

Department of Public Safety
Safety Services Division
Licensing Services
P. O. Box 6000
Fredericton, NB E3B 5H1



Ministère de la Sécurité publique
Division des services de sécurité
Services de délivrance de
licences et de permis
C. P. 6000
Fredericton, N.-B. E3B 5H1

Telephone: (506) 453-7472
Fax: (506) 453-3044

Téléphone : (506) 453-7472
Télécopieur : (506) 453-3044

78-9267 (09/13)

<input type="checkbox"/> Special Permit Application	<input type="checkbox"/> Special Permit Renewal
--	--

Section A

Language Preference English French Business Number: _____

Section B

Pharmacist, Medical Practitioner, Dentist or Veterinary Hospital, Sanatorium or Home for Aged People
 Engaged in mechanical or manufacturing business or scientific pursuits

Section C

Individual (Sole Proprietorship) Corporation (Attach name and address of directors and officers)
 Partnership (Attach name and address of partners)

Section D

Legal Name _____
Trade or Operating Name (if different from above): _____

Mailing Address _____

City Postal Code

Physical Location of Business (If more than one, attach list) _____

() Business Telephone Number () Business Fax Number

Email: _____

1st Contact Person _____ (Last Name) _____ (First Name)

() Business Telephone Number () Business Fax Number () Home Telephone Number

2nd Contact Person _____ (Last Name) _____ (First Name)

() Business Telephone Number () Business Fax Number () Home Telephone Number

A fee of \$50, made payable to the Minister of Finance, must be enclosed.

Declaration

Please be advised that certain information obtained on this application form will be sent to Canada Customs & Revenue Agency and Service New Brunswick pursuant to the provisions of the *Common Business Number Identifier Act*. Also, please be advised that Service New Brunswick may share such information with other public bodies for certain purposes pursuant to the provisions of the *Common Business Identifier Act*.

I hereby make application for a special permit to purchase liquor for use in accordance with the provisions of the Liquor Control Act, and any regulations made there under.

I am the official in charge and hereby make application for the purpose of a special permit to purchase liquor for the

-
-
-
- I am at least nineteen years of age and engaged in the business.

Applicant's Signature: _____

Date _____

20 _____