

SPECIAL OCCASION PERMIT APPLICATION

9031 Quartz Road
Whitehorse, Yukon Y1A 4P9
Fax: 867-393-6306
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# OF PEOPLE	PRICE
1 – 150	\$ 50
151 – 400	\$ 100
401 +	\$ 150

1. Name of Non-Profit Organization: _____

Address: _____ Telephone No.: _____

2. Name of Applicant: _____ Office Held: _____

Telephone No.: _____ (Home) _____ (Business)

3. If not an officer, do you have written permission to act on behalf of the Organization?

No Yes (Please attach copy of authorization)

4. Name of person **in charge** and **present** at the function: _____

5. Describe the type of function: _____

6. Alcoholic beverages may be offered for sale and consumed on the premises known as:

Name of Premises: _____

Address: _____
(name and/or location of room or area to be specified)

In the: _____

on the _____ day of _____, 20 _____, between the hours of _____ am/pm and _____ am/pm.

on the _____ day of _____, 20 _____, between the hours of _____ am/pm and _____ am/pm.

on the _____ day of _____, 20 _____, between the hours of _____ am/pm and _____ am/pm.

on the _____ day of _____, 20 _____, between the hours of _____ am/pm and _____ am/pm.

on the _____ day of _____, 20 _____, between the hours of _____ am/pm and _____ am/pm.

7. The **conditions** of this permit are (to be determined by the Liquor Inspector in discussions with the applicant):

1. _____
2. _____
3. _____

8. The **maximum** number of persons to be allowed at this function at any one time: _____

9. Have you the permission of the property owner to serve alcohol on the premises?

No Yes (Please attach copy of appropriate contract or authorization)

10. The following food will be available at this function:

Full meal Buffet Hors d'oeuvres Other (specify) _____

11. No advertising may be published or broadcast without first having been approved by Yukon Liquor Corporation.

12. The applicant must purchase all liquor and a copy of the T15 (invoice/receipt) is to be attached to the permit.

LIQUOR PURCHASES MAY BE PAID BY CASH, CERTIFIED CHEQUE, CREDIT CARD OR DEBIT CARD.

(Signature of Applicant)

(Date)

(Signature of Issuer)