



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: 250-952-5787 Fax: 250-952-7066

APPLICATION FOR RETURN OF SEIZED LIQUOR

Liquor and Cannabis Regulation Branch Form LCRB125

INSTRUCTIONS:

- This application must be submitted within thirty (30) days of the date of seizure.
- Section 47(2) and (3) of the *Liquor Control and Licensing Act* states that if a claim is made to the general manager within 30 days of the seizure of liquor, the general manager may, on being satisfied that the liquor seized was not possessed by the licensee in contravention of the Act or the regulations, order that the liquor be returned to the person or, if it has been destroyed, order compensation be paid to the person.
- If you have any questions concerning this form please contact the Liquor and Cannabis Regulation Branch head office at 250-952-5787 (or 1-866-209-2111 if outside Victoria).

Part 1: Personal Information

Name:

Mailing address:
Street City Province Postal Code

Telephone: Email:

Part 2: Liquor Seizure Details

Date of liquor seizure:
(month/day/year)

Location where the liquor seizure took place:

Name of inspector or name/badge number of police officer who seized the liquor:

Item(s) seized:

Name and description of liquor seized	Total Quantity	Unit of Measure

Part 3: Circumstances

Describe the circumstances surrounding the liquor seizure, and why you assert the liquor was wrongfully seized. You must clearly explain how the liquor was lawfully possessed in order to have your liquor returned or to be compensated [(s. 47(2), *Liquor Control and Licensing Act*]. Add additional pages if required.

Part 4: 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 licensee or authorized signatory of the licensee, I understand and affirm that all of the information provided is true and complete.

Signature of Individual: _____ Date: _____
(last/first/middle) (year/month/day)

Mail this completed form to:
General Manager,
Liquor and Cannabis Regulation Branch
PO Box 9292 Stn Provincial Govt,
Victoria, BC
V8W 9J8

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.