

Department of Public Safety  
Licensing and Records  
P. O. Box 6000  
Fredericton, NB  
E3B 5H1  
Telephone: (506) 453-2410  
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78-9264 (11/00)

Ministère de la Sécurité publique  
Licences et dossiers  
Case postale 6000  
Fredericton (Nouveau-Brunswick)  
E3B 5H1  
Téléphone : (506) 453-2410  
Télécopieur : (506) 453-3044

**Licensing Application Form  
Special Event**

**Demande de licence pour un événement spécial**

**Section A**

**Partie A**

GST / HST Number / Numéro d'inscription aux fins de la TPS / TVH  
Language Preference

Langue préférée

English  French

Français  Anglais

**Section B**

**Partie B**

Partnership (attach names and address of partners)

Société en nom collectif (joindre le nom et l'adresse des associés)

Corporation (attach names and address of directors and officers)

Corporation (joindre le nom et l'adresse des administrateurs et des dirigeants)

Other (i.e. organization, group, festival, etc.)

Autre (organisme, groupe, festival, etc.)

**Section C**

**Partie C**

Legal Name / Raison sociale  
(Corporation or Organization / Corporation ou organisme)

Trade or Operating Name / Nom commercial  
(Festival, Business or Event / Festival, entreprise ou événement)

Mailing Address / Adresse postale

City / Ville

Postal Code / Code postal

Location of Business, Festival or Event (street, road, County, etc.) / Emplacement de l'entreprise, du festival ou de l'événement (rue, route, comté, etc.)

Business Telephone Number / Téléphone d'affaires ( ) \_\_\_\_\_

Business Fax Number / N° de télécopieur d'affaires ( ) \_\_\_\_\_

**Section D**

**Partie D**

1<sup>st</sup> Contact Person /  
1<sup>re</sup> personne-ressource

\_\_\_\_\_  
(First Name / Prénom)

\_\_\_\_\_  
(Last Name / Nom de famille)

( ) \_\_\_\_\_  
(Work Telephone Number /  
Téléphone au travail)

( ) \_\_\_\_\_  
(Home Telephone Number /  
Téléphone à domicile)

2<sup>nd</sup> Contact Person /  
2<sup>e</sup> personne-ressource

\_\_\_\_\_  
(First Name / Prénom)

\_\_\_\_\_  
(Last Name / Nom de famille)

( ) \_\_\_\_\_  
(Work Telephone Number /  
Téléphone au travail)

( ) \_\_\_\_\_  
(Home Telephone Number /  
Téléphone à domicile)

**Declaration**

**Déclaration**

It is understood and agreed to that if the said event is not accurately identified on this document and/or it is not operated in accordance with the requirements of the *Liquor Control Act*, the policies, and the conditions attached to the Special Event Permit, then the privileges of obtaining further Special Event Permits may be suspended or cancelled at the discretion of the Department of Public Safety.

Il est entendu que le ministère de la Sécurité publique peut, à sa discrétion, empêcher l'obtention d'autres licences pour un événement spécial si les renseignements fournis relativement à l'événement faisant l'objet de la présente demande sont faux ou si les activités ne sont pas conformes aux dispositions de la *Loi sur la réglementation des alcools* et aux conditions rattachées au permis.

I certify that:

Je certifie que :

- I am at least 19 years of age.
- All information submitted in this application is true and correct.
- I have read and understand the conditions which are applicable to the licence applied for.

- J'ai au moins 19 ans.
- Tous les renseignements fournis sont vrais et exacts.
- J'ai lu et compris les conditions applicables à la délivrance de la licence demandée.

Applicant's Signature

Signature du requérant

### Special Event Licence

Telephone: (506) 453-8035  
 Fax: (506) 453-3044

**APPLICATION MUST BE RECEIVED 45 DAYS PRIOR TO EVENT**

**Required Fee:** \$60.00 for the first day of an event and \$130.00 for each additional day.

**Event Name:** \_\_\_\_\_

List the activities where liquor will be stored, served and consumed. The Special Event can be held for a **maximum of seven days**. Public announcement or advertising of the activities is permitted.

Date	Scheduled Hours	Building/Tent and Address	Type of Activity	Expected Attendance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Activities operated by Concessionaires** (licensee who holds a Lounge, Dining Room or a Special Facility Licence)

Name below any licensed establishment who will be providing liquor service for the activity (ies). Attach a copy of any agreements made in this regard.

Name of licensed establishment	Activity they will operate	Date of Activity
_____	_____	_____
_____	_____	_____
_____	_____	_____

Copies of approvals/letters, from the following departments, **MUST BE ATTACHED** to the application (see Notice LIN: 0512 for details):

- Municipal Approval **or** a copy of a "Special Permit" obtained through Environment & Local Government
- Department of Health and Wellness
- Fire Marshal's Office
- Security and bartending arrangements
- Copy of Advertisement
- List of Committee Members of Organization
- Letter from Festival Committee

Indicate the selling price for each of the following:

Beer \$ \_\_\_\_\_ per 12 oz.                      Spirits \$ \_\_\_\_\_ per 1 oz.                      Wine \$ \_\_\_\_\_ per \_\_\_\_\_  
 (specify unit)

Draught \$ \_\_\_\_\_ per 9 oz.                      Coolers \$ \_\_\_\_\_ per \_\_\_\_\_ (Specify Unit)