



# FOOD PRIMARY LICENCE TEMPORARY SUSPENSION REQUEST

Liquor Control and Licensing Form LCLB022

**Instructions:**

Complete all applicable fields then submit with payment as outlined in Part 5 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](http://www.gov.bc.ca/liquorregulationandlicensing)

To apply for other temporary changes to a Food Primary licence use the Temporary Change to a Liquor Licence form (LCLB023). A complete application must be submitted a minimum of three (3) weeks in advance of the proposed suspension date(s); otherwise your application will not be accepted and will be returned to you with the fees.

**Part 1: Licensee Information**

Licence # affected:

Office use only  
 Job No. (C3-LIC)

Licensee name (as shown on licence):

Establishment name (as shown on licence):

Establishment Address:      
Street City Province Postal Code

Contact Name:  Title/Position:   
last / first / middle

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

Business e-mail:

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

**Part 2: Temporary Licence Suspension**

This change enables a licensee to apply for a temporary suspension of their licence, often in conjunction with the use of a special event permit.

Describe the event details, including who is holding the event, the areas to be suspended and the hours of the event: (attach additional pages if necessary)

Date(s) From: (mm/dd/yy)  To: (mm/dd/yy)  (inclusive)

**Part 3: 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".

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:  Position:  Date:   
(last / first / middle) (if not an individual) (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.

<b>Liquor Inspector Use Only:</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Referred to General Manager
Comments: _____			
_____			
_____			
Inspector (print name): _____			
Inspector signature: _____		Date: _____	

**Part 5: Application Fees - Payment Options**

Total Fee Submitted: \$110

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.

**Part 6: What Happens Next?**

The temporary change application and approval process for de-licensing a Food Primary Establishment.

1. The applicant must complete and sign the application form.
2. The applicant submits the application and application fee, by fax or mail, to the Victoria Head Office (LCLB).
3. LCLB Licensing staff will review the application package and advise the applicant by phone, mail or fax, of any information or documents required before the application can be processed.
4. LCLB Licensing staff will request and review comments from the local liquor inspector.
5. The local liquor inspector will contact the applicant by fax or mail to let them know whether the suspension has been approved or denied. The applicant will receive LCLB's decision in writing.

**Note:** Applicants must ensure they submit their completed application a minimum of three (3) weeks before the proposed change. Otherwise your application will not be accepted and will be returned to you.

The information requested on this form is collected by the Liquor Control and Licensing Branch under Section 26 (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: \_\_\_\_\_