

Department of Public Safety  
Gaming, Liquor and Security Licensing Branch  
P. O. Box 6000  
Fredericton, NB E3B 5H1



Ministère de la Sécurité publique  
Direction de la réglementation des jeux, des  
alcools et de la sécurité  
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 (02/19)

**Special Permit Application**  **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** \_\_\_\_\_