



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 TRANSFER OF LICENCES

The following is a checklist of the documents and information required to make a transfer.

- 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* for: each director of the company; each partner in a partnership; or for an applicant in a sole proprietorship and for the manager of the premises.
- A detailed plan of the building(s) or detailed plans for renovations indicating proposed licensed area and liquor storage area(s), including dimensions, and showing doorways, exits, and other major features (Refer to Section 7 of FORM 1 – *Application for Liquor Licence*).
- Copy of title or lease agreement (this agreement must be valid for one year or more) or a copy of the option to purchase or lease.
- Copy of your Business Name registration.
- Copy of purchase agreement (if leasing the building(s) from one party and have purchased the business from another party).
- Copy of food menu/list
- Copy of liquor menu
- \$150 non refundable transfer fee.
- Copy of the business licence (which must include liquor service).
- Application/documents required for specific class of licence, e.g. Club, Recreation Facility, RV Park etc. refer to section 7 of the application. (Other relevant documentation may be required)
- Approval of the premises by Environmental Health for food service, washroom, and sanitation requirements, etc.
- Approval of the premises for occupancy by: the City of Whitehorse Building Inspection Branch or YTG-Building Inspection Branch; and/or a copy of the fire inspection report from the City of Whitehorse Fire Department or the YTG-Fire Marshall's Office.
- Notification from the current licensee of their intentions to sell or lease their premises along with a letter stating that they have no objection to the transfer of their liquor licences.

The documents listed in the application package and the transfer fee must be received by our office 30 days prior to the proposed transfer date so that an inspection of the premises can be completed, the transfer application can be considered and if approved, the licences can be issued in advance of your opening date.

A Food Primary - beer/wine licence, allows you to serve beer, wine, ciders and coolers. A Food Primary – all liquor licence, allows you to serve beer, wine and spirits.

New licensees will receive an 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 transfer application package, please find enclosed:

- Checklist;
- Specific relevant excerpts from the *Yukon Liquor Act & Regulations*;
- Specific relevant excerpts from the Yukon Liquor Board Policy;
- Application form;
- Personal History Report; and
- 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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FORM 1 APPLICATION FOR LIQUOR LICENCE

Application for New Licence Application to Transfer Licence

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

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

2. CONDITION 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 or held (Have you been granted a liquor licence previously by a Liquor Board or Commission? If so, provide details)

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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	Premises under construction	<input type="checkbox"/>	Constructed under renovations	<input type="checkbox"/>				
	Constructed	<input type="checkbox"/>	Not yet constructed	<input type="checkbox"/>				
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			Annual dues (\$)				
	# of non-resident members			Bylaws				
	# of honorary members							

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



PERSONAL HISTORY REPORT & RCMP CONSENT OF THE RELEASE FOR 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.

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



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	

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: _____

Fingerprint: For card scan submissions only.



Finger: _____

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

1	Name-Based Criminal Record Check 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	Fingerprint-Based Criminal Record Check 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	Vulnerable Sector Check 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	Declaration of Criminal Records 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.: _____



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**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

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
www.city.whitehorse.yk.ca/departments/planning-services

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