



1. Application Information

<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer	Licence Number (if applicable)
Proposed name of the Liquor Delivery Service (operating as)	

Business Address of the Liquor Delivery Service

Address	City/ Town	Postal Code
() —	() —	
Phone Number	Fax	Email
() —	() —	

Mailing Address (if different from above)

Address	City/Town	Postal Code

2. Contact Person (for the purpose of processing the application)

Contact Name		
Address	City/ Town	Postal Code
() —	() —	
Phone Number	Fax	Email
() —	() —	

3. Applicant Information (for the purpose of processing the application).

Check off the business ownership type of the applicant, and complete the section that applies.

Sole proprietorship (an individual who operates a business). Please complete a Personal Disclosure.

Owner's Last Name	Owner's First Name

Partnership

List the names of partners (individuals or corporations). If more space is required, use a separate sheet. If any of the partners are a corporation, complete an enclosed Entity Disclosure and where Name of Establishment is requested, complete name of Liquor Delivery Service. Complete a Personal Disclosure for each individual.

Name	Name

Corporation

Name of Corporation (as per Articles of Incorporation)		
<input type="checkbox"/> Ontario <input type="checkbox"/> Federal <input type="checkbox"/> Other (specify) _____	Note: For any corporation incorporated outside of Canada, provide proof of authorization under the <i>Extra-Provincial Corporations Act of Ontario</i> .	
Date of Incorporation yyyy mm dd 	Type of Charter	Are shares offered to the public for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name all officers, directors and shareholders. Indicate the number of voting shares, and office held (if more space is required, use a separate sheet). Complete a Personal Disclosure for all officers, directors and shareholders holding 10% or more of any class of shares.

Name	Title	% Voting Shares	% Equity Shares

1. Are any of the shareholders that are listed (above) Corporations that are holding 10% or more of any class of shares? (Please complete a Entity Disclosure and where name of premises is requested, complete name of Liquor Delivery Service.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Who will manage the licensed business? Note: This individual will be required to complete a Personal Disclosure.	
3. Does any manufacturer, importer or agent of beverage alcohol have any interest, financial or otherwise, in this Liquor Delivery Service? If " Yes", please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you intend on entering into an agreement with a manufacturer of liquor to deliver the liquor of that manufacturer for a charitable purpose? If " Yes", please provide Manufacturer's Licence Number, and details of the agreement with the manufacturer, including the charitable purpose. Note: Examples of charitable purposes include: Relief of Poverty, Advancement of Education, Advancement of Religion, or any other charitable purposes beneficial to the community.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>5. Will the Liquor Delivery Service Licence be held, directly or indirectly, by the operator of a grocery store authorized to sell Beer, Cider and/or Wine?</p> <p>Note: The term “grocery store” refers to the definition in the Government Stores Regulation under the <i>Liquor Control Act</i>.</p> <p>Note: Licensees cannot purchase Beer, Wine and/or Cider from any authorized grocery store in which they hold an interest.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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4. Applicant Signature

This section must be signed by the following individuals:

- If an **individual** applicant, the applicant must sign below.
- If a **partnership**, ALL partners must sign below.
- If a **corporation**, a signing officer must sign below.

By signing this form I/we solemnly declare that all information provided in this application is true and correct.
(Please print and sign name clearly.)

Print Name	Signature	Date Signed yyyy mm dd
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Print Name	Signature	Date Signed yyyy mm dd

5. Consent to Transfer (This section for transfer applications only.)

Print the name of current licence holder/s (sole proprietor; all partners; or corporation)

This section must be signed by the person/s identified (licence holder/s signatures):

If a sole proprietor, the **sole proprietor** must sign below.

If a partnership, **ALL partners** must sign below.

If a **corporation**, a signing officer must sign below.

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

(Please print and sign name clearly.)

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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