



1. Type of Application

I am applying for

New Transfer Renewal

2. Premises Information

| | | | |
|--|-------|----------------|--|
| Current Premises Name | | Licence Number | |
| Proposed Premises Name (if different from above) | | | |
| For Renewal Applicants Only Has the business/operating name changed since the last application? Note: Your business/operating name is displayed under "Doing Business As" on your licence. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide the new name and attach proof of Business Name Registration. | | | |
| Address | | | |
| City / Town | | Postal Code | |
| Telephone Number (Home) | Email | Fax | |
| () | | () | |

Premises Address (if different from above)

| | | | |
|-------------------------|-------|-------------|--|
| Address | | | |
| City / Town | | Postal Code | |
| Telephone Number (Home) | Email | Fax | |
| () | | () | |

3. Contact Person (for processing this application)

| | | | | | |
|-------------------------|-------------------------|-------------------------|-------------|----------------|--|
| Last Name | | First Name | | Middle Name(s) | |
| Address | | | | | |
| City / Town | | | Postal Code | | |
| Telephone Number (Home) | Telephone Number (Cell) | Telephone Number (Work) | Fax | | |
| () | () | () | Ext. | () | |
| Email | | | | | |

4. Application Information

Select only ONE ownership type (A,B or D) and complete that ONE section

A. Sole Proprietorship – The business is owned by one person, NOT an incorporated business. A Personal Disclosure must be completed by this individual.

| | | |
|-------------------|--------------------|------------------------|
| Owner's Last Name | Owner's First Name | Owner's Middle Name(s) |
|-------------------|--------------------|------------------------|

B. Corporation – The business is incorporated.

| | |
|--|--------------------|
| Name of Corporation (as per Articles of Incorporation) | Corporation Number |
|--|--------------------|

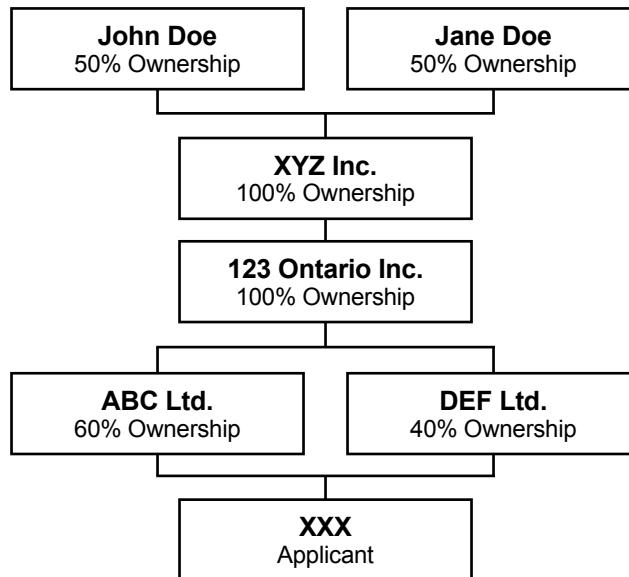
| | |
|--|--|
| Jurisdiction of Incorporation <input type="checkbox"/> Other Province <input type="checkbox"/> Ontario <input type="checkbox"/> Federal <input type="checkbox"/> Foreign (specify) Note: For Any corporation incorporated outside of Canada, submit proof of authorization under the <i>Extra-Provincial Corporation Act of Ontario</i> . | Are shares offered to the public for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Incorporation <div style="text-align: right; margin-top: 10px;"> YYYY MM DD </div> |
|--|--|

- Name of Officers and/or Directors, including: Signing Officer, President, Secretary, Treasurer.
- Name all shareholders holding 10% or more of any class of shares. (If more space is required, use a separate sheet.)
- Indicate the percentage of shares held.
- Complete a Personal Disclosure for:
 - all shareholders holding 10% or more of any class of shares.
 - all Officers and Directors.
- Complete an Entity Disclosure for all corporations owning 10% or more of any class of shares.
- A separate form is required for each corporation.

| | | | |
|---|--------------|-----------------|-----------------|
| Last Name | First Name | Middle Name(s) | |
| <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Shareholder | Title | % Voting Shares | % Equity Shares |
| Last Name | First Name | Middle Name(s) | |
| <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Shareholder | Title | % Voting Shares | % Equity Shares |
| Last Name | First Name | Middle Name(s) | |
| <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Shareholder | Title | % Voting Shares | % Equity Shares |
| Last Name | First Name | Middle Name(s) | |
| <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Shareholder | Title | % Voting Shares | % Equity Shares |

- C.** If the corporate structure of the applicant has more than one level, please attach to this for, labelled as "Question 4c)" a schematic diagram depicting the relationship between all parent, controlling, subsidiary, affiliated and commonly controlled companies. **NOTE:** Ownership identified in the schematic diagram must total 100%.

For example:



- D. Partnership** – The business is owned by two or more partners who carry on business together. A Personal Disclosure form must be completed by all individuals listed as partners. An Entity Disclosure form must be completed for all corporations listed as partners.

| | |
|----|----|
| 1. | 2. |
| 3. | 4. |

5. Premises

Is the property leased, rented or subject to a mortgage? Yes No

If yes, please name your mortgage lender or landlord

6. Applicant Signature

If the applicant is a sole proprietor, he/she must sign below.

If the applicant is a corporation, a person with authority to bind the corporation must sign below.

If the applicant is a partnership, all partners must sign below.

By signing this form I/we solemnly declare that all information provided in this application is true and correct.

| Print Name | Signature | Date | YYYY | MM | DD |
|------------|-----------|------|------|----|----|
| | | | | | |
| | | | | | |
| | | | | | |
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