



LIQUOR LICENCE APPLICATION PACKAGE

FOR MAKING A NEW APPLICATION

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

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

Application checklist	pg 2
Inspection contact list	pg 3
Form 1: Liquor licence application*	pg 4
Form 2: Affidavit	pg 7
Form 3: Personal history report form	pg 8
RCMP Consent for the Release of Police Information form**	pg 9
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Form 5: Public notice of application for liquor licence	pg 11

* 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, contact the Regulatory Services Branch at 667-5245 or toll free 1-800-661-0408, ext 5245.

** **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.** Should any result other than “Negative” be provided to the Yukon Liquor Corporation, a fingerprint submission to the RCMP must be done. Once the applicant has received the results of the fingerprint certification then the application can go forward to the Yukon Liquor Board.

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 contact Regulatory Services branch at (867) 667-5245 or Toll Free within Yukon 1-800-661-0408 ext 5245 or at 9031 Quartz Road, Whitehorse, Yukon Y1A 4P9.

Application checklist

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 showing the location of the property.
- A detailed sketch of the premises showing the rooms, services, buildings, construction material, and other pertinent information. The sketch will also identify the areas to be licensed. (Building and fire inspectors will require that this sketch is "to scale")
- 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 with prices.
- 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). **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.**

Additional information

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 Yukon Liquor Board Policy Manual Policy Tab #4).

Personal history report and RCMP consent for the release of police information

Instructions for completion and processing of the forms on pages 8 and 9:

1. Personal history report:

Complete the Personal History Report form, have it notarized and then return it to the Yukon Liquor Corporation. For your convenience, notaries are available at all Yukon Liquor Stores and at our head office at 9031 Quartz Road in Whitehorse.

2. Consent for the Release of Police Information:

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

3. **Mail to:** Yukon Liquor Corporation
9031 Quartz Road
Whitehorse, Yukon, Y1A 4P9
- Fax to:** 867-393-6306

Inspection contact list

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

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

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

Fire safety Whitehorse
Tel: 867-668-2462
email: prevention@whitehorse.ca

Territorial
Tel: 867-456-6517 • Fax: 867-667-3165
Toll free (in Yukon): 1-800-661-0408 ext. 5230
email: CS.FMO@yukon.ca

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

New off premises licence application

When considering a new off-premises licence application, the board will consider density and proximity targets for an area:

Density target: a maximum of one (1) Off-Premises Licence approved for every 1,000 persons within the defined area.

Proximity target: minimum of one-hundred and fifty (150) metres away from a public park, school, daycare, youth centre, alcohol/treatment facility, existing off-sales licensee, YLC Store, or other areas considered by the board to pose a potential conflict, including those frequented by children, youth or other vulnerable persons.



Section 1 – Classes of liquor licence requested (Liquor Act Section 23)

- | | |
|---|---|
| <input type="checkbox"/> 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 | |

Section 2 – Conditions of liquor licence requested

- | | |
|--|--|
| <input type="checkbox"/> 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 | |

Section 3 – Establishment information

Establishment name

Legal description	Lot	Block	Plan
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Street address

Mailing address of establishment (if different from above)

Section 4 – Contact person (for processing application)

Name				
Address				
Phone	Fax	Email		
Website				

Section 5 – Business information

Sole proprietorship Partnership Corporation Non-profit organization

Name				
Address				
Phone	Fax	Email		
Website				

Section 6 – Ownership**If partnership**

Name of each owner	% of ownership

If corporation

Date of incorporation	YYYY/MM/DD	<input type="checkbox"/> Public	<input type="checkbox"/> Private
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 (\$)
Applicant's position with corporation			
Location of corporation			
Address of corporation			

If corporation or non-profit organization

Officers and directors	Name (attach list, including # shares held (common and 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)

Section 7 – Description of proposed operation

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

General description	<input type="checkbox"/> Premises under construction <input type="checkbox"/> Constructed <input type="checkbox"/> Constructed under renovations <input type="checkbox"/> Not yet constructed							
Start date	YYYY/MM/DD							
Person in charge of the liquor business (day-to-day operations)	<input type="checkbox"/> Applicant <input type="checkbox"/> Named manager in day-to-day control							
Hours and days of business operation		M	T	W	Th	F	Sa	Su
	From							
	To							
	If seasonal:	Opening date		YYYY/MM/DD				
	Closing date		YYYY/MM/DD					
Proposed hours of liquor service		M	T	W	Th	F	Sa	Su
	From							
	To							
	If seasonal:	Opening date		YYYY/MM/DD				
	Closing date		YYYY/MM/DD					
Clubs	# of resident members							
	# of non-resident members							
	# of honorary members							
	Annual dues (\$)							
	Bylaws							

