

November 21, 2011

Job No.2300664-010

Nathan Charles Koebel Burner's Beer, Wine and Spirits (The) 4260 Oxbow Frontage Road Malakwa, BC V0E 2J0

Attention:

Re:

Step 5 - Licence Approved

Transfer of Licensee Retail Store Licence #195399

Establishment Name: Burner's, Bar, Wine & Spirits (The)

Establishment Location: 4260 Oxbow Frontage Road, Malskwa, BC

Congratulations on your successful application to transfer the above noted licence. Attached to this letter is a copy of the validated floor plan. The licence will be sent to you by your 'preferred method of contact'.

The Legal Entity has been changed from Tripple Creek Investments Ltd. to Koebel, Nathan Charles

As indicated in the *Guide for Liquor Licensees in British Columbia*, your licence and floor plan(s) must be posted in a prominent location and readily available for inspection by police officers and liquor inspectors. A list of all managers and staff that have completed the Serving It Right Program must also be kept available. This may be in the form of a list of names and certificate numbers or photocopies of the certificates.

The details of your liquor licence — who you are, the location, size and layout of your establishment, etc. — are critical factors in the decision to grant your licence. Before you make any changes to the establishment you must have approval from the Liquor Control and Licensing Branch (LCLB). Please refer to the LCLB website for details at http://www.psg.gov.bc.ca/lclb or call 1-866-209-2111.

The transferred license will expire on November 30, 2012. Two (2) months before your licence expires, a renewal notice will be sent to the contact address you identified on your application. Please ensure you notify the LCLB immediately if your 'preferred method of contact' changes. Failure to pay your annual licence fee before the expiry date will result in a \$200.00 late fee penalty. If your fees are not paid within thirty (30) days of the expiry date, you will need to reapply as a new applicant and pay both the application and licence fees. Please note that you will not be able to purchase or sell liquor if your licence expires.

Association with another business:

Licensee retail stores (LRS's) are prohibited by regulation from appearing to be associated with another business, other than related businesses such as a licensed hotel or a liquor primary establishment. This requirement has been in place since 2002. Other businesses including, but not limited to, grocery stores, must not appear to be associated with the LRS.

The same terms and conditions prohibiting the association by appearance with another business, including but not limited to grocery stores, also apply by policy to independent wine stores appointments.

.../2

Ministry of Public Safety and Solicitor General

Liquor Control and Licensing Branch

Mailing Address:

PO Box 9292 Stn Prov Govt Victoria BC V8W 9J8

Telephone: 250 952-5787 Facsimile: 250 952-7066 Location:

4th Floor, 3350 Douglas Street Victoria BC

http://www.pssg.gov.bc.ca/lclb

The reason for this policy is that government does not support liquor sales in premises located in or associated with any other business with the exceptions of a liquor primary establishment, a licensed hotel (including the associated food primary licence), or LRS.

The following requirements generally apply to all independent wine store appointments and/or LRS licences:

- The liquor/wine store must be physically separate from any other business, with full height walls and separate storage, entrances and exits;
- The sharing of visual identifiers with other businesses, including grocery stores (eg. logos, trademarks, signage, and colour schemes) is prohibited;
- The LRS or wine store must maintain separate business and financial records;
- The LRS or wine store must not operate as a loss leader in support of the other business; and
- The LRS or wine store may not engage in any joint advertising or promotions (eg. selling trademarked or brand name non-liquor products, offering discounts in the other business based on purchases in the liquor store, redeeming gift cards from the other business, and customer loyalty programs) with the other business.

Inducements:

It is illegal for suppliers to offer, and for you to accept, inducements in various forms, including but not limited to, paying for your advertising, paying for shelf space in your stores and offering volume discounts for products.

Tastings:

You are not allowed to charge customers for tastings in the above stores.

I would encourage you to consult the Terms and Conditions Guides for Licensee Retail Stores and Off-Site Retail Wine Store Appointments that you will find on our website at www.pssg.gov.bc.ca/lclb.

