



LCBO Convenience Outlet Authorization Appendix B - Application Form

The Application must be completed in accordance with instructions provided in Part III of the RFP.

Please ensure that all information is typed or clearly printed.

R.F.P. No.:	
Community	

RFP Primary Point of Contact

Name	
E-Mail	
Cell Number	

Part I – The Applicant

The applicant is:

Sole Proprietorship – Provide full name and address. Attach a copy of the Master Business Licence (if available) to the Application.

<u>Name</u>	<u>Home Address</u>

Partnership – Provide names and addresses of all partners.
Attach a copy of the Master Business Licence and Partnership Agreement (if available) to the Application.

<u>Name of Partner</u>	<u>Home Address</u>	<u>Percentage of Interest</u>	<u>Has Signing Authority</u>
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

Corporation – Provide name of corporation as per Articles of Incorporation.
Attach a copy of the Articles of Incorporation and Master Business Licence (if available) to the Application.
Provide the address of the corporation and list names and addresses of all directors and officers and state position held by each (i.e. President, Vice President, Secretary).

<u>Name of Corporation</u>	<u>Address of Corporation</u>			

<u>Name of Director/Officer</u>	<u>Home Address of Director/Officer</u>	<u>Position in Company</u>	<u>Percentage of Interest</u>	<u>Has Signing Authority</u>
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes

Part II – Personnel

Proposed Manager - provide full name and address.

<u>Name</u>	<u>Home Address</u>	<u>E-Mail Address</u>

<u>Name</u>	<u>Home Address</u>	<u>E-Mail Address</u>

Appendix C - LCO Personal History Form is required for each individual listed above.

Conflict of Interest

For the purposes of this section, the term **"Conflict of Interest"** means any situation or circumstance where, in relation to the RFP, the RFP process, and/or Authorizations, the Respondent or any advisor, officer, director, shareholder or employee of the Respondent has:

- (1) other commitments, relationships or financial interests that:
 - i. could or could be seen to exercise an improper influence over the objective, unbiased and impartial exercise of independent judgment by any personnel of the LCBO or the LCBO's advisors; or
 - ii. could, or could be seen to compromise, impair or be incompatible with the effective performance of a Respondent's obligations under the Authorization if that Respondent was successful under this RFP process;
- (2) contractual or other obligations to the LCBO, Government of Ontario or the AGCO that could, or could be seen to have been compromised or impaired as a result of its participation in the RFP process or under an Authorization, including where such individuals; or
- (3) knowledge of confidential information of strategic and/or material relevance to the RFP process that is not available to other respondents and that could or could be seen to give the Respondent an unfair competitive advantage.

For further clarity, Respondents should disclose whether the Respondent or any advisor, officer, director, shareholder or employee of the Respondent is:

- (1) an employee or official of the Government of Ontario;
- (2) a member of the LCBO Board of Directors or an employee of the LCBO or the AGCO; or
- (3) a manufacturer, importer, distributor or bottler of beverage alcohol or has any direct or indirect interest in same.

Do any of the respondents have or perceive to have a conflict of interest? Yes No

If Yes, please describe and relevant details including who has the conflict:

Part III – The Premises

Provide the complete mailing address of business (include Lot #, Concession, County Rd., Postal code, etc.) applying to host a LCBO Convenience Outlet.

Complete the business name, e-mail and telephone number.

Business Name: _____

Business Premise Address: _____

Business Mailing Address: _____

Telephone: _____

E-mail: _____

Are there any local Municipal laws that would prohibit the sale of beverage alcohol at your retail business? If Yes, give full particulars. Yes No

Is your business premises located on a reserve? If yes, as defined under the Indian Act, R.S.C., 1985, c. I-5, the Respondent must have support from the band council, or if there is no band council, the chief of the band, to retail alcoholic beverages on the premises. A letter from the band council or chief indicating their support must be included in your submission. Yes No

Is your business premises located in designated French language service (FLS) community? Yes No
If Yes, please indicate number of French speaking employees (bi-lingual).

Does the Business Premises have all Fixtures and Shelving installed as described in Section 3.3(1)? Yes No

Is any part of the building currently licensed under the *Liquor Licence Act*? Yes No
If Yes, provide the following details:

Name of licence holder: _____

Details of your connection to the licence holder: _____

Location of the licensed premises: _____

Do you work in the licensed premises? Yes No

Current Floor Plan

Total square footage of the business retail space

- space used for the selling of goods to consumers (excluding storage, employee lounge areas, washrooms, utility rooms)

Total square footage of the proposed area where beverage alcohol would be displayed (including beer coolers and walk in coolers if applicable)

The proposed beverage alcohol display area meets the minimum requirement of 80 linear feet of shelving (including walk in coolers and beer coolers)

- Yes
 No

Shelving length:
Number of shelving units:
Number of tiers:

If No, please specify your plans to meet the minimum requirement of 80 linear feet of shelving:

The proposed storage area for empty beverage alcohol containers meets the minimum requirement of 100 sq feet

Yes

No

If No, please specify your plans for storage to meet the 100 sq ft of the empty container storage space:

The proposed beverage alcohol display area can accommodate the Additional Space Requirement for the seasonal product display (4x4 square foot space)?

Yes

No

If No, please specify your plans for the 4x4 additional space requirement:

Attach a detailed floor plan that identifies:

- Measurements and floor plan for the entire existing premises in which the business is located;
- Location of all entrances and exits;
- Location and measurements of the available area in the existing business premises where beverage alcohol would be displayed;
- Location and measurements of shelving for beverage alcohol;
- For beer, identify space on the floor that would be allocated;
- Location and measurements for the proposed storage areas for inventory;
- Location and measurements for the proposed storage area for empty beverage alcohol containers; and
- Location and measurement of the proposed location of the Additional Space Requirement.

Part IV – The Business

What is the type of Retail business (i.e. Grocery, Convenience, Gas Bar etc.)

What are the days and hours of operation of the business? If the hours of operation are seasonal, please list the hours for each season.

Are you Open Year Round?	Year Round Hours	Are you a Seasonal Business? (Closed for Portion of Year)			
		Summer Hours	Spring Hours	Fall Hours	Winter Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Describe how your existing cash register system would be able to separate beverage alcohol sales from all other sales. Please indicate if you currently have a separate cash register you would allocate to beverage alcohol sales and describe how you propose to track and account for beverage alcohol sales.

Personal information on this form is collected under the authority of the *Liquor Control Act*, Sec. 3(1)(r), R.S.O. 1990 CL.18 for purposes of assessing the suitability of the applicant(s) to establish an agency store. Information collected on this form may be verified through credit bureaus, banks, the Ministry of Finance and reference checks. For questions on the collection, use and disclosure of this personal information, please email ConvenienceOutlets@lcbo.com.

Following the LCBO's selection of the successful applicant, the LCBO may be required to share information with Brewers Retail Inc. By signing this form, I/we authorize the LCBO to collect additional personal information about me/us indirectly through reference checks and police checks to verify the information contained on this form. I/We consent to the Ministry of Finance disclosing taxpayer information relating to the applicant(s) to the LCBO for the purposes of verifying compliance. I/We hereby declare that the information provided by me/us on this form is true, complete and correct. I/We understand that a false statement may be considered sufficient reason for the LCBO to reject the application in its entirety, or to cancel or suspend any authorization to establish and operate a government store if granted.

DATED at _____ this _____ day of _____ 20____.

Applicant's Signature
Name: _____
Title: _____

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Name: _____
Title: _____

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