



APPLICATION FOR A CHARITABLE AUCTION PERMIT

Liquor Control and Licensing Form LCLB050

Instructions:

- You may complete this form one of two ways: 1) at your computer, save and then print; or 2) by hand - print clearly using dark ink.
- Send the completed application by mail or fax to the Liquor Control and Licensing Branch along with the \$50 fee.
- Applications must be received thirty (30) days prior to the start date of the auction.
- If you have any questions about this application, please refer to the Miscellaneous Policy Manual or call the Liquor Control and Licensing Branch (LCLB) toll-free at: 1 866 209-2111.

Part 1: Applicant Information

Name of the organization:

Office use only
 Job No.:

Email:

Phone:

Mailing Address:

Street

City

Province

Postal Code

Select the type of organization you are representing and provide the requested information, if applicable:

Charitable organization registered under the Income Tax Act (Canada)

Business number*:

*The business number is the first 9 digits of your 15 digit GST registration number.

Incorporated non-profit community organization

Incorporation Act:

Incorporation number:

Unincorporated non-profit community organization

Please note that for this type of organization, the representative listed below will be responsible for the auction event.

Part 2: Contact Information for Representative of a Non-profit Organization

Name of individual:

Position within organization:

Phone number:

E-mail address:

Part 3: Recipients of Funds

Funds raised by the auction must support a charitable purpose. Select the type of organization that will receive the funds raised by the liquor auction and provide the information requested:

Charity registered with CRA

Charity name(s):

Other organization

Name of the organization:

Note: Please attach to this form, a short description of how the money will be used by the recipient organization.

Part 4: Event Information

1. Name of event:

2. Name of venue:

3. Address of venue:

Street

City

4. Describe the event where the auction will take place (e.g., charity ball in licensed establishment, silent auction in corner store)

5. Date(s) and time(s) of event (if event has more dates than fits below, please attach a separate sheet):

Start Date	End Date	Start time	End time

Part 5: Liquor to be Auctioned

Estimate the total quantity (in imperial or metric units) of liquor by type (e.g. "Spirits - 1,500ml", "Beer - 12 @ 340ml") and the source of liquor (e.g., purchased from a government liquor store, donated by an individual, donated by a winery, etc.). If more space is required, attach a separate sheet. This estimate will be the maximum permitted to be auctioned at the event.

Note: Actual amounts auctioned must be reported in the Revenue Report to be completed after the event.

	Quantity	Source
Beer		
Wine		
Spirits		
Cooler/Cider		

Part 6: 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".

Signature of Individual: _____ Date: _____
(last/first/middle) (day/month/year)

Part 7: Application Fee

Fee: \$50

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

Payment is by (check

- 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: _____