



# LIQUOR PRIMARY TRANSFER OF LOCATION LICENCE APPLICATION

Liquor Control and Licensing Form LCLB095

**Instructions:**  
 Using the attached guide, complete this application form and assemble all required documents. Once complete, follow instructions for submitting your application package to local government/first nation and the Liquor Control and Licensing Branch.

**Part 1: Licence**

Licence Number:

Office use only  
 Job No.

Transfer of Location for:  Liquor Primary  Liquor Primary Club

**Part 2: Licensee**

Name:

Mailing address:      
Street City Province Postal Code

Contact Person:   
(Full name)

Telephone:  E-mail:

**Part 3: Application Contact Person**

Name:  Position:

Telephone:  E-mail:

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

**Part 4: Current Establishment Information**

Establishment name:  Establishment Type:

Establishment address:      
Street City Province Postal Code

**Part 5: New Establishment Information**

Proposed name (if changing):

Physical address:      
Street City Province Postal Code

Telephone:  E-mail:

5a. Parcel Identifier (PID):

5b. Local Government/ First Nation:  Local police jurisdiction:

5c. Is this the same street block as the current location?  No  Yes

5d. Are you applying to increase the current hours of service or occupant load or add a patio?  No  Yes

5e. Identify all endorsements currently on your licence that you wish to keep at the new location:

5f. If the transfer is approved, would you like mail sent to this establishment?  No  Yes

5g. Will this establishment overlap a food primary licence (aka dual licence)?  No  Yes

5h. Is your new establishment a standalone patio with no interior seating?  No  Yes

5i. Is this location zoned for liquor service?  No  Yes

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**Part 6: Establishment Proposal**

This section requires several supporting documents to be submitted with your application. Please see the checklist on page 3 of this form for more information regarding letter of intent, floor plans and site map.

6a. Will your primary business or establishment type change?  No  Yes

If yes, Identify the new business/establishment type:

6b. Proposed Service Areas:

Complete the following based on your floor plan and occupant load (see page 6 of the guide).

Area No.	Floor Level (e.g. Basement, Main, 2nd)	Indoor	Patio	Occupant Load
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Occupant Load (of all service areas):		<input type="text"/>		

6c. Changes to Hours of Liquor Service

Check this box if there are no changes to the current hours of liquor service.

Identify new hours below:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Close	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Part 7: Declaration of Signing Authority**

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.

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### Part 8: Checklist

Your application package must include the following documents. An incomplete application will delay the licensing process.

- Completed Transfer of Location Application (this form).
- Letter of Intent (see page 5 & 6 of the guide).
- Floor Plan (2 copies) preferably with occupant load (see page 6 of the guide).
- Site Plan (i.g. Google or hand drawn map) that shows the location of all buildings, parking, road access and other features of the property. Identify all liquor licences and businesses operating at the same site.
- Proposed Signage if it will contain graphics or images.
- Golf Courses and Vessels: additional documents listed on page 7 of the guide.
- Family Food Service, if applicable (see Appendix I on page 9 of the guide).
- Patio(s), if applicable (see Appendix II on page 10 of the guide).
- Take your application form, letter of intent and floor plan to Local Government/First Nation (Part 9 below).
- After Part 9 is completed, submit your application package to the Branch (Parts 10 and 11 below).

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### Part 9: Local Government/First Nation Confirmation of Receipt of Application

This is to be filled out by the LG/FN prior to submitting this application to the Branch.

Local Government/First Nation (name):

Name of Official:  Title/Position:

Phone:  E-mail:

Date:

Signature of Official: \_\_\_\_\_

(Day/Month/Year)

Check here if the LG/FN will not be providing comment:  Yes, opting out of comment.

**Note:** The LG/FN cannot provide comment for their own application.

Is this establishment located on Treaty First Nation land?  No  Yes

**Instructions for Local Government/First Nation (LG/FN)**

This serves as notice that an application to transfer the location of a liquor primary (LP) licence is being made within your community. The Branch requests that you consider this application (application form, appendices, floor plan and letter of intent) and provide written comment as outlined in 9a or 9b below.

**9a. Object or No Object**

If the LP licence is relocating on the same street block with no increase to hours of service or occupant load and no new patio (see question 5d on page 1) then public interest factors should not be affected by this move. The Branch requests written confirmation from LG/FN staff as to whether or not they have any objection to the proposed relocation. Proceed to 9b if this application may affect public interest factors.

Objection  No Objection

Comments:

**9b. Resolution/Comment**

If the LP licence is relocating further than the same street block, or applying to increase hours of service or occupant load or add a new patio (see question 5d on page 1), then public interest factors would be affected by this move. The Branch requests that you provide a resolution within 90 days of the above received date. Alternatively, LG/FN can create a bylaw delegating staff with the authority to provide comment.

- The applicant will bring their completed LP application form, letter of intent and floor plan to LG/FN.
- If there are any major issues (e.g. zoning), LG/FN may hold off signing the application until the issues are resolved or they have a plan to deal with the issues.
- When LG/FN is comfortable with the application proceeding, LG/FN staff will sign Part 9 of the application form and return it to the applicant. LG/FN will keep a copy of the signed application form and supporting documents.
- The applicant will submit the signed application package (with all required documents) to the Branch.
- Branch staff will contact LG/FN to confirm receipt of the application and identify the Branch staff responsible for processing the application.
- Branch staff and LG/FN staff will advise each other if there are any concerns with the proposed application.

To provide a resolution or comment:

- Gather public input for the community within the immediate vicinity of the establishment.
- Consider these factors which must be taken into account when providing resolution/comment:
  - The location of the establishment.
  - The person capacity and hours of liquor service of the establishment.
- Provide a resolution/comment with comments on:
  - The impact of noise on nearby residents.
  - The impact on the community if the application is approved.
  - The view of residents and a description of the method used to gather views.
  - The LG/FN recommendations (including whether or not the application be approved) and the reasons on which they are based.
- Provide any reports that are referenced in, or used to determine, the resolution/comment.
- If more than 90 days is required, provide a written request for extension to the Branch.
- If LG/FN opts out, or is the applicant, the Branch will gather public input and contact LG/FN staff for information to assist the Branch in considering the regulatory criteria.

If you have any questions, or the establishment is located on Treaty First Nation land, please call the Branch toll-free at 1-866-209-2111 to speak to the Senior Licensing Analyst.

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**Part 10: Submit Application Package**

Once signed by local government/first nation, submit your complete application package to:

Liquor Control and Licensing Branch  
Courier: 4th Floor, 3350 Douglas St., Victoria BC V8Z 3L1  
Mail: PO Box 9292 Stn Prov Govt Victoria, BC V8W 9J8  
E-mail: [liquor.licensing@gov.bc.ca](mailto:liquor.licensing@gov.bc.ca)

If you have any questions, contact us toll-free at 866-209-2111 and ask to speak to the Senior Licensing Analyst for your geographic area. Or email us at [liquor.licensing@gov.bc.ca](mailto:liquor.licensing@gov.bc.ca) Or visit our website for more information: [www.gov.bc.ca/liquorregulationandlicensing](http://www.gov.bc.ca/liquorregulationandlicensing)

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**Part 11: Application Fee \$2,000 (non-refundable)**

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.

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**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: \_\_\_\_\_