

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

LIQUOR PRIMARY CLUB LICENCE: APPLICATION TO TRANSITION TO LIQUORY PRIMARY LICENCE

Liquor and Cannabis Regulation Form LCRB129

Instructions:

Using the attached guide, complete this application form and assemble all required documents. Once complete, follow instructions for submitting your application package to local government/first nation (LG/FN) and the Liquor and Cannabis Regulation Branch.

| Trans | ition Liqu | or Primary Cl | ub to Liquor | Primary (LP) | | | | | Fee: \$330 |
|---------------------|----------------------|--------------------|------------------|--------------------------------------|-------------------|--------------|--------------|------------|-------------------------|
| Part 1 | l: Establis | hment | | | | | | F | or Office Use Only |
| Licens | ee/Applican | t: | | | | | | J | Job # (C3) |
| Establishment Name: | | | | | | | LP Club I | Licence # | <i>‡</i> : |
| Propos | sed Establis | hment Name: | | | | | | | |
| | lishment Address: | | Street | | | City | | rovince | Postal Code |
| Parcel | Identifier (P | PID): | Oncer | | | oity | r | TOVINCE | i ostai oodo |
| If a zo | ning change | e is required, ple | ase indicate the | e status of your a | application: | | | | |
| Phone | number: | | E | -mail: | | | | | |
| Maili Addre | - 1 | S | treet | | City | | Province | | Postal Code |
| Part 2 | 2: Contact | Person | | | <u> </u> | | | | |
| | | | | | | | | | |
| Name: | : | | | | Positio | n: | | | |
| Teleph | none: | | E-n | nail: | | | | | |
| The ap | oplicant auth | norizes the perso | on below to be t | the primary conta | act for the durat | ion of the a | pplication p | orocess c | only. |
| Part 3 | 3: Change | to Hours of L | iquor Service |) | | | | For Office | e Use Only |
| | - | | - | thin the hours cu | | | e: \$220 | Job # | C4: No Cap Ch/C3: Cap (|
| | | | | itside of the hou I must complete | | | e: \$330 | | |
| Comp | olete the tab | le below, indicat | ing the propose | ed hours of liquo | r service: | | | | |
| | | Monday | Tuesday | Wednesday | Thursday | Friday | Sat | urday | Sunday |
| | Open | | | | | | | | |
| | Closed | | | | | | | | |

| Part 4: S | tructural Change to Licensed Service Ar | rea(s) | Office Use Only |
|-------------|---|---|------------------------------------|
| Cha | ange(s) to existing licensed service area(s) | Fee: \$400 | Job# |
| Add | ition of new patio* | Fee: \$440 | C4: No Cap Ch/C3: Cap Ch |
| Describe | the proposed changes to your licensed service a | area(s): | |
| | | | |
| | | | |
| The propo | osed alterations will result in the total overall occ | supant load of your establishment: | |
| | ☐ Increasing* to: ☐ Decreasing | ng to: Remaining the same | : |
| | persons | persons persons | |
| | ion from your LG/FN is required if there is an inc ust complete Part 6 of this form. | crease in the total occupant load and/or if the | ere is an addition of a new patio. |
| Part 5: C | hecklist | | |
| Lette | r of Intent. See Appendix I (page 5 of the guide) |) for information required in letter. | |
| Prop | osed Signage, if proposing an establishment nar | me change (see page of 3 guide) | |
| area(| de two copies of floor plans showing the existing (s): one 8.5" x 11" and one 11" x 17". Plans mus prities. | | |
| *See | Appendix II (page 7 of the guide) for floor plan a | and occupant load requirements. | |
| If applying | g for a structural change to add a patio also prov | vide the following: | |
| | de the height and composition of the patio periming, planters, hedging, etc.): | eter or bounding that is designed to control | patron entry/exit (i.e. railings, |
| | | | |
| _ | | | |
| | ribe the location of the patio in relationship to the terior licensed service area. | e licensed interior. The patio should be imm | ediately adjacent or contiguous to |
| | | | |
| ☐ Desc | ribe how staff will manage and control the patio | from the interior licensed service area. | |
| | | | |
| ☐ Will t | he patio have a fixed or portable liquor service b | ear or will liquor be served from the interior so | ervice bar? |
| | | | |
| Do se | ervers have to carry liquor through any unlicense | ed areas to get to the patio? Explain: | |
| | | | |

Note: Patios on grass, earth or gravel require a permit from the local Health Authority. Sidewalk patios require a permit from LG/FN.

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Instructions for Local Government/First Nation (LG/FN)

This serves as notice that an application to transition a LP Club to a LP liquor licence is being made within your community. The Branch requests that you consider this application (application form, letter of intent, and floor plan) and provide the Branch with resolution within 90 days of the above received date. Alternatively, LG/FN can delegate staff with the authority to provide comment.

