individual, a member of a partnership, or an officer, director or shareholder of a Corporation?

6. Is the establishment to be managed by the applicant? ☐ Yes ☐ No
If "No", by whom?

Name in Full	Address	Age

7. Will the establishment be operated throughout the year or only seasonally?

_____ If seasonally, period of operation: _____

PART TWO**TO BE COMPLETED BY APPLICANTS APPLYING FOR AN INSTITUTION LICENCE OR MILITARY LICENCE**

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 _____

PART THREE**TO BE COMPLETED BY APPLICANTS APPLYING FOR A TRANSPORTATION SERVICE LICENCE**

1. Name and address of Company or Organization:

 2. Indicate type of transport for which this application is being made:

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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