



Liquor Control and Licensing Branch
 4th Floor, 3350 Douglas St, Victoria, BC V8W 9J8
 Mail: PO Box 9292 Stn Provincial Govt, Victoria, BC V8W 9J8
 Phone: 1 866 209-2111 Fax: 250-952-7066

RECORD OF COOKING ALCOHOL SHIPMENT

Liquor Control and Licensing Form LCLB046

Instructions:

This form is required to record the importation of cooking alcohol into British Columbia and the subsequent sale and distribution. These products may only be sold and distributed in accordance with s. 196 of the Liquor Control and Licensing Regulations. This form must be completed for each shipment of cooking alcohol, as defined in s. 196 of the Liquor Control and Licensing Regulations, entering British Columbia. Please complete all applicable fields. Please print this form and complete it by hand - print clearly using dark ink. If you have any questions about completing this form, call the branch toll-free at 1-866-209-2111. LCLB forms and supporting materials can be found at: www.gov.bc.ca/liquorregulationsandlicensing

Importer Information:

Name of importer:

Contact person: Job title:

Telephone: Fax:

Email:

Mailing address:
Street City Province Postal Code

Shipment Information [attach bill(s) of lading]:

Bill of Lading #: (and/or) Invoice #: Expected Arrival Date: / /
Month Date Year

Name of Product	Exemption Reference Number	Size of bottles or drums (in litres)	Number of bottles or drums

Total Number of Bottles and Drums:

LCLB Office Use Only:
 Total number of cartons/drums: _____ Date: _____ / _____ / _____
Month Date Year
 Position: _____
 Print name: _____ Signature: _____

Importer's Declaration:

I hereby certify that the information reported here is true and correct to the best of my knowledge.

Date: Signature: _____
 Position: Print Name: _____

Products Sold/Distributed to:

Business Name:	<input type="text"/>	Contact Name:	<input type="text"/>
Type of Business:	<input type="checkbox"/> End User <input type="checkbox"/> Distributor	Business Phone:	<input type="text"/>
Business Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street	City	Province Postal Code
Exemption Reference Number:	<input type="text"/>	Size of Drums:	<input type="text"/>
		Number of Drums:	<input type="text"/>
Business Name:	<input type="text"/>	Contact Name:	<input type="text"/>
Type of Business:	<input type="checkbox"/> End User <input type="checkbox"/> Distributor	Business Phone:	<input type="text"/>
Business Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street	City	Province Postal Code
Exemption Reference Number:	<input type="text"/>	Size of Drums:	<input type="text"/>
		Number of Drums:	<input type="text"/>
Business Name:	<input type="text"/>	Contact Name:	<input type="text"/>
Type of Business:	<input type="checkbox"/> End User <input type="checkbox"/> Distributor	Business Phone:	<input type="text"/>
Business Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street	City	Province Postal Code
Exemption Reference Number:	<input type="text"/>	Size of Drums:	<input type="text"/>
		Number of Drums:	<input type="text"/>
Business Name:	<input type="text"/>	Contact Name:	<input type="text"/>
Type of Business:	<input type="checkbox"/> End User <input type="checkbox"/> Distributor	Business Phone:	<input type="text"/>
Business Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street	City	Province Postal Code
Exemption Reference Number:	<input type="text"/>	Size of Drums:	<input type="text"/>
		Number of Drums:	<input type="text"/>
Business Name:	<input type="text"/>	Contact Name:	<input type="text"/>
Type of Business:	<input type="checkbox"/> End User <input type="checkbox"/> Distributor	Business Phone:	<input type="text"/>
Business Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street	City	Province Postal Code
Exemption Reference Number:	<input type="text"/>	Size of Drums:	<input type="text"/>
		Number of Drums:	<input type="text"/>

Total Number of Bottles and Drums:

The information requested on this form is collected by the Liquor Control and Licensing Branch under Section 26 (a) and (c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of liquor licensing and compliance and enforcement matters in accordance with the *Liquor Control and Licensing Act*. Should you have any questions about the collection, use, or disclosure of personal information, please contact the Freedom of Information Officer at PO Box 9292 STN PROV GVT, Victoria, BC, V8W 9J8 or by phone toll free at 1-866-209-2111.