



Liquor and Cannabis Regulation Branch
 400-645 Tyee Road, Victoria, BC V9A 6X5
 Mail: PO Box 9292 Stn Provincial Govt, Victoria, BC V8W 9J8
 Phone: 1 866 209-2111 Fax: 250-952-7066

TEMPORARY OFF-SITE SALE AUTHORIZATION REQUEST (LICENSEE RETAIL STORES AND WINE STORES ONLY)

Liquor and Cannabis Regulation Form LCRB091

Instructions:

Note: Only Licensee Retail Stores (LRS) and Wine Stores (WS) with Temporary Off-Site Sales Endorsements are eligible to apply. Complete this application and submit to Liquor Control and Licensing Branch a minimum of 14 days prior to the SOL event. 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. If you have any questions about completing this application, call Liquor Control and Licensing Branch (LCRB) toll-free at: 1 866 209-2111 or 250 952-5787 in Victoria.

Part 1: Applicant and Contact Information

Office use only: Job No.

Licensee Name: LRS / WS Licence Number:

Contact Name: Contact Title:

Contact Phone: Contact Email:

Note: An authorized signing authority of an applicant can appoint a representative to interact with the branch on their behalf by completing form LCRB101 *Add, Change or Remove Licensee Representative*

Part 2: Special Event Permit (SEP) Event Information

SEP Licensee: SEP Licence Number:

SEP Contact Name: SEP Contact Phone:

Name of Event: Start date of the event:
(Day/Month/Year)

Hours of event: From: a.m. p.m. To: a.m. p.m. End date of the event:
(Day/Month/Year)

Hours of liquor service: From: a.m. p.m. To: a.m. p.m.

Event Location:
Street City

Part 3: Declaration and Signature

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 (LCRB101) 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.

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.