As a reminder, only packaged snacks, liquor related items and other items such as British Columbia Lottery Corporation (BCLC) lottery products authorized by the general manager may be sold in your Licensee Retail Store.

If you have any questions relating to this letter, please feel free to contact David Jones at (250) 952 - 7056.

Sincerely,

Karen Ayers General Manager

Karen ayers.

KA/dj

CC>

Jay Blackwell, Inspector Gary Barker, Regional Manager Sicamous RCMP (Fax: 604 – 836 - 2336)

C.F.S.E.U. Attn: Open Source (Fax: 604-777-7939)

Stephanie Watts - LDB (only if LRS or Manufacturers Application)



TRANSFER OF LIQUOR LICENCE OR **OFF-SITE STORE APPOINTMENT** All Licence Types Liquor Control and Licensing Form LCLB001c

INSTRUCTIONS: Complete all applicable fields, attach required documents and submit with payment as outlined in PART8. You may complete this form, one of three ways: 1) at your computer, then print; 2) by hand - print clearly using dark ink; or 3) online through the OneStop business registry at http://onestop.gov.bc.ca if you are transferring a food primary.

- . If you have any questions about completing this application, call the Branch toll-free at 1-866-209-2111
- Allow 4 to 6 weeks for LCLB to review and process your application.
- Download forms and supporting materials referred to in this document from: www.pssg.gov.bc.ca/lclb NOTE: TRANSFER OF OWNERSHIP OF A LIQUOR PRIMARY CLUB LICENCE OR A VQA WINE STORE APPOINTMENT IS NOT PERMITTED

| ART 1: Licence Type(s) to be Transferred | |
|--|------------------------------|
| (Please check (☑) all that apply) | This Column Office Use ONLY |
| Food Primary Licence Number: 2nd Licence Number (if | (C1-LIC) |
| more than one transferred): | , |
| Will you be changing the Establishment/Licence name? TYes No | (L/E) |
| Licence Number: | |
| 2nd Licence Number (if more than one transferred): | (C1-LIC) |
| Will you be changing the Establishment/Licence name? Yes No | (L/E) |
| Licensee Retail Store Licence Number: 195310 | (C1-LIC) |
| more than one transferred): Will you be changing the Establishment/Licence name? Yes No | (L/E) |
| Manufacturer (Brewery, Distillery or Winery (on-site retail store and agent included)) | |
| Licence Number: | (C1-LIC) |
| 2nd Licence Number (if more than one transferred): | |
| Will you be changing the Establishment/Licence name? | (L/E) |
| Licence Number: | 104.140 |
| 2nd Licence Number (if more than one transferred): | (C1-LIC) |
| Will you be changing the Establishment/Licence name? Yes No | (L/E) |
| Agent Licence Number: | (C1-LIC) |
| (Note: An Agent's licence that shares a licence number with a manufacturer cannot be transferred without transferring the manufacturer's licence.) | (01-00) |
| Off-Site Retail Certificate Number: Store Appointment | (C1-LIC) |
| NOTE: Signs should not be ordered prior to approval of the establishment's name by the Liquor | Control and Licensing Branch |

For additional licences of any type, please type (or carefully print) details here:

LIQUOR CONTROL & LICENSING RECEIVED SEP 19 2011

IMPORTANT: An expired licence CANNOT be transferred. To avoid alle fees or the licence expiring, ensure that licence renewal fees have been paid in full. There is a 30-day period after the licence expires to submit the licence fee and a \$200 late fee. After 30 days, the licence will not be renewed or transferred. The applicant must apply for a new licence. Contact LCLB to verify the licence exiry date. Transfer of Liquor Licence - All Licence Classes LCLB001c (Last updated 20 July 2011)

