

**LIQUOR & CANNABIS LICENSING APPLICATION
 FOR LOCAL GOVERNMENT RESOLUTION**

(IN ACCORDANCE WITH POLICY #DEV-010)

(PAID Stamp)
 Enter MS/DEV004

Application Type:

- | | |
|---|--|
| <input type="checkbox"/> New Liquor Primary / Liquor Primary Club License (\$930) | <input type="checkbox"/> Amendment to Existing License (\$415) |
| <input type="checkbox"/> New Cannabis Retail License (\$930) | <input type="checkbox"/> Liquor Primary / Liquor Primary Club |
| <input type="checkbox"/> Temporary Amendment (Event) to Liquor License (\$310) | <input type="checkbox"/> Manufacturers |
| | <input type="checkbox"/> Food Primary |
| | <input type="checkbox"/> Cannabis Retail |

APPLICANT INFORMATION

APPLICANT INFORMATION:

Name: _____
 Street Address: _____
 Phone: _____
 Fax/Email: _____

PROPERTY OWNER INFORMATION (if different):

Name: _____
 Mailing Address: _____
 Phone: _____
 Fax/Email: _____

GENERAL INFORMATION

A) TO BE COMPLETED FOR ALL APPLICATIONS:

Civic Address: _____ Property Zoning: _____
 Legal Description: _____
 Proposed seating capacity (Liquor Only): _____
 Proposed hours of operation: _____
 Existing size of premise: _____
 Proposed expansion of premise: _____

Attach the following:

- Site plan showing:
 - Location of existing and proposed buildings and structures, lot dimensions & setbacks
 - Parking areas, loading space, access/egress, garbage areas & landscaping
 - North arrow & scale
 - Measurements in metric (imperial measurements may also be included)
- Relevant LCRB information
- Letter of intent

(continued over.....)

B) TO BE COMPLETED FOR ALL AMENDMENT & TEMPORARY AMENDMENT APPLICATIONS:

Provincial License #: _____ License Type: _____
Seating Capacity: _____ Hours of Operation: _____

C) TO BE COMPLETED FOR CANNABIS RETAIL LICENSES

Proposed hours of service: _____

- Retail storefront location details
- Copy of proposed floor plans (as submitted for Provincial License)
- Exterior modification plans, including proposed signage and window treatment details.

AUTHORIZATION

I declare that the above statements are true and correct. I agree, if granted a license, to comply with all relevant bylaws now in force or which may come into force in the Town of Smithers.

Signature of Property Owner: _____

Date: _____

Signature of Applicant: _____

Date: _____

Your personal information is maintained in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions regarding the use of your personal information, please call the Director of Corporate Services for the Town of Smithers at 250-847-1600.

**TOWN OF SMITHERS
FOR OFFICIAL USE ONLY**

RCMP Input: _____

SD54 Input (Cannabis): _____

Next available Regular Council meeting: _____

Public Notifications: Letters

Interior News Ads 1) _____

2) _____

Town Website