



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

REQUEST FOR SERVICES

*Copy of licences; validated floor plans; ad hoc reports;
 blueprints/photographs; rescheduled final inspection;
 additional documents; comfort letters*

Liquor Control and Licensing Form LCLB040

INSTRUCTIONS:

Complete all applicable fields then submit with payment as outlined in Part 3 of this form. You may complete this form on your computer, then print, or fill it in clearly by hand. If you have any questions about this application, call the Liquor Control and Licensing Branch (LCLB) toll-free at: 1 866 209-2111. Submit your completed form to Liquor.Licensing@gov.bc.ca

Part 1: Organization making Request for Services

Establishment or Organization Name:

Establishment or Organization Mailing Address:
Street City Province Postal Code

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

Contact Phone: Contact Fax:

Email: Date (day/month/year):

Signature: _____

Part 2: Request for Services

Services requested (please check

Office use only
 Job No. Misc. Rev. _____

A) A copy or copies of the validated floor plan(s) for the following licence(s):

Licence numbers:

A fee of \$30 per licence is required from anyone, including the licensee, requesting a copy of the floor plan(s).

B) An ad hoc report request requiring programming.

Examples of an ad hoc report may be requesting information on how many licences of a particular licence class there were in a particular year (or years) in a particular area (or areas) or how many liquor infractions of a certain type there were by year and location.

A fee of \$30 per hour is required from anyone requesting an ad hoc report. (Please contact LCLB for a time estimate before submitting this form.)

Please provide a description of the ad hoc report you are requesting:

C) Reproductions of establishment photographs and/or blueprints.

Licence numbers:

A fee of \$30 per hour plus the cost of materials is required from anyone requesting copies. (Please contact LCLB for a cost estimate before submitting this form.)

Please provide a description of the photographs and/or blueprints you are requesting:

D) A copy or copies of additional documents from a licence file, excluding establishment photographs and/or blueprints.

Licence numbers:

A fee of \$30 per document is required from anyone requesting copies.

Please provide a description of the additional documents you are requesting:

[Empty box for description of additional documents]

Office use only

Job No. Misc. Rev _____

E) A comfort letter for the following licence(s). A comfort letter confirms if a licence is in good standing with the Branch. A fee of \$30 per licence is required.

Licence numbers:

[Three empty boxes for licence numbers]

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

Signature: _____

Authorized signatory of the applicant

Name:

[Empty box for Name]

(last / first / middle)

Position:

[Empty box for Position]

(if not an individual)

Date:

[Empty box for Date]

(Day/Month/Year)

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

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

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

Part 4: Fees (non-refundable)

Total Fee Submitted: \$

[Empty box for Total Fee Submitted]

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 (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):

[Empty box for Name of cardholder]

Credit card number:

[Empty box for Credit card number]

Expiry date:

[Empty box for Expiry date (Month)]

(Month)

[Empty box for Expiry date (Year)]

(Year)

Signature: _____