

## FORM 2 AFFIDAVIT FOR APPLICATION FOR LIQUOR LICENCE

9031 Quartz Road Whitehorse, Yukon Y1A 4P9 Fax: 867-393-6306 www.ylc.yk.ca

## AFFIDAVIT OATH OF APPLICANT

I/We,	and
(name)	(name)
of the	
(name of sole proprietorship, pa	rtnership, corporation, organization)
of	in Yukon
(community/loc	ation)

## 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;

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- 4. I/we am/are the full age of nineteen years; and
- 5. I/we am/are the authorized representative of the applicant.

Signature
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Signature

SWORN BEFORE ME AT THE )

\_\_\_\_\_ of \_\_\_\_\_ )

in Yukon, this \_\_\_\_\_ day of \_\_\_\_\_ )

20 \_\_\_\_. )

A Notary Public in and for Yukon