



Liquor and Cannabis Regulation Branch  
 Mail: PO Box 9292 Stn Provincial Govt, Victoria, BC V8W 9J8  
 Phone: 1 866 209-2111 Fax: 250-952-7066  
 Email: LCRBLiquor@gov.bc.ca or LCRBCannabis@gov.bc.ca

**REQUEST FOR SERVICES: B**  
*Copy of validated floor plans; comfort letters*  
 Liquor and Cannabis Regulation Branch Form  
 LCRB40B

**INSTRUCTIONS:**

Complete all applicable fields then submit with payment as outlined in Part 4 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, email the Liquor and Cannabis Regulation Branch (LCRB) at [LCRBLiquor@gov.bc.ca](mailto:LCRBLiquor@gov.bc.ca) or [LCRBCannabis@gov.bc.ca](mailto:LCRBCannabis@gov.bc.ca). Submit your completed form to [LCRB.Intake@gov.bc.ca](mailto:LCRB.Intake@gov.bc.ca).

**Part 1: Organization making Request for Services: B**

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 (year/month/day):

Signature: \_\_\_\_\_

**Part 2: Request for Services: B**

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) A comfort letter for the following licence(s). A comfort letter confirms if a licence is in good standing with the Branch.

Licence numbers:

A fee of \$30 per licence is required.

If you are looking for licence documents that are not listed above, please see the [other form](#), Request for Services: A.



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:

(last / first / middle)

Position:

(if not an individual)

Date:

(Year/Month/Day)

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 LCRB 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
• 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: \$

The LCRB no longer accepts credit card information via email or fax. Don't write your credit card if emailing or faxing the form.

Payment is by (check [X] 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 or fax and I will wait for a call back from an LCRB agent. My phone number is included on this form and I understand that my application cannot proceed until the application fee is paid in full.

I am submitting my paper application by mail and have given my credit card information in the space provided at the bottom of the page.

The information requested on this form is collected by the Liquor and Cannabis Regulation 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 mail only)

Name of cardholder (as it appears on card):

Credit card number:

Expiry date:

(Month)

(Year)

Signature: \_\_\_\_\_