

Alcohol and Gaming Commission of Ontario Licensing and Registration 90 SHEPPARD AVE E SUITE 200 TORONTO ON M2N 0A4 Fax: 416 326-8711 Tel: 416 326-8700 or 1 800 522-2876 toll free in Ontario www.agco.ca

1. Type of Application

I am appl	ying for		
New	Transfer	Renewal	

2. Premises Information

Current Premises Name				Licence Number		
Proposed Premises Name (if c	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 lice	nce.			
If yes, please provide the new	If yes, please provide the new name and attach proof of Business Name Registration.					
Address						
City / Town Postal Code						
Telephone Number (Home)	Email		Fax			
()			()		
Bramiana Address (if differen	nt from obovo)					

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 Na	me(s)	
Address								
City / Town			Postal	Code				
Telephone Number (Home)	Telephone Numb	er (Cell)	Teleph	one Numl	ber (Work)	Fax	(
()	()		()	Ext.	()	
Email								

4. Application Information

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

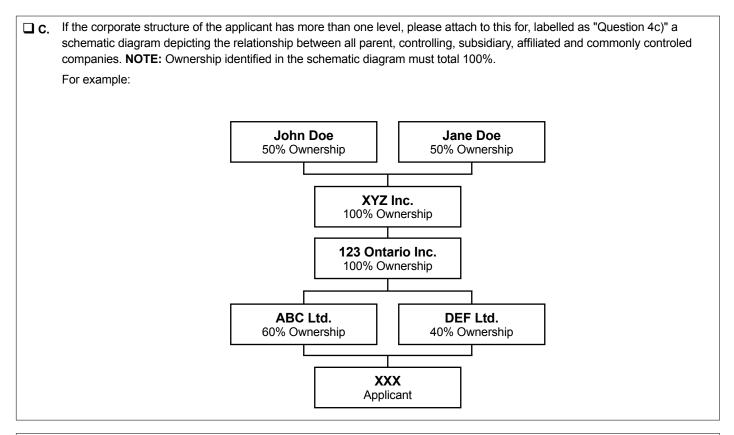
A. Sole Proprietorship – The business is completed by this individual.	owned by one person, NOT an inc	corporated business. A	Personal Disclosure must be			
Owner's Last Name Owner's First Name		Owne	er's Middle Name(s)			
B. Corporation – The business is incorporated.						
Name of Corporation (as per Articles of Incorpo		Corporation Number				
Jurisdiction of Incorporation	Jurisdiction of Incorporation Are shares offered to the public for sale?					
Gother Province Ontario Federal	🛛 Yes 🗳 No					
Generation (specify)	Date of Incorporation	1				
Note: For Any corporation incorporated outside authorization under the <i>Extra-Provincial Corpora</i>		YYYY MM DD				

• 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)	
Officer Title Director Shareholder			% Votir	ng Shares	% Equity Shares	
Last Name		First Name	Middle Name(s)		me(s)	
 Officer Director Shareholder 	Title		% Votir	ng Shares	% Equity Shares	
Last Name		First Name		Middle Na	me(s)	
 Officer Director Shareholder 	Title	1	% Votir	ng Shares	% Equity Shares	
Last Name		First Name		Middle Na	me(s)	
 Officer Director Shareholder 	Title	·	% Votir	ng Shares	% Equity Shares	



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
Print Name	Signature	Date YYYY MM DD
Print Name	Signature	Date YYYY MM DD
Print Name	Signature	Date YYYY MM DD

7. Consent to Transfer (from current licence holder)

Name of current licence holdeer(s) (print name of sole proprietor, all partners or corporation)

If the current licence holder is a **sole proprietor**, he/she must sign below.

If the current licence holder is a corporation, a person with authority to bind the corporation must sign below.

If the current licence holder is a partnership, all partners must sign below.

Print Name	Signature	Date YYYY MM DD
Print Name	Signature	Date YYYY MM DD
Print Name	Signature	Date YYYY MM DD
Print Name	Signature	Date YYYY MM DD

NOTIFICATION

The information you have submitted is collected pursuant to the Liquor Licence Act, R.S.O. 1990 Chapter L. 19 and/ or the *Liquor Control Act*, R.S.O. 1990, Chapter L.18. The principal purpose of the collection is to determine eligibility for the issuance of a licence, permit and/or authorization or for an application made under the *Liquor Licence Act* and/or the *Liquor Control Act*. The information may also be disclosed pursuant to the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, Chapter F. 31. For questions about the collection of this information, please contact Manager, Liquor Eligibility at: Alcohol and Gaming Commission of Ontario, 90 Sheppard Avenue East, Suite 200, Toronto, Ontario M2N 0A4 / Telephone: 416-326-8700 or 1-800-522-2876 (toll free in Ontario) / Email: **customer.service@agco.ca**

CERTIFICATION

By signing below, I/we solemnly declare that all information provided in this application is true and correct. **Application Fees are not refundable.**

Print Name	Signature	Date YYYY MM DD
Print Name	Signature	Date YYYY MM DD
Print Name	Signature	Date YYYY MM DD
Print Name	Signature	Date YYYY MM DD