

Please drink responsibly.

3.1 PRINCE EDWARD ISLAND LIQUOR CONTROL COMMISSION

<i>Office Use Only</i>	
APPROVED/DENIED	_____
DATE OF DECISION	_____

MARKETING REPRESENTATIVE REGISTRATION FORM

Name			
Mailing Address <small>(include Postal Code)</small>			
E-mail Address			
Telephone		Fax	
Company Name in Full			
Supplier Head Office Address <small>(Include Postal Code)</small>			
E-mail Address			
Telephone		Fax	
Immediate Supervisor		Title	
Mailing Address <small>(Include Postal Code)</small>			
E-mail Address			
Telephone		Fax	

2. Have you any financial interest, direct or indirect, in any business where alcoholic beverages are manufactured or sold in Prince Edward Island? Yes No

 Date

 Signature of Applicant