



1. Name of individual, organization, or business: _____

2. Name of applicant: _____ Office held: _____

Address: _____

Home phone: _____ Business phone: _____

3. If not an authorized officer, do you have written permission to act on behalf of the organization? Yes (**attach copy of authorization with the application**) No

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

5. Describe the type of function: _____

6. Alcoholic beverages may be 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? Yes (**attach copy of appropriate contract or authorization**) No

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. No homemade or brew-your-own alcoholic beverages are to be served at this function, unless made for a family event by a family member of the applicant. (Provide details)

13. The applicant must attach a copy of the T15 (invoice/receipt) to the permit for all liquor purchases.

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

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF ISSUER

TIME LIMIT FOR PERMITS

START TIME ALL LIQUOR	MUST BE SECURED
6:00 pm	3:00 am
5:30 pm	2:30 am
5:00 pm	2:00 am
4:30 pm	1:30 am
4:00 pm	1:00 am
3:30 pm	12:30 am
3:00 pm	12:00 am
2:30 pm	11:30 pm
2:00 pm	11:00 pm
1:30 pm	10:30 pm
1:00 pm	10:00 pm
12:30 pm	9:30 pm
12:00 pm	9:00 pm
11:30 am	8:30 pm
11:00 am	8:00 pm
10:30 am	7:30 pm
10:00 am	7:00 pm

INSPECTION CONTACT LIST

LIQUOR:

Tel: 867-667-5245
 Toll free (in Yukon): 1-800-661-0408 ext. 5245
 Fax: 867-393-6306
yukon.liquor@gov.yk.ca

BUILDING:

Whitehorse
 Tel: 867-668-8340
 Fax: 867-668-8395
adminbuilding@whitehorse.ca

Territorial
 Tel: 867-667-5741
 Toll free (in Yukon): 1-800-661-0408 ext. 5741
 Fax: 867-393-6249
buildingsafety@gov.yk.ca

FIRE SAFETY:

Whitehorse
 Tel: 867-668-8685
 Fax: 867-668-8389
www.whitehorse.ca

Territorial
 Tel: 867-667-5230
 Toll free (in Yukon): 1-800-661-0408 ext. 5230
 Fax: 867-667-3165

HEALTH:

Tel: 867-667-8391
 Toll free (in Yukon): 1-800-661-0408 ext. 8391
 Fax: 867-667-8322
environmental.health@gov.yk.ca