

FORM 5

**PRINCE EDWARD ISLAND
LIQUOR CONTROL ACT
REGULATIONS**

APPLICATION FOR PERMIT UNDER CLAUSE 4(a)

(Hospital)

Name of Hospital.....
Name of Official.....
Position of Official.....
Address.....

I, of
hospital, in the Province of Prince Edward Island, apply for a permit to purchase liquor and do
confirm that the liquor will be consumed only for medicinal use in the above named hospital and
none of such liquor will be sold, supplied, distributed, or otherwise disposed of contrary to the
provisions of the *Liquor Control Act* or regulations.

Dated at Prince Edward Island,
this day of, 20.....

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Signature of Applicant

No Fee