

Is there an existing Liquor License? " Yes " No

- If Yes, i) Provincial Liquor License # _____
- ii) License type _____
- iii) Seating Capacity: Indoor _____; Outdoor _____
- iv) Hours of Operation; Monday to Thursday _____
Friday & Saturday _____
Sunday _____

Are you applying to amend an existing Liquor License? " Yes " No

(If Yes, please complete Section B)

Are you applying for a new Liquor License? " Yes " No

(If Yes, please complete Section C)

Are you transferring an existing Liquor License? " Yes " No

If Yes, what is the address of the existing License? _____

Is this a conversion of an existing Liquor License? " Yes " No

Entertainment: " No " Yes: Type of Entertainment _____

Food Service: " No " Yes: Type of Food: _____

On-site parking available for premises: " No
" Yes: No. of Spaces _____

SECTION B (To be Completed by Applicants Seeking to Amend Existing Liquor License):

Proposed Total Patron Capacity: No. of Indoor Seats _____

No. of Patio Seats _____

Patio located on Private Property " Yes " No

Proposed Hours of Operation:

Monday to Thursday _____

Friday & Saturday _____

Sunday _____

Size of Premises: Present: _____ sq.ft./sq.m.

Proposed _____ sq.ft./sq.m.

Present size of **licensed** area: _____ sq.ft./sq.m.

Proposed addition to **licensed** area: _____ sq.ft./sq.m.

Revised floor plan included: " Yes " No (Change of hours only)

SECTION C (To be Completed by Applicants Seeking New Liquor License):

Type of Liquor License

- | | | | |
|---|--------------------------|---|---------------------|
| " | "A" Lounge - Hotel | " | "A" Pub - Hotel |
| " | "A" Lounge - Social Club | " | "C" Cabaret |
| " | "D" Neighbourhood Pub | " | "E" Stadium or Hall |
| " | "F" Marine Pub | " | Other |

Proposed Patron Capacity: Total No. of Seats: _____

Patio: " No " Yes: No. of Patio Seats _____

Proposed Hours of Operation: Monday to Thursday _____

Friday & Saturday _____

Sunday _____

Size of Premises: _____ sq.ft./sq.m.

Size of Licensed Area: _____ sq.ft./sq.m.

Floor plan included: " Yes

DATE: _____

APPLICANT'S SIGNATURE OR

AGENT FOR APPLICANT