



Municipal Information for a Retail Store Authorization

Complete Section 1 of this form. Take the form to your local municipal office to have a municipal clerk or delegated official complete Section 2. Return completed form to AGCO (see address above).

Section 1 – Application Details (to be completed by Applicant)

Retail Store Name	Phone Number ()
Exact location of retail store (not mailing address)	
Type of Retail Store Authorization <input type="checkbox"/> Winery <input type="checkbox"/> Brewery <input type="checkbox"/> Distillery <input type="checkbox"/> Brewers Retail Inc.	

Contact Information

Contact Name	Phone Number ()	Ext.
Alternate Phone Number ()	Fax Number ()	Email Address

Section 2 – Municipal Clerk's Official Notice of Application for a Manufacturer's Retail Store Authorization in your Municipality (to be completed by the Municipal Clerk).

Municipal Clerk – Please confirm the "wet/damp/dry" status below.

Name of village, town, township or city where taxes are paid		
Has this area been amalgamated or annexed? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: → <input type="checkbox"/> Amalgamation <input type="checkbox"/> Annexation	Date of Amalgamation or Annexation yyyy mm dd	
Former Name		
Is the area where the retail store is located:	<input type="checkbox"/> Wet (for the retail sale of beverage alcohol)	<input type="checkbox"/> Dry
	<input type="checkbox"/> Damp (for the retail sale of beverage alcohol)	

Address of Municipal Office	Date yyyy mm dd
Title	Signature of Municipal Official