



Type of Application

New Liquor Sales Licence

Endorsement(s) Please check all that apply and include Endorsement Application

- | | |
|---|---|
| <input type="checkbox"/> Golf Course (fees apply) | <input type="checkbox"/> Wine Pub |
| <input type="checkbox"/> Caterers | <input type="checkbox"/> Brew Pub |
| <input type="checkbox"/> Room Service | <input type="checkbox"/> Mini-Bar |
| | <input type="checkbox"/> Bring Your Own Wine (BYOW) |

Has this location ever held a Liquor Sales Licence? <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes' – please provide the premises name	Licence Number
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1. Premises Information

Premises Name	Address of Premises	
City/ Town	Postal Code	Phone Number

2. Mailing Address (if different from above)

Mailing Address	
City/Town	Postal Code

3. Contact Person

Contact Name		Email	
Address	City/ Town		Postal Code
Phone Number (Home)	Phone Number (Work)	Fax	

4. Applicant Information

Select only ONE ownership type (A, B or D) and complete that ONE section.

A. **Sole Proprietorship** - The business is owned by one person, NOT an incorporated business. A Personal Disclosure must be completed by this individual.

Owner's Last Name

Owner's First Name

B. **Corporation** - The business is incorporated.

Name of Corporation (as per Articles of Incorporation)

Corporation number

Jurisdiction of Incorporation Other province Ontario Federal

Foreign (specify) _____

Note: For any corporation incorporated outside of Canada, submit proof of authorization under the *Extra-Provincial Corporations Act of Ontario*.

Are shares offered to the public for sale?

Yes No

Date of Incorporation

YYYY MM DD

- Name of Officers and/or Directors, including Signing Officer, President, Secretary, Treasurer.
- Name all shareholders holding 10% or more of any class of shares. (If more space is required, use a separate sheet.)
- Indicate the percentage of shares held.
- Complete a Personal Disclosure for:
 - all shareholders holding 10% or more of any class of shares.
 - all Officers and Directors.
- Complete an Entity Disclosure for all corporations owning 10% or more of any class of shares.
- A separate form is required for each corporation.

Last name

First name

Middle name

Officer

Title

% of Voting Shares

% of Equity Shares

Director

Shareholder

Last name

First name

Middle name

Officer

Title

% of Voting Shares

% of Equity Shares

Director

Shareholder

Last name

First name

Middle name

Officer

Title

% of Voting Shares

% of Equity Shares

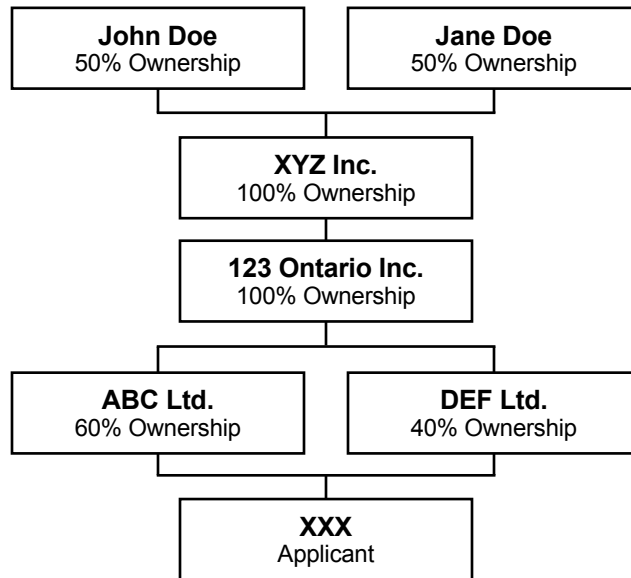
Director

Shareholder

Last name		First name		Middle name	
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Shareholder		Title	% of Voting Shares	% of Equity Shares	

C. If the corporate structure of the applicant has more than one level, please attach to this form, labelled as "Question 4 c)" a schematic diagram depicting the relationship between all parent, controlling, subsidiary, affiliated and commonly controlled companies. **Note:** Ownership identified in the schematic diagram must total 100%.

For Example



D. **Partnership** — The business is owned by two or more partners who carry on business together. A personal history report must be completed by all individuals listed as partners. A corporate structure form must be completed for all corporations listed as partners.

1.	2.
3.	4.

5. Proposed Licenced Areas

Floor Level (Basement, Ground, etc)	Exact Location & Description of Licensed area Please indicate if the area will be licensed for tiered seating.	Indoors or Outdoors	Estimated capacity (Total area ÷ 1.11 m. or 12 ft.)

