

APPLICATION FOR APPROVAL FOR MINORS ON LICENSED PREMISES

***Please note:** Applications must be submitted at least two weeks prior to the date of the proposed event.

1. Name of Licensee: _____
- Licence No: _____
- Telephone No (daytime contact): _____
- Fax No: _____
- Address (incl. Postal Code): _____
- Email address: _____

2. **Type** of function including **date(s)**, **time(s)** and **reason(s)** for requesting permission for minors to be on your licensed premises.

EVENT DATE	TIME (start and end)	REASON

3. Alcoholic Products

☐ NO SALE AND CONSUMPTION

☐ SALE AND CONSUMPTION

Name of Applicant (Please Print)

Signature of Applicant

Date

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

Email: corporateservices@nliquor.com

Fax: 709-753-8625

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Attention: Regulatory Services