

Transfer of Restaurant-Lounge Licences – Guidelines and Application

If you are interested in transferring a Restaurant-Lounge 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	
<ul style="list-style-type: none"> Completed application for Transfer of Existing Liquor Establishment licence (see attached) 	
<ul style="list-style-type: none"> Completed Personal Data Sheets (enclosed) for each shareholder, director and/or officer who is in charge of the premises 	
<ul style="list-style-type: none"> Current Certificate of Conduct for each shareholder, director and/or officer who is in charge of the premises 	
<ul style="list-style-type: none"> Written Municipal approval 	
<ul style="list-style-type: none"> Written approval from the Provincial Fire Commissioner's Office 	
<ul style="list-style-type: none"> 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) 	
<ul style="list-style-type: none"> 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) 	
<ul style="list-style-type: none"> A letter from the current licensee agreeing to transfer the licence 	
<ul style="list-style-type: none"> A letter from the current licensee permitting you to operate on their licence until your licence has been approved 	
<ul style="list-style-type: none"> If incorporated, please provide Notice of Directors form, <i>The Corporations Act</i> (Form 6) 	
<ul style="list-style-type: none"> Written approval from Buildings Accessibility and Fire & Life Safety (this is only required if renovations have been completed, please advise; <i>see Government Modernization and Service Delivery section below</i>) 	
<ul style="list-style-type: none"> Verification of Food Establishment Licence (<i>see Government Modernization and Service Delivery section below</i>) 	
<ul style="list-style-type: none"> Once all information is collected, a pre-licensing inspection will be conducted 	
Other Agency Requirements	
<p>Government Modernization and Service Delivery</p> <p>The proposed establishment will need approvals from Buildings Accessibility and Fire and Life Safety. For more information, please call (709) 729-1038.</p> <p>A Food Establishment Licence is also required. For more information, please call (709) 729-2104.</p>	

**NOTICE TO APPLICANTS FOR
TRANSFER OF LIQUOR ESTABLISHMENT LICENCE**

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 LICENCE☐ APPLICATION FOR TRANSFER OF EXISTING LICENCE

☐ Airport Establishment ☐ Club ☐ Hotel ☐ Institution ☐ Lounge ☐ Military Mess ☐ Recreational Facility
☐ Restaurant ☐ Restaurant/Lounge ☐ Tour Boat ☐ Transportation Service

***Please note:**

An application fee of \$200 must accompany this completed form.

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

If applying for **transfer** of licence, please include the name under which Licence was last issued:

_____ Licence No: _____

Address: _____

_____ Phone: _____

PART ONE**TO BE COMPLETED BY ALL APPLICANTS**

1. Do you require a catering licence? ☐ Yes ☐ No

2. Applicant Information:

Name: _____
Surname Given Names

Address: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

3. Establishment Information:

(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: _____

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
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(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)
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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
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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