



Alcohol and Gaming Commission of Ontario
Licensing and Registration
90 Sheppard Ave. E., Suite 200
Toronto ON M2N 0A4
Fax: 416 326-8711
Tel: 416 326-8700 or 1 800 522-2876 toll free in Ontario

On-Site Honey Winery Retail Store Authorization

<input type="checkbox"/> New	<input type="checkbox"/> Relocation	<input type="checkbox"/> Additional
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Allows eligible wineries with a valid AGCO Manufacturer's Licence to operate a retail store for the retail sale of its honey wine.

For more information, please refer to the **Winery Retail Store Information Guide**.

1. Applicant Information

Please list the person or entity applying for this authorization.

*Applicant Type: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	*Legal Name: Doing Business as:
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*Legal Structure: <input type="checkbox"/> Privately Held <input type="checkbox"/> Publicly Held <input type="checkbox"/> Trust <input type="checkbox"/> Not-For-Profit	Corporation Number:
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Jurisdiction of Incorporation: <input type="checkbox"/> Ontario <input type="checkbox"/> Federal <input type="checkbox"/> Other (specify):	Incorporation Date: YYYY MM DD
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2. Contact Information

Contact Name:		Contact Type: <input type="checkbox"/> Agent <input type="checkbox"/> Applicant <input type="checkbox"/> Lawyer <input type="checkbox"/> Other	
Phone Number:	Alternate Phone:	Fax:	*Email:
Preferred Contact Method: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Phone			

Mailing Address

<input type="checkbox"/> Canada <input type="checkbox"/> USA <input type="checkbox"/> Other (specify): _____	Address:	
City / Town:	Province / State:	Postal Code:

Physical Address ☐ (Same as Mailing)

<input type="checkbox"/> Canada <input type="checkbox"/> USA <input type="checkbox"/> Other (specify): _____	Address:	
City / Town:	Province / State:	Postal Code:

Business Address ☐ (Same as Mailing)

<input type="checkbox"/> Canada <input type="checkbox"/> USA <input type="checkbox"/> Other (specify): _____	Address:	
City / Town:	Province / State:	Postal Code:

3. Premises Information

Please enter information about the premises to be authorized as part of this application.

Premises Name:	Operator:
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Physical Address

Address:	City / Town:	Province / State:	Postal Code:
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Mailing Address ☐ (Same as Physical)

<input type="checkbox"/> Canada <input type="checkbox"/> USA <input type="checkbox"/> Other (specify): _____	Address:	
City / Town:	Province / State:	Postal Code:

Contact Information for Premises ☐ (Use my information)

Contact Name:	Phone Number:	Alternate Phone:
Fax:	Email:	Preferred Contact Method: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Phone

4. Questions

Note: If you require assistance with your application, please contact the AGCO Customer Service at 1-800-522-2876 (toll free) or 416-326-8700.

Before submitting this application, please answer the following questions:

1. Winery Manufacturer's Licence Number

2. Do you own/lease and operate a minimum of 100 bee colonies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Does the winery have a valid Certificate of Registration issued by the Provincial Apiarist under the <i>Bees Act</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Will the main production site be located on the same premises as the honey extracting site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Will the winery produce wine made from fruit and/or grape? If 'Yes': An ' On-Site Fruit Winery Retail Store Authorization ' is required for wine made from fruit and/or, An ' On-Site Grape Winery Retail Store Authorization ' is required for wine made from grape.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Will primary fermentation be carried out at the production site where the retail store is to be located?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Will blending be carried out at the production site where the retail store is to be located?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Will barrel aging (at least 3 months) be carried out at the production site where the retail store is to be located?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Will bulk aging (at least 3 months) be carried out at the production site where the retail store is to be located?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Will secondary fermentation (for sparkling wine) be carried out at the production site where the retail store is to be located?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Will artificial carbonation (for sparkling wine) be carried out at the production site where the retail store is to be located?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Will flavouring (for fortified wines) be carried out at the production site where the retail store is to be located?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Will all wine be warehoused on-site? Note: Prior written authorization from the Liquor Control Board of Ontario (LCBO) is required to store wine in an off-premise warehouse. If "No", where will it be warehoused? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Does the winery intend to offer delivery of wine sold through its proposed on-site winery retail store to the public by a third party common carrier?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>15. Is the proposed store located within a 1 kilometre radius to any places of religious assembly, schools, public parks, playgrounds, community centres and/or libraries?</p> <p>If “Yes” - You must provide written notification to these institutions of your proposed retail store. A copy of each notification letter sent must also be sent to the AGCO. The notification letter must instruct the reader to notify the Registrar in writing of any objections they may have to your proposed store within fifteen days of the date of the notification letter.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>16. Is ownership and control of the production site shared with any other licensed manufacturer?</p> <p>If “Yes”- eligibility criteria require that where the production site is owned and controlled by more than one licensed manufacturer, the applicant must possess substantial ownership and control over the production site. You must provide documentation demonstrating that this requirement is met.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

5. Documentation

The document(s) below are needed for this application.

Documents marked as “Yes” under “Required?” must be submitted in order to begin processing your application. Other documents may be provided at any time during the application process.

Document Type	Description	Required?
Floor Plan	Floor plan of the proposed retail store including square footage.	Yes
Municipal Information for a Retail Store Authorization	Completed “Municipal Information for a Retail Store Authorization” form.	Yes
Notification Letter	If applicable, copies of notification letters sent to religious assembly, schools, public parks, playgrounds, community centres and/or libraries are required. The notification letters must instruct the reader to notify the Registrar in writing of any objections they may have to the proposed store within fifteen days of the date of the notification letters.	
Ownership and Control	If applicable, supplementary documentation demonstrating substantial ownership and control of the production site.	
Site Plan – Retail Store	Site plan detailing the production site and the proposed retail store location. Additional Requirements: - For Fruit Winery Retail Store: Indicate location of the planted fruit. - For Grape Winery Retail Store: Indicate location of the vineyard	
Supplementary Document	Any additional document(s) which could help in the review process.	

6. Applicant Signature

If the applicant is a corporation, a person with authority to bind the corporation must sign below.

If the applicant is a partnership, all partners must sign below.

If the applicant is a sole proprietor, he/she must sign below.

Declaration

☐ By signing this form I/we solemnly declare that all information provided in this application is true and correct.

Print Name	Signature	Date YYYY MM DD
Print Name	Signature	Date YYYY MM DD
Print Name	Signature	Date YYYY MM DD

Notification

The information you have submitted is collected pursuant to the *Liquor Licence Act*, R.S.O. 1990 Chapter L. 19 and/or the *Liquor Control Act*, R.S.O. 1990, Chapter L.18. The principal purpose of the collection is to determine eligibility for the issuance of a licence, permit and/or authorization or for an application made under the *Liquor Licence Act* and/or the *Liquor Control Act*. The information may also be disclosed pursuant to the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, Chapter F. 31. For questions about the collection of this information, please contact Manager, Liquor Eligibility at: Alcohol and Gaming Commission of Ontario, 90 Sheppard Avenue East, Suite 200, Toronto, Ontario M2N 0A4 / Telephone: 416-326-8700 or 1-800-522-2876 (toll free in Ontario) / Email: customer.service@agco.ca.