



Application for Licence Extension

Instructions: Complete all applicable fields, attach required documents and submit with payment as outlined at the bottom of this form. You may complete this form one of two ways: 1) at your computer, save then print or 2) by hand – print clearly using dark ink.

Applicant's Liquor Licence

Current Liquor Licence #: _____

Class of Licence:

☐ Class A (Liquor Primary)

☐ Class D (Liquor Incidental)

☐ Class B (Food Primary)

☐ Manufacturing

Establishment Name: _____

Applicant Name: _____
First Name Last Name

Corporation: _____
[Enter the name of the public or private corporation, partnership, organization]

Mailing Address: _____
Street #, P.O. Box # Street Name

Community Territory/Province Postal Code

Phone Number: _____

Fax: _____

Email: _____

Proposed Operating Hours (Hours requested must fall between 10:00am and 2:00am of each business day)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
OPEN							
CLOSE							

Extensions

Please indicate which of the following extensions are being applied for.

For Banquet Room(s), indicate name and occupancy load for each room.

Extensions to Class A (Liquor Primary)		Extensions to Class B (Food Primary)		Extensions to Class D (Liquor Incidental)		Banquet Room Extension Include copy of floor plan	
☐ Mini-Bar (tourist facility only)		☐ Mini-Bar (tourist facility only)		☐ Mini-Bar (tourist facility only)		Name of Banquet Room	Max. Load
☐ Off-Premises		☐ Room Service (tourist facility only)		☐ Room Service (tourist facility only)			
☐ Manufacturer's		☐ Off-Premises					
		☐ Bring Your Own Wine (BYOW)					
		☐ Manufacturer's					
						Add additional rooms separately	

Declaration of Signing Authority

I solemnly declare that the statements in this application are true.

Name of Official:

Last/first/middle

Position

Date

Signature:

Applications can be submitted to the Liquor Licensing Board by email or by mail at:
#204 – 31 Capital Dr., Hay River NT X0E 1G2