

PROVINCE OF PRINCE EDWARD ISLAND

Application for Permit Under Clause 4(b)
of the Liquor Control Act Regulations
(Special Conference, Banquet, Reception or Organization)

AND

Application for Registration As a Vendor
Pursuant to the Revenue Tax Act

Permit #: _____

Name of Applicant (Person) _____ **Phone No.** _____

Address _____ **Fax No.** _____
STREET CITY PROVINCE POSTAL CODE

(If the permit is for an association or other organization, give name and address of organization and state your official position.)

Name of Organization _____

Address _____
STREET CITY PROVINCE POSTAL CODE

Official Position _____ **Email Address:** _____

Check Class of Permit: _____ Class I (If the liquor is to be served free of charge - \$5.00 fee to accompany this application)
_____ Class II (If the liquor is to be sold - \$25.00 fee to accompany this application))

Event Date: _____ **Event Time:** from _____ to _____

- **Purpose for permit:** _____
- **Number of people participating:** _____ **Will minors be present:** _____
- **Place where liquor will be consumed:** _____
(Name) (Address)

Quantity of Liquor Required (shown below) to be purchased at the _____ Liquor Store.

Product	Size	Quantity	Selling Price/Serving (Tax included)
Beer			
Spirits			
Wine			
Coolers: Spirit			
Coolers: Wine			

I, _____, the above named applicant confirm that the liquor above described will be used and consumed in accordance with the Liquor Control Act and Regulations. In addition, I, the above named applicant, hereby make application for registration under "The Revenue Tax Act", and agree to accept the responsibilities as set out in the Revenue Tax Act, collect the Revenue Tax imposed, and account to the Provincial Treasurer of PEI for all the monies collected, or should have been collected.

(Date) (Signature of Applicant)

If the function is to take place on premises which are not under the direct control of the applicant, the following must be completed by an official of the premises:
I, _____ being the _____ of the _____
_____ state that there is no objection to the serving of alcoholic beverages in the _____

(Name of premises) on _____ (Date)

(Signature of Official of Premises)

NOTE TO APPLICANT:

Please complete this form and return it, along with the application fee, to the Prince Edward Island Liquor Control Commission, P. O. Box 967, 3 Garfield St., Charlottetown, P.E.I., C1A 7M4.