



If your Liquor Sales Licence has expired, you must complete and submit a new Liquor Sales Licence Application, which will result in you receiving a new licence number. This application may be exempt from public notice. Please call Customer Service with the File Number once the application has been submitted. For more information, contact the AGCO Customer Service Department toll free at 1-800-522-2876 or in Toronto at 416-326-8700.

1. Premises Information

Premises Name		Licence Number	
Mailing Address		City/ Town	Postal Code

2. Contact Person

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

3. Premises Details

A	<p>Has the business/operating name changed since the last application?</p> <p>Note: Your business/operating name is displayed under “Doing Business As” on your licence.</p> <p>If ‘Yes’ – Please provide the new name.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B	<p>Have the boundaries of the licensed areas changed since the last time the Liquor Sales Licence was issued (not including cosmetic changes such as redecorating or painting)?</p> <p>If ‘Yes’ – Please provide details of the changes.</p> <p>Note: An application for <i>Changes and / or additions to Existing Licenced Areas</i> may be required.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

C	<p>Have there been any changes to the on-site manager(s) at this premises?</p> <p>If 'Yes' – Please complete a Personal Disclosure.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
D	<p>Have there been any changes, additions and/or deletions to the shareholders of the entity?</p> <p>If 'Yes' – Please also apply for a Transfer application for the addition of shareholders with 10% or more shares.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
E	<p>Have there been any changes, additions and/or deletions to any individuals and/or entities who will 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
F	<p>Have there been any changes, additions and/or deletions to any individuals and/or entities who will 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
G	<p>Has the premises type changed since the last application (e.g. a restaurant changing into a night club)?</p> <p>Please indicate the new premises type.</p> <p>Note: For a list of premises types, please refer to the Liquor Sales Licence Guide.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
H	<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
I	<p>Is the premises less than or equal to 250 metres from an Elementary/Junior/High School?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
J	<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>Please respond individually to the two questions below:</p> <p>a. Are patrons in these rooms visible from outside?</p> <p>b. Will there be staff assigned to monitor patrons in these rooms?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
K	<p>Are there line-ups for admission on public property (e.g. sidewalk, public parking lot, etc.)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. 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	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