



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

Application for an Authorization to Sell Beer and Wine OR Beer and Cider in a Grocery Store

PART A: Ownership Information

<input type="checkbox"/> NEW LOCATION	<input type="checkbox"/> TRANSFER	File No.
---------------------------------------	-----------------------------------	----------

1. Applicant Information

Legal Name of Applicant (name of business entity — i.e., the name of the sole proprietor, partnership or corporation)

Legal Name of the franchisor (grocery store operator) that holds the supply agreement with LCBO

2. Mailing Address of Head Office

Address		City/Town
Postal Code	Phone Number	Fax

3. Contact Person (for processing this application)

Last Name	First Name	Email
Address	City/Town	Postal Code
Phone Number (Home)	Phone Number (Work)	Fax

4. Ownership Information

Business structure (check the box and complete the section that best describes the business structure of the applicant)

<input type="checkbox"/> Sole Proprietorship	▶	Complete section 4.1
<input type="checkbox"/> Partnership	▶	Complete section 4.2
<input type="checkbox"/> Corporation	▶	Complete section 4.3

4.1 Sole Proprietorship

In the section below, provide the name of the sole proprietor

Last Name	First Name	Middle Name
-----------	------------	-------------

Go to Question 5 ► **Individuals Associated with the Business Entity**

4.2 Partnership

In the section below, provide the legal names of the partners that form the partnership. A partner can be an individual, corporation, or partnership.

	Legal Name of Partner
1	
2	
3	
If you require more space, provide the legal name(s) of the other partner(s) on a separate sheet of paper labelled as 4.2 Partnership - Partners , and attach to the application form. <input type="checkbox"/> List attached	

Go to Question 5 ► **Individuals Associated with the Business Entity**

4.3 Corporation

Legal name of the corporation (please refer to legal incorporation documentation)		
Date of Incorporation YYYY MM DD 	Corporation number	Jurisdiction of Incorporation number (country, province, territory or state)

Go to Question 5 ► **Individuals Associated with the Business Entity**

5. Individuals Associated with the Business Entity

This section must be completed by the individual(s) associated with the business entity that have or will have decision-making authority and/or supervisory responsibility with respect to the sale of beer, wine and/or cider in the grocery store. Decision-making authority and supervisory responsibilities would include: overseeing or coordinating the sale of beer, wine and/or cider in a grocery store; and ensuring compliance with the requirements for selling these products in a grocery store.

Note: The "individual" includes the sole proprietor of the **sole proprietorship**; the **partners** of the partnership; the **officer(s) and director(s)** of the corporation.

A *Personal Disclosure* form **must be completed and attached to this application for each individual listed below.**

	Last Name	First Name	Middle Name	Signing Authority on behalf of the business entity	Personal Disclosure Attached
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

If you require more space, provide the information for the other individual(s) associated with the business entity on a separate sheet of paper labelled as **5. Individuals Associated with the Business Entity**, and attach to the application form.

List attached

6. Additional information

Does any manufacturer, liquor delivery service, or a licensed representative of a manufacturer of beverage alcohol have any interest, financial or otherwise, in the applicant?

No Yes **▶** If YES, provide details below.

7. Applicant Signature

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

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

If the applicant is a corporation, **a person with authority to bind the corporation, named in section 5** 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
------------	-----------	------

I have the authority to bind the corporation

Print name	Signature	Date
------------	-----------	------

I have the authority to bind the corporation

Print name	Signature	Date
------------	-----------	------

I have the authority to bind the corporation

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**