



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: 250-952-5787 Fax: 250-952-7066

APPLICATION FOR RETURN OF SEIZED LIQUOR

Liquor Control and Licensing Form LCLB125

INSTRUCTIONS:

- This application must be submitted within thirty (30) days of the date of seizure.
- Section 47(2) and (3) of the *Liquor Control and Licensing Act* states that if a claim is made to the general manager within 30 days of the seizure of liquor, the general manager may, on being satisfied of the person's claim, order that the liquor be returned to the person or, if it has been destroyed, order compensation be paid to the person.
- If you have any questions concerning this form please contact the Liquor Control and Licensing Branch head office at 250-952-5787 (or 1-866-209-2111 if outside Victoria).

Part 1: Personal Information

Name:

Mailing address:
Street City Province Postal Code

Telephone: Email:

Part 2: Liquor Seizure Details

Date of liquor seizure:
(month/day/year)

Name of liquor inspector and licensed establishment where the liquor seizure took place, or name and location of police/RCMP detachment which seized the liquor:

Item(s) seized:

Part 3: Circumstances

Describe the circumstances surrounding the liquor seizure, and why you assert the liquor was wrongfully seized. You must clearly explain how the liquor was lawfully possessed or kept in order to have your liquor returned or to be compensated ((s. 47(2), *Liquor Control and Licensing Act*). Add additional pages if required.

Part 4: Declaration

Section 57(1)(c) of the Liquor Control and Licensing Act states: "A person commits an offence if the person (c) provides false or misleading information in the following circumstances: (i) when making an application referred to in section 12; (ii) when making a report or when required and as specified by the general manager under section 59".

Signature of Individual: _____ Date: _____
(last/first/middle) (day/month/year)

Mail this completed form to:
General Manager,
Liquor Control and Licensing Branch
PO Box 9292 Stn Provincial Govt,
Victoria, BC
V8W 9J8

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.