

Liquor and Cannabis Regulation Branch 400-645 Tyee Road, Victoria, BC V9A 6X5 Mail: PO Box 9292 Stn Provincial Govt, Victoria, BC V8W 9J8 Phone: 1 866 209-2111 Fax: 250-952-7066

## ETHYL ALCOHOL PURCHASE PERMIT APPLICATION

**Liquor and Cannabis Regulation Form LCRB048** 

## INSTRUCTIONS:

Complete all applicable fields on your computer or by hand then submit with your application fee (see Part 4). If you have any questions about completing this application, email LCRBLiquor@gov.bc.ca. LCRB forms and supporting materials can be found at: www.gov.bc.ca/lcrb.

Part 1: Contact Informa	Office	Office use only				
Applicant Name:			Job N	Job No		
Contact Person:						
Physical Address:	Street		City	Province Postal Code		
Mailing Address:	Street		City	Province Postal Code		
Phone:	Fax:	Ema				
Part 2: Applicant Inform	nation					
1. Type of Applicant (e.g., r	nanufacturing, scientific, etc	;):				
2. Please explain the reaso	n you require ethyl alcohol:					
3. Type of permit requested	l - based on amount of ethy	l alcohol required (please c	heck (☑) one):			
○ 3 month permit						
I will be purchasing e	ethyl alcohol tir	mes per (please (☑) check	one): ( week (	month		
At each purchase, I or	will be buying	litres.				
One-time only permi	t for: litres (up t	to 16 litres).				
Expiry date of previo	us permit (if any):					
Name(s) of designated o		ay/Month/Year)				
[		.,,				
(Last)		(First)		(Middle Names(s))		
		, ,				
(Last)		(First)		(Middle Names(s))		
(Last)		(First)		(Middle Names(s))		
Please detail the location	ı of the ethyl alcohol, size, a	and security measures for th	ne facility where eth	yl alcohol will be stored:		

I have at	<b>Declaration</b> tached copies of at erage use:	least one of the following docu	ments in order to prove that	the ethyl alcohol will be u	ised for	
Bus	iness licence	Business registration	Corporation Registration	GST registration	GST registration number	
Othe	er (please specify):			☐PST registration	n number	
misleadir	ng information in the	or Control and Licensing Act sta e following circumstances: (i) w ecified by the general manager	hen making an application re			
As the ap		ed signatory of the applicant, I u	understand and affirm that all	of the information provic	led is true and	
Signatur	e:	Authorized signatory of the applica	nt			
Name:			Position:	Date:		
	L	( last / first / middle )	(if not an i	L ndividual)	(Day/Month/Year)	
<ul><li>appropriate i</li><li>If the appli</li><li>If the appli</li><li>If the appli</li><li>If the appli</li></ul>	individual will be as follows: icant is an individual or sole p icant is a corporation, a duly icant is a general partnership icant is a limited partnership,	ual with the authority to bind the applicant. The proprietor, the individual himself/herself authorized signatory who will usually be an offi to, one of the partners the general partner of the partnership or or a senior manager (as defined in the Socie	cer or, in some cases, a director	at the intrividual who signs this form i	s autilolized to do so. Typically, all	
Part 4:	Application Fee	(non-refundable)			Application Fee: \$30	
In accor	dance with Paymer	nt Card Industry Standards, the	Branch is no longer able to a	accept credit card inform	ation via email.	
Payment	t is by (check (☑) o	ne):				
Cheq	jue, payable to Mini	ister of Finance (if cheque is ret	turned as non-sufficient fund	s, a \$30 fee will be charg	ed)	
○Mone	ey order, payable to	Minister of Finance				
○ Cred	it card: O VISA O	MasterCard C AMEX				
		y application by email and I number on the form. I understa				
		application by fax or mail and my application cannot proceed		ation in the space provide	ed at the bottom of the	
used for the	purpose of liquor licensing a	s collected by the Liquor and Cannabis Regula and compliance and enforcement matters in ac e contact the Freedom of Information Officer at	ccordance with the Liquor Control and Lice	nsing Act. Should you have any ques	stions about the collection, use, or	
LCRB048			2 of 2	Ethyl A	Alcohol Purchase Permit Application	
Credit C	ard Information (T	o be submitted by fax or posta	I mail only)			
Name o	f cardholder (as it a	appears on card):				
Credit c	ard number:			Expiry date:	/	

Signature: