



Liquor Corporation

9031 Quartz Road, Whitehorse, Yukon Y1A 4P9  
Phone: 867-667-5245 Fax: 867-393-6306  
Toll Free within Yukon only 1-800-661-0408  
Email: yukon.liquor@gov.yk.ca www.ylc.yk.ca

## LIQUOR LICENCE APPLICATION PACKAGE FOR MAKING A NEW APPLICATION

Some of the information on this form may be your personal information. We are collecting it in order to process your application for a liquor licence or to transfer a liquor licence. Processing your application will require providing the information collected here to the Yukon Liquor Board. Our legal authority for this collection is the *Liquor Act*, R.S.Y. 2002, c.140 and the *Liquor Regulations*, OIC 1977/37. If you have any questions about why we need this information please contact Licensing & Inspections branch at (867) 667-5245 or Toll Free within Yukon 1-800-661-0408 or at 9031 Quartz Road, Whitehorse, Yukon Y1A 4P9.

### The following is a checklist of the documents and information required to make application and submit to the Yukon Liquor Board for their consideration:

- Completed and sworn (by applicant or by president or director of company) copy of FORM 1, Application for Liquor Licence.
- Completed and sworn Personal History Report and RCMP Consent for the Release of Police Information form check results for: each director or corporate officer of the company; each partner in a partnership; or for an applicant in a sole proprietorship and for the manager of the premises.
- A lot plan or sketch showing the location of the property and building(s) that you wish to licence.
- Copy of your company or partnership registration or certificate of incorporation along with a list of officers and their positions and, a list of shareholders and their number or percentage of shares.
- Copy of your Business Name registration
- Copy of title or lease agreement (this agreement must be valid for one year or more)
- Copy of food menu/list
- Copy of liquor menu
- Permit to Operate from Environmental Health Office with Health and Social Services
- Approval from Fire Authorities
- Approval from YG Building Safety Branch and/or Municipal Building Inspection Department
- \$150 non refundable application fee.
- Advertise your liquor application as a public notice, in local newspaper(s)\* for three consecutive weeks (we will assist you with the wording for the ad).

**\*Note: The *Capital Investment Amount* for Liquor-Primary and Food Primary Licences will be obtained and provided to the Yukon Liquor Board by the Yukon Liquor Corporation. *Section 12.1(1) Regulations.***

**\*\*Note: All of the documents listed in the application package and the application fee must be received by our office prior to advertising the application notice in the newspaper.**

**LIQUOR LICENCE APPLICATION PACKAGE**  
FOR MAKING A NEW APPLICATION  
ADDITIONAL INFORMATION

Yukon Liquor Board Policy Tab 4 requires a minimum seating capacity of 20 for both Food- Primary and Liquor Primary premises.

New licensees will receive a licensee information package along with a copy of the *Yukon Liquor Act & Regulations*, and the *Yukon Liquor Board Policy Manual* from the Licensing and Inspections branch.

To assist you in preparing your application package, please find enclosed:

- a Checklist;
- an Application Backgrounder;
- an Application form;
- a Personal History Report form; and
- an RCMP Consent for the Release of Police Information form.

**\*Note: The RCMP Consent for the Release of Police Information form must be completed and submitted in person to the nearest RCMP detachment with two pieces of ID, one of which must be a valid government issued photo ID.**

Please note that the enclosed application form is required when applying for all types of liquor licences outlined in section 1 of FORM 1. If you require any clarification or if you have any questions or concerns, please contact the Licensing and Inspections Branch at 667-5245 or toll free 1-800-661-0408, local 5245.



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## APPLICATION BACKGROUNDER FOR MAKING A NEW APPLICATION

When applying for a liquor licence(s), the following information may be included with your application package or as part of your oral presentation to the Yukon Liquor Board.

The board in considering whether or not to grant a new licence shall, in addition to any matters brought to its attention by the applicant or the president, consider

- (a) the number of licences in the area in respect of which the application relates;
- (b) the number of different types of licences in the area;
- (c) the population of the area including seasonal variations and also including variations in the immediate area to be served by the licence and more distant areas capable of being served by the licence;
- (d) the economic activity carried on in the area or projected to be carried on, including seasonal variances;
- (e) in the case of an application under section 34, the projected capital expenditure to be made in respect of the application;
- (f) in the case of an application under section 25, the amount of capital expenditure already made by the applicant;
- (g) the need for a new licence in the area either because of the requirements of the stable population of the area or the travelling public, actual or projected;
- (h) how the applicant or their associates have operated any previous licence held by either of them;
- (i) the arrangements to be made by the applicant for operating and controlling the premises; and
- (j) the type of structure to be built, or added to present structures, permanent structures having preference.
- (k) any enforcement history or concerns related to the liquor licences you hold or previously held;
- (l) any reason(s) you or your staff may not qualify as "fit person" for serving liquor to the general public or to a membership; (see YLB Policy Tab #5).



Liquor Corporation

Box 2703, Whitehorse, Yukon Y1A 2C6

FORM 1  
**LIQUOR LICENCE APPLICATION**

**1. CLASSES OF LIQUOR LICENCE REQUESTED** (*Liquor Act Section 23*)

Liquor Primary Licence	<input type="checkbox"/>
Food Primary Licence	<input type="checkbox"/>
Off Premises Licence	<input type="checkbox"/>
Special Licence	<input type="checkbox"/>
Club Liquor Licence	<input type="checkbox"/>
RV Park Licence	<input type="checkbox"/>
Train, Ship or Aircraft Licence	<input type="checkbox"/>
Recreation Facility Licence	<input type="checkbox"/>
Sports Stadium Licence	<input type="checkbox"/>
Liquor Manufacturer's Retail Licence	<input type="checkbox"/>
Liquor Manufacturer's Licence	<input type="checkbox"/>

**2. CONDITIONS OF LIQUOR LICENCE REQUESTED**

Club - all liquor	<input type="checkbox"/>	Liquor Manufacturer's Retail - winery	<input type="checkbox"/>
Club - beer/wine	<input type="checkbox"/>	Liquor Primary - all liquor	<input type="checkbox"/>
Food Primary - all liquor	<input type="checkbox"/>	Liquor Primary - beer canteen	<input type="checkbox"/>
Food Primary - beer/wine	<input type="checkbox"/>	Liquor Primary - mess	<input type="checkbox"/>
Liquor Manufacturer's - brewery	<input type="checkbox"/>	Off premises liquor	<input type="checkbox"/>
Liquor Manufacturer's - distillery	<input type="checkbox"/>	Off premises liquor - beer/wine	<input type="checkbox"/>
Liquor Manufacturer's - winery	<input type="checkbox"/>	Recreation Facility	<input type="checkbox"/>
Liquor Manufacturer's Retail - brewery	<input type="checkbox"/>	Room Service	<input type="checkbox"/>
Liquor Manufacturer's Retail - distillery	<input type="checkbox"/>		

**3. ESTABLISHMENT INFORMATION**

Location	Legal description	Lot	Block	Plan
	Street address			
Establishment name				

Mailing address of establishment (if different from above)

**4. CONTACT PERSON (for processing application)**

Name:			
Address:			
Telephone:		Fax:	Email:
Website:			

**5. BUSINESS INFORMATION**

Sole Proprietorship    Partnership    Corporation    Non-profit organization

Name:			
Address:			
Telephone:		Fax:	Email:
Website:			

**6. OWNERSHIP**

If Partnership	
Name of each owner	% of Ownership

If Corporation				
Date of incorporation		Public <input type="checkbox"/>	Private <input type="checkbox"/>	
Territorial, provincial or federal charter (specify):				
Shares authorized	Common		Preferred	
Shares issued	Common		Preferred	
Par value of shares	Common		Preferred	
Bonds issued and o/s	Number		Value (\$)	

Applicants position with Corporation:	
Location of Corporation:	
Address of Corporation:	

If Corporation or Non-Profit Organization	
Officers & Directors	Name (attach list, including # shares held (common & preferred) if Corporation)
President	
Vice-President	
Secretary	
Treasurer	
Director	
Director	

**Previous licences operated** (Have you been granted a liquor licence previously by a Liquor Board or Commission; if so, provide details)

**7. DESCRIPTION OF PROPOSED OPERATION**

(If this is an application for dual licensing, please complete Part 7 for each class of license being requested for the same premises.)

a. General description	<input type="checkbox"/>	Premises under construction						
	<input type="checkbox"/>	Constructed						
	<input type="checkbox"/>	Constructed under renovations						
	<input type="checkbox"/>	Not yet constructed						
b. Start date								
c. Person in charge of (day-to-day operation) of the liquor business	<input type="checkbox"/>	Applicant						
	<input type="checkbox"/>	Named manager in day-to-day control						
d. Hours & days of business operation	DAY	M	T	W	T	F	S	S
	From							
	To							
	If seasonal:							
	Opening date:							
	Closing date:							
e. Proposed hours of liquor service	DAY	M	T	W	T	F	S	S
	From							
	To							
	If seasonal:							
	Opening date:							
	Closing date:							
f. Clubs	# of resident members							
	# of non-resident members							
	# of honorary members							
	Annual dues (\$)							
	Bylaws							

