



Yukon Liquor Corporation
 9031 Quartz Road
 Whitehorse, Yukon Y1A 4P9
 Fax: 867-393-6306
 www.ylc.yk.ca

FORM 2
**AFFIDAVIT FOR
 APPLICATION FOR LIQUOR LICENCE**

**AFFIDAVIT
 OATH OF APPLICANT**

I/We, _____ and _____
(name) (name)
 of the _____
(name of sole proprietorship, partnership, corporation, organization)
 of _____ in Yukon
(community/location)

MAKE OATH AND SAY THAT:

1. I/we have read the Application;
2. I/we have knowledge of the matters therein;
3. All the facts stated and information furnished therein and pursuant thereto are true and correct;
4. I/we am/are the full age of nineteen years; and
5. I/we am/are the authorized representative of the applicant.

 Signature

 Signature

SWORN BEFORE ME AT THE)
 _____ of _____)
 in Yukon, this _____ day of _____)
 20 ____.)

_____))
 A Notary Public in and for
 Yukon