6. Premises Details

A	Are you a manufacturer applying for a sales licence, “Tied House” in conjunction with your manufacturing operation? If ‘Yes’ – Please apply for a Liquor Sales Licence - Manufacturer’s Tied House.	<input type="checkbox"/> Yes <input type="checkbox"/> No
B	Has this location ever held a Liquor Sales Licence? If ‘Yes’ – Please provide the premises name and/or the Liquor Sales Licence number.	<input type="checkbox"/> Yes <input type="checkbox"/> No
C	Is the property leased, rented or subject to a mortgage? If ‘Yes’ – Please name your mortgage lender or landlord.	<input type="checkbox"/> Yes <input type="checkbox"/> No

D	<p>Does any manufacturer or representative of a manufacturer of beverage alcohol have any interest, financial or otherwise, in this applicant?</p> <p>If 'Yes' – Please provide details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
E	<p>Do you wish to add ancillary areas to which the public is ordinarily invited or permitted access (i.e. washrooms, hallways, stairwells, etc.) with no increase in overall occupancy?</p> <p>If 'Yes' – Please clearly outline all the ancillary areas on your floor plans in a different colour from the proposed licensed areas. For more information, please refer to the Liquor Sales Licence Guide.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
F	<p>Will any individual and/or entity other than those in the existing/proposed corporate structure operate any aspect of the liquor business, or receive 15% or more of the gross revenue from the sale of liquor?</p> <p>Note: A contract or management agreement may be required.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
G	<p>Will any individual and/or entity other than those in the existing/proposed corporate structure receive any profit from the sale of liquor?</p> <p>Note: A contract or management agreement may be required.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
H	<p>Do you wish to have a temporary tiered seating approval on your licence?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
I	<p>Is the premises less than or equal to 250 metres from a residence or residential neighbourhood?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
J	<p>Is the premises less than or equal to 250 metres from an Elementary/ Junior/High School?</p> <p>If 'Yes' – Please specify what type of school(s).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
K	<p>Are there any VIP/Private Rooms?</p> <p>Note: VIP/Private Rooms are rooms separated from the main licensed area in the premises that are reserved for small groups of individuals, special guests (who prefer to eat, drink and socialize in private). These are not banquet rooms.</p> <p>If 'Yes' – Please respond individually to the two questions below: a. Are patrons in these rooms visible from outside? b. Will there be staff assigned to monitor patrons in these rooms?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

L	<p>Are there line-ups for admission on public property (e.g. sidewalk, public parking lot, etc.)?</p> <p>If 'Yes' – Please provide details regarding the following: a. Do you have or need permission from the municipality to do so? b. Do you have security to monitor the line-ups? c. Are the line-ups a regular or an occasional occurrence?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
M	<p>Are there any server-initiated automated dispensing systems, where patron(s) can serve liquor to themselves?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Premises Type

Select the one that applies closest to your premises type. Please provide details for 'Other'.

Adult Entertainment <input type="checkbox"/>	Bowling Alley <input type="checkbox"/>	Hotel/Motel <input type="checkbox"/>	Restaurant Bar <input type="checkbox"/>
Arcade-style Facility <input type="checkbox"/>	Community Centre <input type="checkbox"/>	Internet Café <input type="checkbox"/>	Restaurant/Club <input type="checkbox"/>
Art Gallery <input type="checkbox"/>	Educational Facility <input type="checkbox"/>	Karaoke Bar <input type="checkbox"/>	Retirement Residence <input type="checkbox"/>
Athletic Club <input type="checkbox"/>	- Over 19 years of Age <input type="checkbox"/>	Laundromat <input type="checkbox"/>	Social Club <input type="checkbox"/>
Auditorium <input type="checkbox"/>	Educational Facility <input type="checkbox"/>	Medical Facility <input type="checkbox"/>	Spa <input type="checkbox"/>
Automotive/Marine <input type="checkbox"/>	- Under 19 years of Age <input type="checkbox"/>	Military <input type="checkbox"/>	Specialty Food Store <input type="checkbox"/>
Banquet Room <input type="checkbox"/>	Funeral Home <input type="checkbox"/>	Movie Theatre <input type="checkbox"/>	Specialty Merchandise <input type="checkbox"/>
Bar/Sports Bar <input type="checkbox"/>	Gaming Premises <input type="checkbox"/>	Museum <input type="checkbox"/>	Store <input type="checkbox"/>
Big Box Retail Store <input type="checkbox"/>	General Store <input type="checkbox"/>	Nightclub <input type="checkbox"/>	Stadium <input type="checkbox"/>
Billiard/Pool Hall <input type="checkbox"/>	Golf Course <input type="checkbox"/>	Place of Worship <input type="checkbox"/>	Theatre <input type="checkbox"/>
Bingo Hall <input type="checkbox"/>	Grocery Store <input type="checkbox"/>	Railway Car <input type="checkbox"/>	Train <input type="checkbox"/>
Boat for Hire <input type="checkbox"/>	Hair Salon/ Barber Shop <input type="checkbox"/>	Restaurant <input type="checkbox"/>	Other <input type="checkbox"/>
Bookstore <input type="checkbox"/>	Historical Site/ Landmark <input type="checkbox"/>	Restaurant/(Franchise) <input type="checkbox"/>	_____ <input type="checkbox"/>

8. Applicant Signature

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

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.

Print Name	Signature	Date <div style="text-align: right;"> YYYY MM DD </div>
Print Name	Signature	Date <div style="text-align: right;"> YYYY MM DD </div>
Print Name	Signature	Date <div style="text-align: right;"> YYYY MM DD </div>

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