



Alcohol and Gaming Commission of Ontario
Licensing and Registration
90 SHEPPARD AVE E SUITE 200
TORONTO ON M2N 0A4
Telephone : 416-326-8700
1-800-522-2876 toll free in Ontario
Website: www.agco.ca

Supplementary Wine Authorization

<input type="checkbox"/> NEW	<input type="checkbox"/> RELOCATION
------------------------------	-------------------------------------

1. Application Information

Name of Licensed Manufacturer	Licence Number
Name of Retail Store (operating as)	Current Authorization No.

Current Location of Off-Site Winery Retail Store/Wine Boutique

Address	
City/Town	Postal Code
When is the currently authorized winery retail store ceasing to operate at this location?	YYYY MM DD

New Location of Wine Boutique

Address	
City/Town	Postal Code
When do you plan to open the wine boutique?	YYYY MM DD

2. Contact Person (for processing this application)

Last Name	First Name	Email
Address	City/Town	Postal Code
Phone Number (Home)	Phone Number (Work)	Fax

3. Eligibility Information

Have you entered into a wine boutique agreement with the operator of a grocery store with respect to a wine boutique to be located in the grocery store, under which:

- You have agreed to lease or license space in the shopping area of the grocery store in which to sell wine;
- The grocery store operator agrees to sell, as an agent of the winery, wine available for sale in the leased/licensed space; and
- The initial term of the lease or licence is at least three years?

Yes

No

When was the wine boutique agreement entered into?

YYYY

MM

DD

4. Documentation

Please ensure the following documents are included with the application:

Floor plan of grocery store in which the proposed wine boutique will be located, which outlines:

- the location of the wine boutique;
- the square footage of the wine boutique;
- the space within which the wine boutique is located is readily distinguishable from the grocery store;
- the name of the wine boutique (must be distinct from name of grocery store); and
- where the name of the wine boutique will be prominently displayed in the boutique.

5. 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