| PART 2: Applicant Information | - |
|--|---|
| Applicant Name: NATHAN CHARLES KOEBEL | |
| Business Number 851545598 RT Contact Person: NATHAN K | (AT-12 E7 |
| Applicant Mariting | 66 |
| address: 4266 OXBOCO FIGIZI MALAICUAL (all correspondence will be sent to this address) Street | Province Postal Code |
| Applicant Phone # with area code and extension (250) 836 - 4600 | |
| Applicant Fax with area code: (25)8364617 Applicant E-mail S.22 | |
| *NOTE: Prior to licensing applicants must have a Canada Revenue Agency issued Business Number in plathe liquor licence. This is the first 9 digits of your 15 digit GST/HST registration number. If you don't have a apply for one through the Canada Revenue Agency at http://www.cra-arc.gc.ca. | ce in the legal name of the applicant for GST/HST registration number, you can |
| 1. Do you'or any of your shareholders currently hold, have held, or have previously applied for a Bricheck (图) one box: | itish Columbia liquor licence. Please |
| No. I do not currently hold - and have never held or applied for - a British Columbia liquor licence. | |
| Yes, I currently hold a British Columbia figuor licence, or I have held or applied for one in the p previous licence(s) or previous applications (date held, licence #(s), location, type of licence and na | east. If Yes , provide details of current or me of establishment(s): |
| | |
| Food Primary license # 304459 Issued May 31, 2011 | |
| · | • |
| 2. Do you hold a Rural Agency Store Appointment? Please Check (☑) one: | ct, with a UBrew/Uvin, distillery, |
| No. I do not have any connection, financial or otherwise, directly or indirectly. Yes, I acknowledge a connection, financial or otherwise, directly or indirectly. If Yes, provide details | , , |
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| PART 3: Type of Business | |
| There are six types of businesses identified here. Choose (②) the type of business used to opera transferring. Beneath the type of business you indicate are a list of documents to submit with this | |
| Sole Proprietorship | |
| Your Legal Name: KUEBEL NATHAN (| HARLES |
| (Civen Name) (Clast) (Civen Name) (Civen Nam | 7 |
| a completed Consent for Disclosure of Criminal Record Information (RCMP GRC3584) form, a completed Personal History Summary and Consent to Criminal Record Search (LCLB004) form, a copy of primary proof of identity (such as a driver's licence, passport or 8CID card), and a copy of your Serving It Right (SIR) certificate. Statutory Declaration must be completed by all individuals that answer *yes* to question 2, 3, or \$\frac{1}{2}\$. | |
| Consent to Criminal Record Search. | |
| BUSINESS#851565598RT 000 | nsfer of Liquor Licence - All Licence Classes |

Private Corporation The following documents are required for this type of business and must be submitted with this application: Certificate of Incorporation, O Extra-provincial registration, if your business is located outside British Columbia, O Central Securities Register, O Notice of Articles, and O Special Rights and Restrictions within the articles of corporation that detail the class and types of shares and whether or not each class or type of share has voting privileges (if the information is not already included in the Notice of Articles). And, if one of the shareholders is a private corporation, a public corporation, a society or a partnership, submit all the documents listed under that business type. Plus, all shareholders (individuals) associated with the company must submit, O a completed Consent for Disclosure of Criminal Record Information (RCMP GRC3584) form, a completed Personal History Summary and Consent to Criminal Record Search (LCLB004) form. O a copy of primary proof of identity (such as a driver's licence, passport or BCID card), and O Statutory Declaration must be completed by all individuals that answer "yes" to question 2, 3, or 9 in the Personal History Summary and Consent to Criminal Record Search. Partnership Please check (☑) if you are a: Registered Partnership. Non-Registered Partnership List Partners in the space provided below. PARTNER 1: Percentage of Ownership: Legal Name. PARTNER 2: Percentage of Ownership: Legal Name: PARTNER 3: Percentage of Ownership: Legal Name: PARTNER 4: Percentage of Ownership: Legal Name: If there are more than four partners, provide same information for other partners on separate sheet and attach. If one or more of the partners are a private corporation, a public corporation or a society, submit all the documents listed under that business type with this application. Plus, each partner (individual) must submit: O a completed Consent for Disclosure of Criminal Record Information (RCMP GRC3584) form. a completed Personal History Summary and Consent to Criminal Record Search (LCLB004) form, O a copy of primary proof of identity (such as a driver's licence, passport or BCID card). a copy of one of the partner's Serving it Right (SIR) certificate, and Statutory Declaration must be completed by all individuals that answer "yes" to questions 2, 3 or 9 in the Personal History Summary and Consent to Criminal Record Search. For a registered pertnership the following documents are required and must be submitted with this application: O Registration of Partnership, OR Partnership Agreement or Joint Venture Agreement. ☐ Society The society's annual membership fee is: \$ The society has The following documents are required and must be attached to this application: Certificate of Incorporation under the Society Act, and current list of officers and directors. Plus the top four executive officers, must submit: a completed Consent for Disclosure of Criminal Record Information (RCMP GRC3584) form, O a completed Personal History Summary and Consent to Criminal Record Search (LCLB004) form, O a copy of primary proof of identity (such as a driver's licence, passport or BCID card), and O Statutory Declaration must be completed by all individuals that answer "yes"to question 2, 3, or 9 in the