Section 8 – Signatures

Signature of applicant

Signature of applicant

Print name

Print name

Title

Title

YYYY/MM/DD

YYYY/MM/DD

Date

Date

Application received by Yukon Liquor Corporation:

YYYY/MM/DD

Date

Name and title

Date reviewed with client:

YYYY/MM/DD

Date

Name and title



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 _____, Yukon, on this _____ day of _____ 20 _____.

Notary public's signature

Notary public in and for Yukon/government notary

Notary public expiry date

Notary public's official position title, government and government department



See instructions for completion on page 3.

Full legal name (last, first, middle)	Date of birth YYYY/MM/DD
Mailing address	
Name of premises	
What is your association with the business? (owner, partner, director, corporate officer, shareholder, manager) <input type="checkbox"/> Licensee <input type="checkbox"/> Manager (responsible for day-to-day control)	
Have you ever held a liquor licence in Yukon, or elsewhere? If yes, list what type of liquor licence, where, address, applicable dates.	
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? (If so, provide detail)	
Have you ever had a liquor licence suspended or revoked in Yukon, or by any other liquor authority? (If so, provide detail)	

Signature

DECLARED before me at _____, Yukon, on this _____ day of _____ 20 ____.

Notary public's signature

Notary public in and for Yukon/government notary

Notary public expiry date

Notary public's official position title, government and government department

This information is being collected under the authority of sections 61 and 62(2) of the Yukon *Liquor Act*; section 46(1) *Yukon Liquor Regulations* for the purpose of liquor licensing and administration. For further information direct inquiries to the Regulatory Services branch at (867) 667-5245.



Consent for the Release of Police Information

Applicant Information				
Last Name		Given Name 1		Given Name 2
Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (yyyy-mm-dd)	Current Address		
City		Province	Postal Code (A9A 9A9)	Telephone Number (include area code)
Place of Birth		Usual First Name or Alias		Maiden Name or any Other Last Name
Name at Birth		Previous Names or Legally Changed Names		
Previous Addresses				
Provide previous addresses if less than 5 years at current address.				
Address		City	Province	Postal Code (A9A 9A9)
Consent				
<p>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.</p>				
Signature of Applicant				
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.				
Signature			Date of Consent (yyyy-mm-dd)	
Requesting Organization				Fingerprint
<input type="checkbox"/> Record Check results will be picked up in person by the applicant				For card scan submissions only.
Identity of the organization that is requesting and should receive the results of the record checks.				
Name of Person or Organization		Address		
City	Province	Postal Code (A9A 9A9)		
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.				
Signature			Date (yyyy-mm-dd)	Finger
Type of Record Check Required				
To be completed by the applicant (initial type of record check being requested).				
Type	Description	Additional Requirements	Initial	
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 records management systems in other police agencies' jurisdictions through the Police Information Portal (PIP) or other data sharing systems.	N/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.	N/A		
Vulnerable Sector Check	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's 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 records management systems in other police agencies' jurisdictions through the Police Information Portal (PIP) or other data sharing systems.	<input type="checkbox"/> Form 3923 completed and attached		
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"/> Form 6359 completed and attached		
Identification Provided				
To be completed by the RCMP employee.				
Applicant Identification Type 1		Applicant Identification Type 2		RCMP Employee Name
				HRMIS Number



**FOR THE APPLICANT(S) AND 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 six 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.)

Eva Bidrman (Chair)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dr. Deborah Bartlette	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Clarence Timmons	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lacia Kinnear	<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

Full given name (printed)

Signature

YLC staff name (printed)

Signature

YYYY/MM/DD
Date



FORM 5
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
yukon.liquor@yukon.ca

no later than 3:00 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 Regulatory Services Branch, Yukon Liquor Corporation
867-667-5245 or toll-free 1-800-661-0408 ext 5245.