



Transfer of Lounge Licences – Guidelines and Application

If you are interested in transferring a Lounge licence in Newfoundland and Labrador please use the following as a guideline of the requirements. *Please note: other agencies or departments may require information further to that which is listed below.*

| Guidelines / Requirements | ✓ |
|--|---|
| Newfoundland Labrador Liquor Corporation (NLC) Licence Requirements | |
| • Completed application for Transfer of Existing Liquor Establishment licence (see attached) | |
| • Completed Personal Data Sheets (enclosed) for each shareholder, director and/or officer who is in charge of the premises | |
| • Current Certificate of Conduct for each shareholder, director and/or officer who is in charge of the premises | |
| • Written Municipal approval | |
| • Written approval from the Provincial Fire Commissioner’s Office | |
| • One set of floor plans, drawn to scale on paper no larger than 8.5” x 14”, outlining the proposed licensed area, including dimensions of clearly identified rooms (including storage and the total number of fixtures in the men’s and ladies’ washrooms) | |
| • A current signed copy of a lease or purchase agreement, or another document that verifies ownership and/or legal possession of the establishment (e.g., Property Tax Bill) | |
| • A letter from the current licensee agreeing to transfer the licence | |
| • A letter from the current licensee permitting you to operate on their licence until your licence has been approved | |
| • If incorporated, please provide Notice of Directors form, <i>The Corporations Act</i> (Form 6) | |
| • Written approval from Buildings Accessibility and Fire & Life Safety (this is only required if renovations have been completed, please advise; <i>see Government Modernization and Service Delivery section below</i>) | |
| • Verification of Food Establishment Licence (if applicable, <i>see Government Modernization and Service Delivery section below</i>) | |
| • Once all information is collected, a pre-licensing inspection will be conducted | |
| Other Agency Requirements | |
| <p>Government Modernization and Service Delivery</p> <p>The proposed establishment will need approvals from Buildings Accessibility and Fire and Life Safety. For more information, please call (709) 729-1038.</p> <p>A Food Establishment Licence may also be required. For more information, please call (709) 729-2104.</p> | |



**NOTICE TO APPLICANTS FOR
TRANSFER OF LIQUOR ESTABLISHMENT LICENCE**

Section 28 Liquor Licensing Regulations

"An application for the approval of the Board for a transfer of a licence shall be forwarded to the Board at least 30 days before the date proposed for the transfer."

Please note that upon receipt of application, all required documentation is to be forwarded to the Newfoundland Labrador Liquor Corporation within 30 days. Applicants failing to comply will not be in a legal position to operate.



4. Is applicant sole owner? Yes No

(a) If not sole owner, give particulars of agreements with any other party or parties

(b) If a partnership, state separately each partner's investment and proportion of profit distribution:

| Name | Investment | % Profit-sharing ratio |
|-------|------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(c) If a corporation, give:

Name _____

Date of Incorporation _____

Public or Private Company _____

Provincial or Federal Charter _____

Officers and Directors (If more than four, please provide separate list)

| Name | Mailing Address (including Postal Code) |
|-------|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

State whether applicant will occupy building as owner or tenant

5. Has the applicant ever applied for a licence for the sale of spirits, beers or wines in Canada or elsewhere either as an individual, a member of a partnership, or an officer, director or shareholder of a Corporation?

6. Is the establishment to be managed by the applicant? Yes No
If "No", by whom?

| Name in Full | Address | Age |
|--------------|---------|-------|
| _____ | _____ | _____ |

7. Will the establishment be operated throughout the year or only seasonally? _____

If seasonally, period of operation: _____



PART TWO

TO BE COMPLETED BY APPLICANTS APPLYING FOR AN INSTITUTION LICENCE OR MILITARY LICENCE

1. Name of Institution, Club, Branch, Lodge, Division or Mess _____
2. Incorporated or chartered _____ Date _____
3. Please provide separate list of executive including names, titles, addresses and telephone numbers.
4. State date on which Institution or Club commenced active operation _____

PART THREE

TO BE COMPLETED BY APPLICANTS APPLYING FOR A TRANSPORTATION SERVICE LICENCE

1. Name and address of Company or Organization:

2. Indicate type of transport for which this application is being made:

Completed applications may be submitted via email, fax or mail:

Email: corporateservices@nliquor.com

Fax: 709-753-8625

Newfoundland Labrador Liquor Corporation
P.O. Box 8750, STN. A
St. John's, NL A1B 3V1
Attention: Regulatory Services

PERSONAL DATA SHEET

| |
|--|
| Name of Establishment for which this report is submitted |
| Location |

| | |
|--|----------------|
| Surname | Given Name(s) |
| Address | |
| Phone Number | Email Address |
| Date of Birth | Place of Birth |
| Place of Residence during past ten years | |

| |
|--|
| Are you a police officer, inspector, law enforcement officer, NLC employee or Board member of NLC? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |

| |
|---|
| Have there been any findings of guilt against you of an offense in Canada or the United States? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please attach a certified copy of your criminal record. |

| | |
|--|------------------------|
| The Royal Canadian Mounted Police, the Royal Newfoundland Constabulary or any other law enforcement agency is hereby authorized to supply the Newfoundland Labrador Liquor Corporation with any information which the Board considers pertinent to my application for a licence. | |
| Date | Signature of Applicant |