CITY OF KAMLOOPS
DEVELOPMENT AND ENGINEERING SERVICES DEPARTMENT
Phone: 250-828-3561 Fax: 250-828-7848
Email: develop@kamloops.ca
www.kamloops.ca

EXISTING LIQUOR LICENCE PERMIT ALTERATION APPLICATION

Municipal Contact:_____ Application No.:_____ Date Received: _____

Applicant: _____ Email: _____

Address: Postal Code: _____

Phone: _____ Fax: _____

Registered Owner: _____ Email: _____
(if not applicant)

Address: Postal Code: _____

Phone: _____ Fax: _____

SUBJECT PROPERTY

Legal Description: _____

Address: _____

PROPOSED CHANGE TO EXISTING LIQUOR LICENCE

Licence Type: ☐ Nightclub/Cabaret ☐ Lounge
☐ Neighbourhood Pub ☐ Food Primary

Proposed Capacity: Indoor _____ Outdoor _____

Hours of Operation: _____ Days of Week ○ MON ○ TUES ○ WED ○ THURS ○ FRI ○ SAT ○ SUN

PROPOSED CHANGE: ☐ Permanent ☐ Temporary

REQUIRED SUBMISSIONS

Application Fee

☐ Major Change ($1,000)
- ☐ Capacity Increase
- ☐ Authorization of Owner
- ☐ Existing Licence
- ☐ Relocation
- ☐ Building Floor Plans*
- ☐ Site Plan*
- ☐ Change in Closing Hours

☐ Minor Change ($500)
- ☐ Patron Participation
- ☐ Change in Opening Hours
- ☐ Games Area Endorsement
- ☐ Other (specify)
- ☐ Outdoor Patio Endorsement
- ☐ Existing Licence

☐ Temporary Change ($50)
- ☐ Hours Change
- ☐ Patron Participation
- ☐ Extension of Licensed Area
- ☐ Existing Licence

*****All submitted plans and drawings shall be to a standard metric scale, shall include four full-size drawings, one set of 8½" x 11" sized drawings that can be reproduced by photocopier, and one digital copy (PDF format).

I/We _____
(Print Applicant's Name)

make application under the provisions of City of Kamloops change to an Existing Liquor Licence Policy. I also certify that the information contained herein is correct to the best of my knowledge and belief. I understand **this application, including any plans submitted, is public information.** I authorize reproduction of any plans/reports for purposes of application processing and reporting. I understand that personal information collected on this form is collected for the purpose of processing this application for administrative purposes. Personal information is collected under the authority of the *Local Government Act*.

_____ _____
(Date) (Applicant's Signature)

This application is made with my full knowledge and consent.

_____ _____
(Date) (Registered Owner's Signature)

Office Use/Referral Agency Comments: (Use separate sheet if required.)