



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

TIED HOUSE EXEMPTION APPLICATION (ADDITION/REMOVAL)

Liquor and Cannabis Regulation Form LCRB128

INSTRUCTIONS:

Complete all applicable fields and payment as outlined in Part 4 of this application form. If you have any questions, call Liquor and Cannabis Regulation Branch toll-free at: 1 866 209-2111.

A licensed establishment which has an off-site tied house (TH) association with a small volume manufacturer, may apply for exemption to the TH restrictions, provided the manufacturer consents. A small volume manufacturer may have up to 3 exemptions with off-site TH licensed establishment(s) where the manufacturer's liquor may be sold.

To be eligible, the licensed manufacturer's annual production volume for the 12 months prior to submitting the exemption application must not exceed:

- (a) 100 000 litres of spirits,
- (b) 750 000 litres of wine, or
- (c) 300 000 hectolitres of beer.

If the manufacturer has not been in operation for 12 months, an estimate of the manufacturer's production volume for the 12 months after submitting the exemption application may be accepted. Where a TH exemption(s) is being removed, terms and conditions will be added to the licences of the off-site establishment and associated manufacturer to prevent the sale of the manufacturer's liquor in the associated off-site establishment.

For more information about TH, see your Terms and Conditions Handbook.

Application Type

Select one or both, if applicable:

- Tied House Off-Site Exemption - Addition
 - Off-site Establishment Licensee - Complete Part 1: A and Part 3 and
 - Manufacturer - Complete Part 1: B
- Tied House Off-Site Exemption - Removal
 - Off-site Establishment Licensee - Complete Part 2: A and Part 3 or
 - Manufacturer - Complete Part 2: B and Part 3

Part 1: Tied House Off-Site Exemption - Addition

The exemption applicant must be the off-site establishment, one of the following:

- liquor primary, food primary, caterer, wine store, licensee retail store applicant/licensee.

Fee: \$220 per off-site establishment licence x licences = \$

A) To be completed by off-site establishment(s) requesting the addition of a tied house exemption relating to the manufacturer specified in section B below:

Off-site Establishment Licensee Name: Office use only
Job # (C3) _____

Licence # (or Job #): Establishment Name:

Email: Date (day/month/year):

*Signature: _____
Authorized signatory of the licensee

Name: Position:
(last / first / middle) (if not an individual)

Off-site Establishment Licensee Name: Office use only
Job # (C3)

License # (or Job #): Establishment Name:

Email: Date (day/month/year):

*Signature: _____
Authorized signatory of the licensee

Name: Position:
(last / first / middle) (if not an individual)

Off-site Establishment Licensee Name: Office use only
Job # (C3)

License # (or Job #): Establishment Name:

Email: Date (day/month/year):

*Signature: _____
Authorized signatory of the licensee

Name: Position:
(last / first / middle) (if not an individual)

B) To be completed by associated manufacturer:

Licensee Name: Licence # (or Job #):

Establishment Name: Date (day/month/year):

Email:

Manufacturer production amount (less spillage) for the previous year:

By signing, I consent to the off-site licensed establishment(s), detailed on this form, receiving a tied house restriction exemption.

*Signature: _____
Authorized signatory of the licensee

Name: Position:
(last / first / middle) (if not an individual)

Part 2: Tied House Off-Site Exemption - Removal

The off-site establishment(s) or manufacturer may apply for the removal of approved exemption(s). Complete Part 2A or Part 2B

Fee: \$220 per off-site establishment licence x licences = \$

A) To be completed by off-site establishment(s):

Off-site Establishment Licensee Name: Office use only
Job # (C3)

License # (or Job #): Establishment Name:

Email: Date (day/month/year):

*Signature: _____
Authorized signatory of the licensee

Name: Position:
(last / first / middle) (if not an individual)

Off-site Establishment Licensee Name: Office use only
Job # (C3) _____

Licence # (or Job #): Establishment Name:

Email: Date (day/month/year):

*Signature: _____
Authorized signatory of the licensee

Name: Position:
(last / first / middle) (if not an individual)

Off-site Establishment Licensee Name: Office use only
Job # (C3) _____

Licence # (or Job #): Establishment Name:

Email: Date (day/month/year):

*Signature: _____
Authorized signatory of the licensee

Name: Position:
(last / first / middle) (if not an individual)

B) To be completed by associated manufacturer (complete only if requesting exemption removal): Office use only
Job # (C3) _____

Manufacturer Licensee Name:

Establishment Name: Licence # (or Job #):

Email: Date (day/month/year):

*Signature: _____
Authorized signatory of the licensee

Name: Position:
(last / first / middle) (if not an individual)

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 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 (LCLB101) 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.

Part 4: Application Fees

Total Fee Submitted: \$

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 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: _____