**8. SIGNATURE OF APPLICANT**

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(title)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date yyyy/mm/dd)

**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(title)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date yyyy/mm/dd)

**Application Received by Yukon Liquor Corporation:**

\_\_\_\_\_  
Date (yyyy/mm/dd)

\_\_\_\_\_  
Name & Title

Date Reviewed with Client:

\_\_\_\_\_  
Date (yyyy/mm/dd)

\_\_\_\_\_  
Name & Title



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FORM 2  
AFFIDAVIT FOR  
APPLICATION FOR LIQUOR LICENCE

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





## PERSONAL HISTORY REPORT & RCMP CONSENT FOR THE RELEASE OF POLICE INFORMATION

Instructions for completion and processing:

**1. Personal history report:**

Complete the Personal History Report form, have it notarized and then return it to the Yukon Liquor Corporation.

**2. Consent for the Release of Police Information:**

This form is available at the nearest RCMP detachment and attached within this application package.

Mail to: Yukon Liquor Corporation  
9031 Quartz Road  
Whitehorse, Yukon  
Y1A 4P9

Fax to: (867) 393-6306

*For your convenience, notaries are available at all Yukon Liquor Stores and at our head office at 9031 Quartz Road in Whitehorse.*



### Consent for the Release of Police Information

#### Part 1 - Applicant Information (please print)

Last name	Given name (1)	Given name (2)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth (yyyy-mm-dd)
Address (no., street, apt.)		City	Province	Postal code
Tel. no. (incl. area code)	Place of birth	Usual first name or alias	Maiden name or any other last name	
Previous address if less than 5 years at current address				
Address 1 (no., street, apt.)		City	Province	Postal code
Address 2 (no., street, apt.)		City	Province	Postal code

#### Part 2 - Consent

##### Important - Informed Consent (provided by the individual)

As an individual providing informed consent to have these sources of police information reviewed and disclosed, it is important that you understand the nature of the information that may be contained in them. By agreeing to allow your personal information to be disclosed to a prospective employer or organization, you acknowledge that you understand that your suitability could be determined based on the information disclosed. The suitability criteria are established and controlled by the employer or the organization - not the police agency or authorized body conducting the checks. The police agency or authorized body is not involved with, or responsible for, decisions that are made by the employer or organization.

**Statement of Consent:** I consent to a search of all records and information available at the time the search is conducted, including non-conviction information, charges before the courts, findings of guilt or convictions and court orders registered in my name in the National Repository of Criminal Records and local records available to the police service. I understand that if information or a possible record exists, it will not be disclosed until identification has been confirmed by either myself or by fingerprints.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ Signature: \_\_\_\_\_

Record Check results will be picked up in person by the applicant, or:

##### Identity of the organization that is requesting and should receive the results of the record checks

Name of Person or Organization	Address (no., street, apt.)		
City	Province	Postal code	

Fingerprint: For card scan submissions only.



##### Waiver for consent of release of information to third party:

I consent to the release of any and all information from available records to the authorized person of the above indicated Organization/Company/Firm.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ Signature: \_\_\_\_\_

Finger: \_\_\_\_\_

#### Part 3 - Type of Record Check Required - Completed by Applicant (selected and Initialed)

1	<b>Name-Based Criminal Record Check</b>  Initial here if requesting a Name-Based Criminal Record Check	A query, based on name and date-of-birth, of active criminal files in the RCMP National Repository of Criminal Records. Used to determine the possible existence of a criminal record. Generally used as a preliminary search only to determine if a Fingerprint-based Criminal Record Check may be required. The query may also include a search of court records and a query of <u>records management systems in other police agencies' jurisdictions</u> through the Police Information Portal (PIP) or other data sharing systems.
2	<b>Fingerprint-Based Criminal Record Check</b>  Initial here if requesting a Fingerprint-Based Criminal Record Check	A fingerprint-based search of the RCMP's national repository of fingerprints and criminal record information. The results of the search will produce a document that includes criminal record information where the identity of the applicant has been verified by fingerprints.
3	<b>Vulnerable Sector Check</b>  Initial here if requesting a Vulnerable Sector Check <input type="checkbox"/> RCMP form 3923 is attached.	A Vulnerable Sector Check is the most comprehensive type of check. It includes a query based on name and date of birth of a local police agency's records management system, commonly referred to as a local indices check, in addition to queries of CPIC identification, investigative, and Intelligence Data Banks. The query may also include a search of court records and a query of <u>records management systems in other police agencies' jurisdictions</u> through the Police Information Portal (PIP) or other data sharing systems.
4	<b>Declaration of Criminal Records</b>  Initial here if requesting a Declaration of Criminal Records	This will result in the RCMP detachment providing a list of all of the criminal convictions and related information that are included on the criminal record on CPIC. This may only be provided by the detachment where the applicant lives.  <input type="checkbox"/> Declaration of Criminal Records (RCMP form 6359) is attached.