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Consent for Criminal Record Search.

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VICTORIA BC

| | | Please check (| Ø) box if | f your shares are publicly traded: | |
|--|--|--|-----------------|---|---------------------------------------|
| The following documents | are required for this type of b | | | | |
| Certificate of Incorp | | | | | |
| | gistration, if your business is loc | ated outside British Colu | mbia, an | nd ' | |
| List of directors and | | • | | | |
| The state of the s | cutive officers in your public corp | | | | |
| | ent for Disclosure of Criminal Re | • | | , | |
| | onal History Summary and Cons | | | | |
| | proof of identity (such as a driver | | | | |
| Consent to Crimina | on must be completed by all inc | ilviduais that answer ye | s to que | estion 2, 3, or 9 in the Personal H | istory Summary ai |
| | | | · — — · | | |
| Other This includes entitie universities, etc. C | es incorporated through Federa contact the Branch to discuss do | Lor Provincial legislation cumentation requirement | ı. Examı Is. | ples: Local Government, First Na | tions, colleges, |
| ART 4: Licence Inf | formation | | | What is your preferred me | |
| rovide the following info | ormation for EACH licen | ce being transferre | eđ. | (Note: This is the method renewal notice and liceno | |
| cence 1 | | | _ | E-mail Fax | |
| icence number: | Date Licence expires: | | | | |
| | | Month/Day/Year | | | e e |
| Current stablishment name: | | Proposed | | | |
| · ···· - · · · · · · · · · · · · · · · | | establishment | name: | <u> </u> | |
| urrent licence ame (if different): | | Proposed licence name: | | | |
| stablishment | | | * | | |
| hysical address: | Street | · 1 | City | Province | l Postal Code |
| stablishment Mailing | - 0.1001 | | <i>-</i> , | Province | POSCAL CODE |
| ddress (if different om above): | | ļ | | | |
| om above). | Street | | Dity | Province | Postal Code |
| ontact Name: | | Business e-mail: | | | |
| usiness Phone # with | | Business fax | | | |
| rea code and extension: | | with area code: | | | |
| cence 2 | | | , | | |
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| | | | su n me | rest or the information is the : | same as acove. |
| icence number: | Date Licence expires: | | | | |
| ' . | | Month/Day/Year | | | |
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| urrent | | Proposed | | } · | |
| 1 | | establishment | name: | · | |
| stablishment name: | | , | name: | | |
| stablishment name: | | establishment | name: | <u></u> | |
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| stablishment name: urrent licence ame (if different): stablishment hysical address: stablishment Meilling ddress (if different om above): ontact Name | | establishment Proposed licence name: | City | | ; |
| stablishment name: purrent licence ame (if different): stablishment anysical address: stablishment Mailing address (if different am above): contact Name usiness Phone # with ea code and extension: | Street | establishment Proposed licence name: Co Business e-mail; Business fax with area code: | Sity | Province | Postal Code |
| stablishment name: urrent licence ame (if different): stablishment hysical address: stablishment Mailing ddress (if different om above): ontact Name usiness Phone # with ea code and extension: | Street | establishment Proposed licence name: Co Business e-mail; Business fax with area code: | Sity | | Postal Code |
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| stablishment name: urrent licence ame (if different): stablishment hysical address: stablishment Mailing ddress (if different om above): ontact Name usiness Phone # with ea code and extension: | Street | establishment Proposed licence name: Co Business e-mail; Business fax with area code: | Sity | Province | Postal Code |

