



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

LIQUOR PRIMARY AND LIQUOR PRIMARY CLUB GOLF COURSES ONLY

STRUCTURAL CHANGE APPLICATION

Liquor Control and Licensing Form LCLB012E

Instructions:

Complete all applicable fields then submit with payment as outlined in Part 3 of this application form. You may complete this form online, then print. If you have any questions about this application, call the Liquor Control and Licensing Branch (LCLB) toll-free at: 1 866 209-2111. LCLB forms and supporting materials can be found at: www.gov.bc.ca/liquorregulationandlicensing

Licensee Information

Licensee name (as shown on licence): Licence # affected:

Establishment name (as shown on licence):

Establishment Location address:
(as shown on licence) Street City Province Postal Code

Business Tel with area code: Business Fax with area code:

Business e-mail:

Business Mailing address:
(if different from above) Street City Province Postal Code

Application Contact Person

The applicant authorizes the person below to be the primary contact for the duration of the application process only.

Name: Phone number:

Fax number: E-mail address:

Job Number(s) Structural (Golf Kiosk / Take-out) (C4-LIC) _____
(Office Use only) Structural (Golf Cart / Playing Area) (C6-LIC) _____

Part 1: Licensing the Playing Area Fee: \$440 C4 - LIC C6 - LIC

For all changes, including Beverage Cart (C6), please provide a map of the entire golf course that identifies the following:

- Label the holes (1-9 or 1-18 as applicable)
- Label any road ways (public or private) that may divide the golf course playing area (as applicable)
- Label the location of all existing service areas that fall under an LP or FP located on the course.
- Label the parking area, club house, other businesses and any other external buildings on the playing area of the golf course.

For Take-out Window (C4), also provide:

- Provide interior floor plan layout detailing the location of the take-out window and where liquor will be served.
- If the window is an existing structure, provide a recent photo of the interior and exterior area.

For Kiosk (C4), also provide

- Detail the exact location of the kiosk(s).
- If the kiosk is an existing structure, provide a recent photo of the interior area and exterior area.

For Playing Area only (no kiosk, beverage cart, or take-out window) (C6), also provide:

- Identify the location of the interior service bar(s) used to provide liquor service for the playing area.
- Patrons may carry liquor between the licensed club house and the licensed playing area even if they cross an unlicensed area.
- Golf courses may apply to license the playing and practice areas (e.g. putting green, driving range).

Part 2: Declaration of Signing Authority Including Valid Interest

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.

Signature: _____

Authorized signatory of the licensee

Name:

(last / first / middle)

Position:

(if not an individual)

Date:

(Day/Month/Year)

Note: An agent, lawyer or third party operator may not sign the declaration on behalf of the licensee.

This form should be signed by an individual with the authority to bind the applicant. The Branch relies on the licensee to ensure that the individual who signs this form is authorized to do so. Typically, an appropriate individual will be as follows:

- If the licensee is an individual or sole proprietor, the individual himself/herself
- If the licensee is a corporation, a duly authorized signatory who will usually be an officer or, in some cases, a director
- If the licensee is a general partnership, one of the partners
- If the licensee is a limited partnership, the general partner of the partnership
- If the licensee is a society, then a director or a senior manager (as defined in the *Societies Act*)

If an authorized signatory has completed the *Add, Change or Remove Licensee Representative* form (LCLB101) and they have specifically permitted a licensee representative to sign this form on the licensee's behalf, the branch will accept the licensee representative's signature.

Part 3: Application Fees - Payment Options

Total Fee Submitted: \$440

In accordance with Payment Card Industry Standards, the branch is no longer able to accept credit card information via email.

Payment is by (check one):

- Cheque, payable to Minister of Finance (if cheque is returned as non-sufficient funds, a \$30 fee will be charged)
- Money order, payable to Minister of Finance
- Credit card: VISA MasterCard AMEX
 - I am submitting my application by email and I will call with my credit card information. I will call Victoria Head Office at 250-952-5787 or 1-866-209-2111 and understand that no action can proceed with my application until the application fee is paid in full.
 - I am submitting my application by fax or mail and have given my credit information in the space provided at the bottom of the page.

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.

Credit Card Information (To be submitted by fax or mail only)

Name of cardholder (as it appears on card):

Credit card number:

Expiry date: /
(Month) (Year)

Signature: _____