#### Part 4 - Identification Provided

(1) \_\_\_\_\_ (2) \_\_\_\_\_

RCMP Employee: \_\_\_\_\_ ID. no.: \_\_\_\_\_

1. Legal Name: \_\_\_\_\_  
Last Name
First Name
Middle Name(s)

Mailing Address: \_\_\_\_\_  
Street Address
City
Province/Territory
Country

Date of Birth: \_\_\_\_\_

2. Name of premises: \_\_\_\_\_

3. What is your association with the business? (owner, partner, director, corporate officer, shareholder, manager)

Licensee       Manager (responsible for day-to-day control)

4. Have you ever held a liquor licence in Yukon, or elsewhere? If yes, list what type of liquor licence, where, address, applicable dates.

\_\_\_\_\_  
 \_\_\_\_\_

5. Have you ever been refused a liquor licence in Yukon or by any other liquor authority? Have you been convicted of an indictable offence under the Criminal Code of Canada in the last 5 years?

\_\_\_\_\_

6. Have you ever had a liquor licence suspended or revoked in Yukon, or by any other liquor authority? If so, provide detail.

\_\_\_\_\_

**STATUTORY DECLARATION**

I, \_\_\_\_\_, do solemnly declare that the particulars furnished by me herein before set out are true and correct statements of fact and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

SWORN before me at \_\_\_\_\_)

Of \_\_\_\_\_ in the Yukon Territory)

this \_\_\_\_\_ day of \_\_\_\_\_)

A.D. \_\_\_\_\_)

\_\_\_\_\_  
 A Justice of the Peace, a Commissioner of Oaths or a Notary Public

\_\_\_\_\_  
 Signature



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## FOR THE APPLICANT(S) & OBJECTOR(S) RE: CONFLICT OF INTEREST

The Yukon Liquor Board is an independent decision-making body at arm's-length from the Yukon Liquor Corporation. The Board has five members.

Do you have any concerns regarding conflict of interest with any of the following Board members? (If yes, the member(s) will not participate in the application hearing nor in the decision-making process regarding the application.)

Wayne Cousins (Chair)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Melanie Graham (Vice Chair)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calvin Murdoch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dave Austin	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eva Bidrman	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you the applicant, or any persons pertaining to the liquor licence application, have any concerns or issues with the meeting location of the Liquor Board being held at: Yukon Liquor Corporation (Main Office), 9031 Quartz Road, Whitehorse, Yukon, Y1A 4P9?

Yes  No (please check)

\_\_\_\_\_  
Full given name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
YLC staff name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (yyyy/mm/dd)



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# PUBLIC NOTICE OF APPLICATION FOR LIQUOR LICENCE

New Licence  Existing Licence

**TAKE NOTICE THAT** \_\_\_\_\_

of \_\_\_\_\_, is making application for  
(complete mailing address)

or change(s) to \_\_\_\_\_

liquor licence(s), in respect of the premises known as \_\_\_\_\_

situated at \_\_\_\_\_ in \_\_\_\_\_, Yukon.  
(physical address)

Any person who wishes to object to the granting of this application should file their objection in writing (with reasons) to:

President  
Yukon Liquor Corporation  
9031 Quartz Road  
Whitehorse, YT  
Y1A 4P9

no later than 4:30 pm on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ and also serve a copy of the  
objection by registered mail upon the applicant.

The first time of publication of notice is \_\_\_\_\_

The second time of publication of notice is \_\_\_\_\_

The third time of publication of notice is \_\_\_\_\_

Any questions concerning this specific notice are to be directed to Licensing & Inspections Branch, Yukon Liquor Corporation  
867-667-5245 or toll-free 1-800-661-0408 x 5245.

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

**Building: Whitehorse**  
Tel: 867-668-8340  
Fax: 867-668-8395  
[adminbuilding@whitehorse.ca](mailto: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](mailto:buildingsafety@gov.yk.ca)

**Fire Safety: Whitehorse**  
Tel: 867-668-8685  
Fax: 867-668-8389  
[www.whitehorse.ca](http://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](mailto:environmental.health@gov.yk.ca)