



Liquor and Cannabis Regulation Branch
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Email: Liquor.Licensing@gov.bc.ca

PERSONAL HISTORY SUMMARY

Liquor and Cannabis Regulation Branch Form LCRB004

Before you apply:

You must obtain your **Criminal Record Check** (completed within the last 4 months) from your local RCMP detachment or police department. Your completed **criminal record check** and **Personal History Summary (PHS)** form must be submitted with your liquor licensing application(s). If you live/have lived outside of Canada, provide the alternate documentation as directed on page 2.

Note: At any time, the LCRB may require you to consent to subsequent criminal record checks.

Instructions:

- Ensure you answer all questions; question(s) left blank will result in the form being considered incomplete which will cause delays
- Read then sign the Declaration on page 2
- Attach all supporting documentation as directed
- Form may be completed electronically and saved to your computer
- Upload completed form to the application in the liquor and cannabis licensing portal

Note: Having a criminal record does not cause your LCRB application to automatically be denied. LCRB will carefully review the circumstances of the individual case; severity and date of the offence for example, and how the type of offence relates to the responsibility of holding a liquor licence.

Name of (proposed) licensed establishment, liquor manufacturer or liquor agent:

Legal Entity Name:

Licence or Job #:

(i.e. sole proprietor, partnership, private corporation, society)

(not applicable if application is not already in progress)

Full name:

(last / first / middle)

Gender (Please check): M

F

Other

Birthdate:

(year / month / day)

Last name at birth:

First and middle names at birth:

Other names used:

Current residence address:

Street

City

Contact telephone #'s (business/home/cell):

Province / Country

Postal Code

E-mail address:

For questions 1-4, any required documentation is identified by letters A, B and C which correspond to the lettered list of documents in the box below on the next page.

1. Do you currently live in Canada? Yes No

If Yes - Lived in Canada for more than the past 5 years, attach the following document(s) from the next page: A

Lived in Canada for less than the past 5 years, attached the following document(s) from the next page: A & B

2. Do you currently live outside of Canada? Yes ☐ No ☐

If Yes - Never lived in Canada, attach document(s) from the next page: B

Lived in Canada at any time, attach document(s) from the next page: A & B

3. Have you ever been charged with, or convicted of, a criminal or drug/alcohol related offence under the laws of any country outside of Canada, or the laws or bylaws of any provincial, state or local government? Yes ☐ No

If Yes - Attach the following document(s) from the next page: B(ii)

4. Have you received any alcohol/drug related driving infractions in the past 5 years in Canada or under the laws of any other country or jurisdiction? Yes ☐ No ☐

If Yes - Attach the following document(s) from the next page: B(iii) and/or C as applicable

If you answered YES to questions 1, 2, 3 or 4 above, attach the document(s) with the corresponding letter as applicable:

- A.** Your completed Canadian Criminal Record Check obtained (within the last 4 months) by contacting your local RCMP detachment or police department.
- B.** A statutory declaration, signed by a lawyer, Notary Public or Commissioner for Taking Affidavits:
- i) stating you have not been charged with, or convicted of a criminal or drug/alcohol-related offence under the laws of any country or the laws/bylaws of any provincial, state or local government; **OR**
 - ii) providing details (date, disposition, sentence or fine) of any charges/convictions/sentences; **AND/OR**
 - iii) providing details of any alcohol/drug related driving infractions in the past 5 years.
- C.** A copy of your driver's abstract for the past 5 years, if you have held a Canadian drivers licence in that time. For BC driver's abstracts contact ICBC <http://www.icbc.com/driver-licensing/getting-licensed/Pages/Your-driving-record.aspx> or 1-800-663-3051; otherwise contact the applicable Canadian jurisdiction(s).

5. Have you ever held, or do you or your immediate family members currently hold, any ownership or interest in a B.C. liquor licence?
Yes ☐ No ☐ If yes, provide details of licence(s) or application(s):

(Attach a separate sheet to this application if additional space is required.)

Note: If you are submitting an application for an agent's or manufacturer's licence, please select "N/A" for questions 6 and 7. All other applicants must answer "Yes" or "No" for questions 6 and 7. All applicants must answer "Yes" or "No" for question 8.

6. Have you agreed with anyone to sell the liquor of a manufacturer to the exclusion of another liquor manufacturer?
Yes No N/A If yes, provide details:

7. Do you or your immediate family members have any association with, or financial interest in, a B.C. liquor manufacturer, a liquor importer, or the agent of a liquor manufacturer/importer? Yes ☐ No ☐ N/A ☐ If yes, provide details:

8. Have you entered into a Shareholder Agreement, Profit Sharing Agreement or other similar agreement with anyone not named in the licence application? Yes ☐ No ☐ If yes, provide details (including percentage of interest shared with others):

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: _____
(Year/Month/Day)

The information requested on this form is collected by the Liquor and Cannabis Regulation 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.