NEWFOUNDLAND
LABRADOR
LIQUOR CORPORATION

Dear Applicant:

Enclosed is an application for a new **Winery License**; please complete all items.

In addition to a completed application, we also require the following documentation:

(1) Completed Personal Data Sheets for all shareholders or directors (Enclosed);

(2) One set of original floor plans, drawn to scale, outlining your facility.

(3) If incorporated, please provide a current certified or a current stamped copy of the Corporations Act, Form 6, Notice of Directors.

(4) Approval from Customs & Excise.

Once all documentation is received, your file will be reviewed by this department.

If you require any additional information, you may contact this office at 724-2238 or 724-2239.

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APPLICATION FOR WINERY LICENSE

Application is hereby made for a license to produce wine by: (a) the fermentation of natural sugars contained in fruit, vegetables, or vegetable products or honey, or the like; and (b) the importation of concentrate from the fermentation in (a) for blending; (c) the importation of bulk wine from fermentation as in (a) for blending; and (d) to bottle, package and store such wines for sale to the Newfoundland Labrador Liquor Corporation and other provincial liquor authorities. Company operations are to comply with the Province of Newfoundland and Labrador Liquor Control Act and Regulations and the Newfoundland and Labrador Liquor Corporation Act.

Name of Company: _____

Address: _____

_____
POSTAL CODE

Telephone Numbers: _____
BUSINESS FACSIMILE

Government of Canada License Number for the current year: _____

Full name of applicant (CEO/GM): _____

Home Address: _____

_____
POSTAL CODE

Telephone Numbers: _____
BUSINESS FACSIMILE

Officers and Directors: _____

_____

_____

_____

Date of Incorporation: _____ Number of Employees: _____

Supervisors of Production & Quality Control:

_____

_____

_____

Canada Excise Number _____

Estimated annual production of Wine – 12 x 750 ml Cases: _____

Suppliers of Concentrates for Wine Production:

Name Address

_____

_____

_____

Estimated annual production of wine from imported materials: _____

PLEASE COMPLETE REVERSE SIDE

Do you wish to operate a Hospitality Room, between the hours of 10:00 A.M. and 10:00 P.M., as needed, except on Sundays by visitors? ☐ Yes ☐ No

Description of room: _____

If "yes", do you intend to charge for samples tasted? ☐ Yes ☐ No

If "yes", has an application for a special permit to sell wine by the glass been requested from the Newfoundland Labrador Liquor Corporation? ☐ Yes ☐ No

Do you wish to be able to sell your products to visitors? ☐ Yes ☐ No

N.B. **Products used for tasting and/or selling must be listed with and purchased from the Newfoundland Labrador Liquor Corporation. The company will be responsible for submitting provincial sales tax to the Department of Finance.**

ALL APPLICANTS MUST COMPLETE THE FOLLOWING

I, _____, solemnly declare that the statements in this application are to my knowledge true; and I make this solemn declaration conscientiously believing it to be true; and knowing that it is of the same force and effect as if made under oath.

If this application is granted, all products will be manufactured or purchased as applicable under the authority of this License and will be used in accordance with the Regulations and the Liquor Control Act, as well as any special conditions attached to the License and changes which may occur from time to time therein.

The undersigned binds and obliges himself and his company to adhere to all terms and conditions of the License.

Declared before me at _____, in the Province of Newfoundland

and Labrador on this _____ day of _____, 20 ___.

_____
Signature of Applicant

_____
Company Position/Title

Attention: Regulatory Services
P.O. Box 8750, Station "A", St. John's NL A1B 3V1 Telephone: 724-2238/2239
Facsimile: 753-8625

NEWFOUNDLAND LABRADOR LIQUOR CORPORATION

Telephone: (709) 724-2238
(709) 724-2239
Facsimile: (709) 753-8625

PERSONAL DATA SHEET

NAME OF ESTABLISHMENT FOR WHICH THIS REPORT IS SUBMITTED	
LOCATION	
NAME SURNAME	GIVEN NAME (S)
ADDRESS	
	TELEPHONE NUMBER
IF MARRIED WOMAN, GIVE MAIDEN NAME	
DATE OF BIRTH / PLACE OF BIRTH	SEX ☐ MALE ☐ FEMALE
PLACE OF RESIDENCE DURING PAST TEN YEARS	

ARE YOU OR ANY MEMBER OF YOUR FAMILY ENGAGED, IN ANY CAPACITY, WITH THE ENFORCEMENT OR ADMINISTRATION OF THE LIQUOR CONTROL AND/OR THE LIQUOR CORPORATION ACTS?

☐ YES ☐ NO IF YES, PLEASE GIVE DETAILS _____

_____

_____

HAVE YOU ANY PAST OR PRESENT INTEREST, DIRECT OR INDIRECT, IN ANY BUSINESS WHERE ALCOHOLIC BEVERAGES ARE SOLD OR DISTRIBUTED?

☐ YES ☐ NO IF YES PLEASE GIVE DETAILS _____

_____

_____

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE (OTHER THEN MINOR TRAFFIC OFFENCES) DURING THE PAST 3 YEARS? IF THE ANSWER IS "YES", GIVE DETAILS OF EACH CONVICTION.

DATE	PLACE	CHARGE	DISPOSITION

THE ROYAL CANADIAN MOUNTED POLICE, THE ROYAL NEWFOUNDLAND CONSTABULARY OR ANY OTHER LAW ENFORCEMENT AGENCY IS HEREBY AUTHORIZED TO SUPPLY THE NEWFOUNDLAND LIQUOR CORPORATION WITH ANY INFORMATION WHICH THE BOARD CONSIDERS PERTINENT TO MY APPLICATION FOR A LIQUOR LICENSE.

_____ DATE

_____ SIGNATURE OF APPLICANT