

Alcohol and Gaming Commission of Ontario 90 Sheppard Avenue East, Suite 200 Toronto ON M2N 0A4 Tel.: 416-326-8700 • Fax: 416-326-8711 Toll free in Ontario: 1-800-522-2876 Inquiries: www.agco.ca/iagco Website: www.agco.ca

Municipal Information for a Retail Store

The information requested below is required in support of all applications for new or relocation of a Retail Store.

Section 1 – Application Details (to be completed by Applicant)

| Retail Store Name | | | Phone Number (include area code) | | | |
|---------------------|--|---------|--|--|--|--|
| Exact location of r | xact location of retail store (physical address) | | | | | |
| Type of Retail Stor | re | | | | | |
| Brewery | Distillery | Winery | Brewers Retail Inc. | | | |
| Contact Inform | nation | | | | | |
| Contact Name | | | Phone Number (include area code and extension) | | | |
| Alternate Phone N | lumber (include are | a code) | Email Address | | | |

Section 2 – Municipal Clerk's Official Notice of Application for a Manufacturer's Retail Store in your Municipality

Municipal Clerk: Please confirm the "wet/damp/dry" status below.

Name of village, town, township or city where taxes are paid. (If the area where the retail store is located was annexed or amalgamated, provide the name that the village, town, township or city was known as.)

Is the area where the retail store is located "wet", "damp" or "dry"? Please select one.

| Wet (for spirits, beer, wine) | Damp (for beer and wine only) | Dry |
|-------------------------------|-------------------------------|-----|
| | | |

Address of Municipal Office

Name of Municipal Official

Title

Date

Telephone number

Email Address

Signature of Municipal Official