- The applicant will bring their completed application form and floor plan to LG/FN.
- If there are any major issues (e.g. bylaws), LG/FN may hold off signing the application until the issues are resolved or they have
 a plan to deal with the issues.
- When LG/FN is comfortable with the application proceeding, LG/FN staff will sign above and return it to the applicant. LG/FN will keep a copy of the signed application form and all supporting documents.
- The applicant will submit the signed application package (with all required documents) to the Branch.

To provide a resolution or comment:

- Gather public input for the community in the immediate vicinity of the proposed endorsement service area(s).
- · Consider these factors which must be taken into account when providing resolution/comment:
 - · The location of the establishment.
 - · The person capacity and hours of liquor service of the establishment.
- Provide a resolution/comment with comments on:
 - · The impact of noise on nearby residents.
 - The impact on the community if the application is approved.
 - The view of residents and a description of the method used to gather views.
 - The LG/FN recommendations (including whether or not the application be approved) and the reasons on which they are based.
- Provide any reports that are referenced in, or used to determine, the resolution/comment.
- If more than 90 days is required, provide a written request for extension to the Branch.
- If LG/FN opts out, or is the applicant, the Branch will gather public input and contact LG/FN staff for information to assist the Branch in considering the regulatory criteria.

If you have any questions, or the establishment is located on Treaty First Nation land, please call the Branch toll-free at 1-866-209-2111.

Part 7: Declaration

Signature: _

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".

As the licensee or authorized signatory of the licensee, I understand and affirm that all of the information provided is true and complete.

| Signatui | re: | Authorized s | ignatory of the licensee | | | | | |
|---|--|--|---|---------------------|-----------------|---------------------------|-----------------|---|
| Namai | | | | Docition | | |] Data: | |
| Name: | | (last / first / middle) | | Position: | (if not | an individual) | Date: | (Day/Month/Year) |
| | | (, | | | (ii not | an marvidual, | | (), , , , , , , , , , , , , , , , , , , |
| This form si appropriate If the lice If an author | hould be signed by an intimidividual will be as follonsee is an individual or sasee is a corporation, a casee is a general partner asee is a limited partnersnsee is a society, then a sized signatory has compi | ws: ole proprietor, the individual h duly authorized signatory who ship, one of the partners hip, the general partner of the director or a senior manager | ind the applicant. The Bran imself/herself will usually be an officer or a partnership as defined in the Societies nove Licensee Representat | ch relies on the li | a director | | | s authorized to do so. Typically, an |
| ilicerisee's u | enan, the branch will acc | ept the licensee representative | e's signature. | | | | | |
| | 330 Transition to 220 Change of I 330 Change of I 440 Structural C | ees (Non-refunda o LP Licence Hours (within the ho Hours (outside of the change to existing Li change to Add Patio | urs currently appro e hours currently a censed Area(s) | | | | | |
| Total Fe | e Submitted: \$ | | | | | | | |
| In acco | rdance with Pay | ment Card Industry | Standards, the bra | anch is no lo | onger able | to accept credit ca | ard inform | ation via email. |
| Paymer | nt is by (check (⊠ | 1) one): | | | | | | |
| Che | que, payable to I | Minister of Finance (| if cheque is return | ed as non- | sufficient fu | nds, a \$30 fee wil | l be charg | ged) |
| ○Mon | ey order, payabl | e to Minister of Fina | nce | | | | | |
| Cred | dit card: 🔘 VISA | ○ MasterCard ○ | AMEX | | | | | |
| | 250-952-5787 o paid in full. | r 1-866-209-2111 a | nd understand tha | at no actior | can proce | eed with my appli | cation un | Victoria Head Office at til the application fee is |
| 0 | I am submitting | my application by m | ail and have giver | n my credit i | nformation | in the space prov | rided at th | e bottom of the page. |
| Liqu Cou Mail | or and Cannabis | cation Package Regulation Branch Regulation Branch Regulation Brook Victoria Brook Govt Victor Regulation Brook Govt Victor Regulation Brook Bro | | | | | | |
| used for th | e purpose of liquor licens | | procement matters in accord | lance with the Liq | uor Control and | Licensing Act. Should you | have any que | Protection of Privacy Act and will be estions about the collection, use, or 1-866-209-2111. |
| LCRB129 | | | 4 | of 4 | | Liquor Primary Clu | b Application t | o Transition to Liquor Primary Form |
| Credit (| ard Information | n (To be submitted | by fax or mail only | | | | | |
| Name | of cardholder (as | it appears on card) | : | | | | | |
| Credit | card number: | | | | | Expiry date | : (Month | (Year) |
| | | | | | | | | |