



Alcohol and Gaming  
Commission of Ontario  
Licensing and Registration  
90 Sheppard Ave. E., Suite 200  
Toronto ON M2N 0A4  
Tel.: 416-326-8700  
Fax: 416-326-5555  
Toll free in Ontario: 1-800-522-2876  
Website: www.agco.ca

# Authorization Application (Beer and Wine OR Beer and Cider AND/OR Wine Boutique Sales Agent)

## PART B: Location Information

<input type="checkbox"/> New Location	<input type="checkbox"/> Transfer	<input type="checkbox"/> Relocation (please complete section 5)	File No.
---------------------------------------	-----------------------------------	---	----------

Select the class(es) of Authorization(s) you are applying for:

<input type="checkbox"/> Beer and Cider	<input type="checkbox"/> Beer and Wine (including cider)
<input type="checkbox"/> Restricted Beer and Wine (including cider)	<input type="checkbox"/> Wine Boutique Sales Agent (Please complete section 6)

### 1. Applicant Information

Name of Grocery Store:

Please select the category that applies to your grocery store:

<input type="checkbox"/> <b>Category A retail store:</b> the sum of annual worldwide revenue of the store together with all related retail stores is greater than \$1 billion.	<input type="checkbox"/> <b>Category B retail store:</b> does not meet criteria of a Category A store.
Are you a franchisee? <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>If YES, you must complete and submit <u>PART A : Ownership Information</u> of this application package.</b>
Legal name of the grocery store operator ( <i>i.e. business entity</i> ) that holds the supply agreement with LCBO:	

### 2. Address of Retail Store

Address		
City/Town	Postal Code	Phone Number

### 3. Contact Person (for processing this application)

Name		Email	
Address	City/Town	Postal Code	

Phone Number (Home)	Phone Number (Work)	Fax
---------------------	---------------------	-----

#### 4. Location Information

Please confirm the following:

<b>A.</b> Does the store sell a variety of each of the following types of food products: canned food; dry food; frozen food; fresh fruit; fresh vegetables; fresh meats; prepared meats; fish, poultry; dairy products; baked goods; and snack foods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>B.</b> Do food products make up at least 10,000 square feet of retail floor space in the store?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>C.</b> Do you confirm that the store is not primarily identified to the public as a pharmacy, even if a pharmacy as defined in the <i>Drug and Pharmacies Regulation Act</i> is located within the store?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>D.</b> Is the grocery store located within 10 kilometers of an agency store within the meaning of subsection 17(1) of the <i>Alcohol and Gaming Regulation and Public Protection Act, 1996</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Note:</b> "agency store" means a government store established under the Agency Store Program by the Board under its authority described in clause 3 (1) (d) of the <i>Liquor Control Act</i> .		
<b>E.</b> Who will manage the day-to-day operation at the grocery store?		
Name(s): _____ <b>(Individual(s) must complete a Personal Disclosure)</b>		
<b>F.</b> Who will manage the sale of beer, wine or cider at the grocery store (if different than above)?		
Name(s): _____ <b>(Individual(s) must complete a Personal Disclosure)</b>		

#### 5. This section is to be completed by applicants for RELOCATION

When will the sale of beer, wine or cider cease at the store location to which the authorization currently applies?

YYYY	MM	DD

What is the new business address of the store where the authorization will be used?

Address		
City/Town	Postal Code	Phone Number

When do you plan to commence beer, wine or cider sales in the proposed (new) store location?

YYYY	MM	DD

**6. This section is to be completed by applicants for an Authorization as a WINE BOUTIQUE SALES AGENT**

Please confirm the following:

You have entered into a wine boutique agreement in respect of the store, under which:				
<ul style="list-style-type: none"><li>The winery has agreed to lease or license space in the shopping area of the grocery store in which to sell wine;</li><li>You agree to sell, as an agent of the winery, wine available for sale in the leased/licensed space; and</li><li>The initial term of the lease or licence is at least three years.</li></ul>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<ul style="list-style-type: none"><li>You either hold, or have applied for, a beer and cider authorization for the store?</li></ul>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**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** 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**