

Please drink responsibly.

This form is to be completed by an individual applicant, by each member of a partnership and by all officers of the corporation and cash employees of the applicant as may be required by the Commission. On completion it is to be attached to the enclosed "Application for License(s)" and will form part of the application form.

(This form must be completed by typewriter or other legible means)

1. Name of establishment for which this report is submitted _____

Location _____

STREET ADDRESS PLACE POSTAL CODE PHONE NUMBER

2. Name in full _____

SURNAME CHRISTIAN NAME

STREET ADDRESS PLACE POSTAL CODE PHONE NUMBER

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3. Are you over the age of 19 years? _____

4. Have you been convicted during the last ten years for any offence (other than minor traffic offences) ? _____ If answer is yes, give details of each conviction.

| Date | Place | Charge | Disposition |
|-------|-------|--------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

5. Are there any unsatisfied judgments against you? _____

If so, give details

6. Have you, in your personal capacity or in your association with any group, company or corporation, ever been the subject of bankruptcy proceedings? _____ If so, give details

7. Have you ever applied for a license for sale of liquor in Canada, or elsewhere, either as an individual, a member of a partnership, or as an officer or director of a corporation? _____

If so, give details _____

| Date of Application | Name of Establishment | Location |
|---------------------|-----------------------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| Type of License | Disposition |
|-----------------|-------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

8. Have you any interest, direct or indirect, in any business where alcoholic beverages are manufactured or sold? _____

If so, give details _____

9. Will you take any part in the business for which application is to be made?

If so, state in what capacity _____

If you are to take any active part in the business, give details of any disability or illness which might affect the performance of your duties _____

10. State other business interests, if any

11. State educational qualifications including any special courses taken

12. Give details of employment over the past ten years including present occupation

| Date from | To | Occupation | Name and address | Employer |
|-----------|-------|------------|------------------|----------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

STATUTORY DECLARATION

I, _____ do solemnly declare that the particulars furnished by me hereinbefore set out are true and correct statements of fact and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same effect as if made under oath and by virtue of The Canada Evidence Act.

SWORN before me at the _____
of _____ in the Province of Prince
Edward Island this _____
day of _____ A.D. 20 _____

SIGNATURE

A COMMISSIONER FOR OATHS IN AND FOR
THE PROVINCE OF PRINCE EDWARD ISLAND

DATE