



Alcohol and Gaming Commission of Ontario
90 Sheppard Avenue East, Suite 200
Toronto ON M2N 0A4
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Toll free in Ontario: 1-800-522-2876
Inquiries: www.agco.ca/iagco
Website: www.agco.ca

Liquor Sales Licence Request for Authorization to Contract Out

Agreement and Authorization

Legal name of licence holder as identified on the licence

I/we,

Name of transfer applicant

allow the applicant,

to operate the following premises:

Premises/Operating Name as it appears on the licence

Licence Number

Premises Physical Address

Phone Number (including area code)

City/Town

Province

Postal Code

Note: The transfer applicant may not operate until they have received the "Authorization to Contract Out" from the Registrar.

Conditions

By signing this form, both the current licence holder and the transfer applicant acknowledge responsibility for the operation of the premises and that any violation of the *Liquor Licence Act* and its Regulations may result in licence revocation/suspension or refusal of the transfer by the Registrar. Further, the current licence holder shall remain liable under the licence during the period for which the sale and service of liquor has been contracted out.

The transfer applicant shall cease to carry on business under the current licence, if any of the following occurs:

- **The licence expires**
- **The Registrar refuses the transfer.**

Signatures

Current Licence Holder(s)

Only individual(s) with binding authority may sign. If the licence is held by a Partnership/ Limited Partnership, ALL partners must sign below.

No	Name	Position/Title	Date (dd/mm/yyyy)	Signature
1.				_____

I confirm that I have authority to bind the entity.

No	Name	Position/Title	Date (dd/mm/yyyy)	Signature
2.				_____

I confirm that I have authority to bind the entity.

No	Name	Position/Title	Date (dd/mm/yyyy)	Signature
3.				_____

I confirm that I have authority to bind the entity.

If more space is required, please attach an additional sheet labelled "Current Licence Holder(s)" with each individual's name, position/title, signature, date of signature and whether the individual has authority to bind the entity.

Attachment

No attachment

Signatures

Transfer Applicants

Only individual(s) with binding authority may sign. If the licence is held by a Partnership/ Limited Partnership, ALL partners must sign below.

No	Name	Position/Title	Date (dd/mm/yyyy)	Signature
1.				_____

I confirm that I have authority to bind the entity.

No	Name	Position/Title	Date (dd/mm/yyyy)	Signature
2.				_____

I confirm that I have authority to bind the entity.

No	Name	Position/Title	Date (dd/mm/yyyy)	Signature
3.				_____

I confirm that I have authority to bind the entity.

If more space is required, please attach an additional sheet labelled "Transfer Applicant(s)" with each individual's name, position/title, signature, date of signature and whether the individual has authority to bind the entity.

Attachment

No attachment

Notification

The information you submit 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 transfer of a licence and/or authorization issued pursuant to 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 ON M2N 0A4 / Telephone: 416-326-8700 or 1-800-522-2876 (toll free in Ontario) / E-mail: customer.service@agco.ca