



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

RECORD OF COOKING ALCOHOL SHIPMENT

Liquor and Cannabis Regulation Form LCRB046

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. LCRB 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Number of Bottles and Drums:

LCRB 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:

The information requested on this form is collected by the Liquor and Cannabis Regulation 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.