



**Alcohol and Gaming Commission of Ontario  
Licensing and Registration**

90 Sheppard Ave. E., Suite 200 Tel: 416-326-8700  
Toronto ON M2N 0A4 Toll free in Ontario: 1-800-522-2876  
Fax: 416-326-8711 Website: www.agco.ca

# Entity Disclosure – Liquor

**To be completed by applicant corporations and all corporations directly or indirectly holding 10 % or more of any class of shares of the applicant.**

1. Business/Operating Name (as noted on the application)	2. Licence/Authorization Number (if known)
3. Name of Corporation (as per Articles of Incorporation)	
4. Jurisdiction of Incorporation <input type="checkbox"/> Ontario <input type="checkbox"/> Federal <input type="checkbox"/> Other _____	5. Date of Incorporation yyyy    mm    dd
<b>Note:</b> For any Corporation incorporated outside of Canada, provide proof of authorization under the <i>Extra Provincial Corporation Act of Ontario</i> .	6. Are shares offered to the public for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No

7. Name all of the following: Officer, Director, Partner — as well as any shareholder\* holding 10% or more of any class of shares.

\*Not required for a Beer and Cider or Beer and Wine Authorization.

Name (Individual or Entity)	Title/Position	Corporate Title	% Voting Shares	% Equity Shares
Email: _____		<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> General Partner <input type="checkbox"/> Shareholder		
Email: _____		<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> General Partner <input type="checkbox"/> Shareholder		
Email: _____		<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> General Partner <input type="checkbox"/> Shareholder		
Email: _____		<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> General Partner <input type="checkbox"/> Shareholder		
Email: _____		<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> General Partner <input type="checkbox"/> Shareholder		

Name (Individual or Entity)	Title/Position	Corporate Title	% Voting Shares	% Equity Shares
_____ Email:		<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> General Partner <input type="checkbox"/> Shareholder		
_____ Email:		<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> General Partner <input type="checkbox"/> Shareholder		
_____ Email:		<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> General Partner <input type="checkbox"/> Shareholder		
_____ Email:		<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> General Partner <input type="checkbox"/> Shareholder		

**Note:**

- A Personal Disclosure must be provided by all individuals named in #7 as Officers, Directors or shareholders holding 10% or more of any class of shares.
- If any shareholder named in #7 holding 10% or more of the shares is an entity, complete another Entity Disclosure - Liquor form for that entity.

**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](mailto:customer.service@agco.ca) .

**By signing below**, I/we solemnly declare that all information provided in this application is true and correct.

Print name	Position/Title		
Signature	Date		
	yyyy	mm	dd