



Liquor Control and Licensing Branch
 4th Floor, 3350 Douglas St, Victoria, BC V8W 9J8
 Mail: PO Box 9292 Stn Provincial Govt, Victoria, BC V8W 9J8
 Phone: 250-952-5787 Fax: 250-952-7066

FOOD PRIMARY LICENCE APPLICATION FORM

Liquor Control and Licensing Form LCLB001B

Instructions:

Using the attached guide, complete this application form, attach the required documents, and submit the package with payment to the Liquor Control and Licensing Branch.

Part 1: Applicant

Office use only

Applicant Name:

Job No.

Mailing Address:
If different than location address.

Street

City

Province

Postal Code

Email:

Phone:

Applicant Type:

Business Number:

Private Corporation

Sole Proprietor

Partnership

Public Corporation

Society

Other:

Do you or any individual associated with this application have a tied house association (see page 4 of the guide) with a manufacturer or agent? No Yes

*If yes, identify each licence number(s). Attach a separate list if needed.

Please check (☑) Yes or No to each of the following:

No Yes The applicant is the owner of the business in respect of which the licence is to be issued or will become the owner before the licence is issued.

No Yes At the time of application, the applicant is:
 • The owner of or has an agreement to purchase the place or premises that will form the proposed establishment, or
 • The lessee or has a binding offer to lease the place or premises that will form the proposed establishment.

No Yes At the time the licence is issued, the applicant will be:
 • The owner of the place or premises that forms the establishment, or
 • The lessee of the place or premises that forms the establishment (term no less than 12 months).

Part 2: Contact Person

Name:

Telephone:

Email:

Part 3: Establishment (Restaurant) Proposal

Proposed Name:

Physical Address:
Street City Postal Code

Phone:

Business Email:

If the FP licence is issued, would you like mail sent to the establishment? No Yes

Parcel Identifier (PID):

If you answer `Yes' to any of the following questions, see the guide for further instructions:

- Will this establishment overlap a liquor primary licence (aka dual licence)? No Yes
Is your establishment a standalone patio with no interior seating? No Yes
Is your establishment located at a winery, brewery, or distillery? No Yes
Is your establishment located on Treaty First Nation land? No Yes

Opening Date

Proposed Opening Date:

Hours of Liquor Service

- Set liquor service hours to 9:00 a.m. - 12:00 midnight (standard hours), Monday - Sunday
 Enter proposed hours of liquor service below, if not standard hours

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Close	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Hours of liquor service that extend past midnight requires local government/First Nations approval. See the guide.
Entertainment Endorsement

- Patron Participation Entertainment - dancing, karaoke or other types of entertainment that involve patron participation in the service area

Note: This endorsement requires local government/First Nations approval. See the guide.

Establishment (Restaurant) Layout

- Submit the restaurant floor plan according to the requirements outlined in the guide

Are you applying for a patio? No Yes If Yes, it must be included on the floor plan.

Other Options

If you are applying for any of the following, please refer to the guide for further instructions:

- Catering Endorsement
 Third Party Operator

Part 4: Declaration of Signing Authority

Section 57(1)(c) of the *Liquor Control and Licensing Act* states: "A person commits an offence if the person (c) provides false or misleading information in the following circumstances: (i) when making an application referred to in section 12; (ii) when making a report or when required and as specified by the general manager under section 59".

As the applicant or authorized signatory of the applicant, I understand and affirm that all of the information provided is true and complete.

Signature: _____
Authorized signatory of the applicant

Name: Position: Date:
(last / first / middle) (if not an individual) (Day/Month/Year)

Note: An agent, lawyer, licensee representative or third party operator may not sign the declaration on behalf of the applicant.

This form should be signed by an individual with the authority to bind the applicant. The Branch relies on the applicant to ensure that the individual who signs this form is authorized to do so. Typically, an appropriate individual will be as follows:

- If the applicant is an individual or sole proprietor, the individual himself/herself
 - If the applicant is a corporation, a duly authorized signatory who will usually be an officer or, in some cases, a director
 - If the applicant is a general partnership, one of the partners
 - If the applicant is a limited partnership, the general partner of the partnership
- If the applicant is a society, then a director or a senior manager (as defined in the *Societies Act*)

Part 5: Application Fee \$950 (non-refundable)

In accordance with Payment Card Industry Standards, the branch is no longer able to accept credit card information via email.

Payment is by (check one):

- Cheque, payable to Minister of Finance (if cheque is returned as non-sufficient funds, a \$30 fee will be charged)
- Money order, payable to Minister of Finance
- Credit card: VISA MasterCard AMEX
 - I am submitting my application by email and I will call with my credit card information. I will call Victoria Head Office at 250-952-5787 or 1-866-209-2111 and understand that no action can proceed with my application until the application fee is paid in full.
 - I am submitting my application by fax or mail and have given my credit information in the space provided at the bottom of the page.

The information requested on this form is collected by the Liquor Control and Licensing Branch under Section 26 (a) and (c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of liquor licensing and compliance and enforcement matters in accordance with the *Liquor Control and Licensing Act*. Should you have any questions about the collection, use, or disclosure of personal information, please contact the Freedom of Information Officer at PO Box 9292 STN PROV GVT, Victoria, BC, V8W 9J8 or by phone toll free at 1-866-209-2111.

Credit Card Information (To be submitted by fax or mail only)

Name of cardholder (as it appears on card):

Credit card number:

Expiry date: /
(Month) (Year)

Signature: _____