



Licence to Represent a Manufacturer

1. Type of Application

I am applying for:

- New Licence to Represent a Manufacturer
- Renewal of a Licence to Represent a Manufacturer

2. Business Information

Business Name		Licence Number
Proposed Premises name <i>(if different from above)</i>		
Exact address of business <i>(not mailing address)</i>		Phone Number () —
City/Town	Postal Code ■	Fax () —

Mailing Address of business <i>(if different from above)</i>	
City/Town	Postal Code ■

3. Contact Person (for processing this application)

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

4. Applicant Information

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

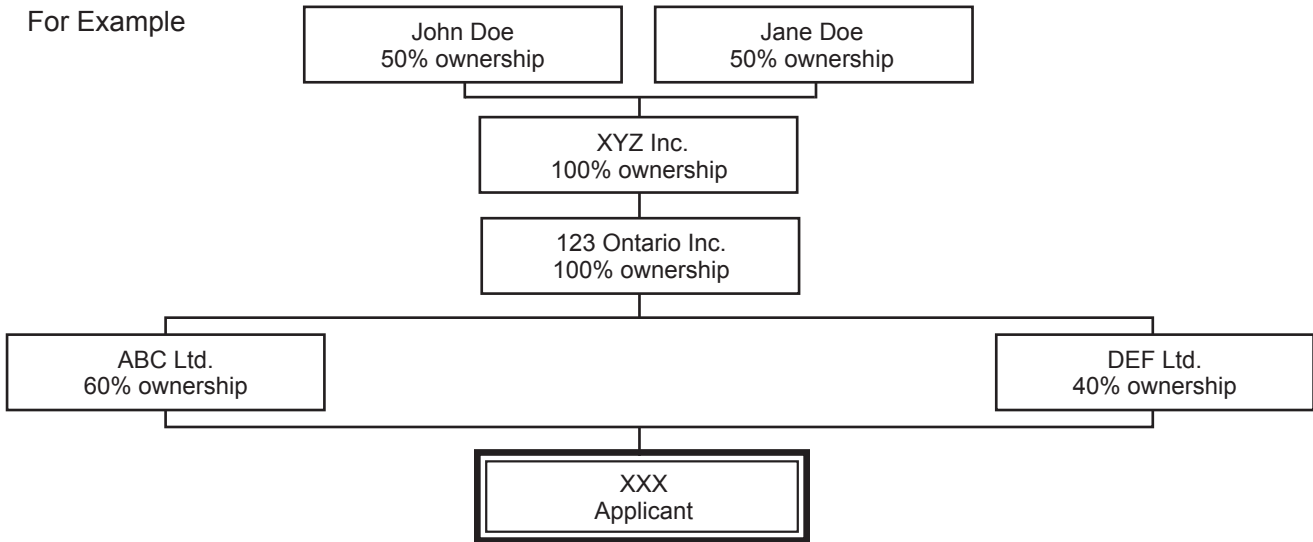
- A. Sole Proprietorship** – The business is owned by one person, NOT an incorporated business.
 A Personal Disclosure **must** be completed by this individual.

Owner's Last Name	Owner's First Name
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B. <input type="checkbox"/> Corporation – The business is incorporated.			
Name of Corporation (as per Articles of Incorporation)		Corporation number	
Jurisdiction of Incorporation: <input type="checkbox"/> Ontario <input type="checkbox"/> Federal <input type="checkbox"/> Other (specify) _____		Are shares offered to the public for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: For any corporation incorporated outside of Canada, submit proof of authorization under the <i>Extra-Provincial Corporations Act of Ontario</i> .		Date of Incorporation yyyy mm dd	
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - 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			
<input type="checkbox"/> Officer	Title	% of Voting Shares	% of Equity Shares
<input type="checkbox"/> Director			
<input type="checkbox"/> Shareholder			
Last name		First name	
Middle name			
<input type="checkbox"/> Officer	Title	% of Voting Shares	% of Equity Shares
<input type="checkbox"/> Director			
<input type="checkbox"/> Shareholder			
Last name		First name	
Middle name			
<input type="checkbox"/> Officer	Title	% of Voting Shares	% of Equity Shares
<input type="checkbox"/> Director			
<input type="checkbox"/> Shareholder			
Last name		First name	
Middle name			
<input type="checkbox"/> Officer	Title	% of Voting Shares	% of Equity Shares
<input type="checkbox"/> Director			
<input type="checkbox"/> Shareholder			

C. If the corporate structure of the applicant has more than one level, please attach to this form, labelled as “Question 4 c)” a schematic diagram depicting the relationship between all parent, controlling, subsidiary, affiliated and commonly controlled companies. *NOTE: Ownership identified in the schematic diagram must total 100%.*

For Example



D. **Partnership** — The business is owned by two or more partners who carry on business together. A Personal Disclosure **must** be completed by **all** individuals listed as partners. An Entity Disclosure must be completed for all corporations listed as partners.

1.	2.
3.	4.

E. Are you requesting a change to the business/operating name? If Yes, please provide the new name. Yes No

Note: Your business/operating name is displayed under “Doing Business As” on your licence.

F. Does any individual in the existing/proposed corporate structure currently have any financial interest, direct or indirect, in a premises with a Liquor Sales Licence under the *Liquor Licence Act*? Yes No

If “Yes”, please provide premises name, address and licence number.

5. 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
Print name	Signature	Date
Print name	Signature	Date

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