



APPLICATION FOR REINSTATEMENT OF EXPIRED LIQUOR LICENCE

Liquor Control and Licensing Form LCLB043

INSTRUCTIONS:

This application is only to be used if you are requesting to renew your licence after the 30-day late renewal period. If you are trying to reinstate an Agent Licence, do not fill out this form. Instead, fill out an [Application for Reinstatement of Expired Agent Licence](#).

- 1) Download and save this form to your computer.
 - 2) Complete all fields electronically (or print and complete by hand using dark ink and clear writing.)
 - 3) Print and submit this completed form with payment and your completed renewal form to the Branch.
- If you have any questions about this application, call the Liquor Control and Licensing Branch toll-free at: 1 866 209-2111.

Part 1: Licensee Information

Licence Number Licence Expiry Date:

Establishment Name:

Mailing address:
Street City Province Postal Code

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

Telephone # with area code: Fax # with area code:

Email:

Part 2: 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.

Part 3: Fees

Fill in the fields below to determine the total cost of reinstatement of your liquor licence and submit payment for the total fee:

Renewal Fee: + Reinstatement Fee: = **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 (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: _____