



ETHYL ALCOHOL PURCHASE PERMIT APPLICATION

Liquor and Cannabis Regulation Form LCRB048

INSTRUCTIONS:

Complete all applicable fields on your computer or by hand then submit with your application fee (see Part 4). If you have any questions about completing this application, call Liquor and Cannabis Regulation Branch (LCRB) toll-free at: 1 866 209-2111 or 250 952-5787 in Victoria. LCRB forms and supporting materials can be found at: www.gov.bc.ca/liquorregulationsandlicensing

Part 1: Contact Information

Office use only

Job No. _____

Applicant Name:

Contact Person:
(if different)

Physical Address:
Street City Province Postal Code

Mailing Address:
(if different) Street City Province Postal Code

Phone: Fax: Email:

Part 2: Applicant Information

1. Type of Applicant (e.g., manufacturing, scientific, etc):

2. Please explain the reason you require ethyl alcohol:

3. Type of permit requested - based on amount of ethyl alcohol required (please check (☑) one):

3 month permit

I will be purchasing ethyl alcohol times per (please (☑) check one): week month

At each purchase, I will be buying litres.

or

One-time only permit for: litres (up to 16 litres).

Expiry date of previous permit (if any):
(Day/Month/Year)

4. Name(s) of designated official(s) who will buy the ethyl alcohol:

(Last) (First) (Middle Names(s))

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5. Please detail the location of the ethyl alcohol, size, and security measures for the facility where ethyl alcohol will be stored:

Part 3: Declaration

I have attached copies of at least one of the following documents in order to prove that the ethyl alcohol will be used for non beverage use:

- Business licence
- Business registration
- Corporation Registration
- GST registration number
- Other (please specify):
- PST registration number

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: Position: Date:
(last / first / middle) (if not an individual) (Day/Month/Year)

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 Branch 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 himself/herself
 - 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: Application Fee (non-refundable)

Application Fee: \$30

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 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.

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: _____