PART 5: Resident Manager

(Complete this section for each resident manager employed for each licence)

A licensee who does not reside in BC or who will not be present to manage the day to day business must hire an individual to manage the establishment. The resident manager must be an employee of the licensee, a resident of BC, a Canadian citizen or lawfully admitted to Canada under the immigration and Refugee Protection Act (Canada) for permanent residence, and must be 19 years of age or over.

| ı | icence | 1 |
|---|--------|---|

| Legal Name of Resident Manager: | (Last) | (Given Names) | Licence #: |
|---------------------------------|---------|---------------|----------------|
| Legal Name of Resident Manager: | (l set) | (Given Names) | Licence #: |

Submit the following documents relating to each resident manager with this application.

- a completed Consent for Disclosure of Criminal Record Information (RCMP GRC3584) form,
- a completed Personal History Summary and Consent to Criminal Record Search (LCLB004) form,
- a copy of primary proof of identity (such as a driver's licence, passport or BCID card), and
- O a copy of the Resident Manager's Serving It Right (SIR) certificate
- Statutory Declaration must be completed if your resident manager answered "yes" to question 2, 3, or 9 in the Personal History Summary and Consent to Criminal Record Search.

(If additional resident managers will be employed for other licenses being transferred, provide the same information on a separate sheet and attach to this application.)

PART 6: Additional Requirements and Information

in addition to information on this form, for EACH licence being transferred, please attach:

- Sketches or pictures of the signs for proposed use at the establishment if you are changing the name of the establishment.
- A copy of an Agreement to Transfer Licence or Off-Site Store Appointment (LCLB801d) signed by the current licensee for each licence being transferred. NOTE: A transfer of licence cannot be completed without this form.

Licensee Retail Stores: Please provide a copy of the Certificate of Title, fully executed lease, offer to purchase, or offer to lease in the applicant's name. NOTE: If you provide an offer to purchase or lease, the transfer of licence will not be approved until a Certificate of Title or fully executed lease is provided to the Branch.

Gaming Facility with Food Primary or Liquor Primary Licences: In order to be eligible for the transfer of ownership of a food primary or liquor primary licence located at a gaming establishment, the applicant must have a letter of support from the British Columbia Lottery Corporation (BCLC). The BCLC will issue a letter of support with approval in principle to the liquor licence applicant if they are satisfied that the applicant has met their criteria. The letter of support must accompany the application for transfer of the food primary or liquor primary licence.

Manufacturers: Please contact the Liquor Distribution Branch (LDB), Canada Revenue Agency (CRA) and any other relevant external agencies of your intention to transfer the licence(s) and ensure their requirements are met.

Independent Agents: You must advise the Liquor Distribution Branch of your intention to transfer the licence.

Motor Vessels: If your liquor licence is located on a motor vessel you must provide:

- A copy of the captain's accreditation certificate, and
- A Copy of registration and safety certificates. Motor Vessels Passenger Vessels: Transport Canada Passenger Vessel Inspection Certificate; Charter Vessel: Small Vessel Regulation Certificate or a Courtesy Examination for Pleasure Craft.

For any changes to hours of liquor service, layout of the establishment, or the addition of a Third Party Operator, complete and include in this package the applicable Liquor Control and Licensing forms and fees:

- Application for Permanent Change to a Liquor Licence (LCLB 012);
- Application for Structural Change (LCLB 012c); and/or
- Third Party Operator Application (LCLB 026).

LCLB001c

Transfer of Liquor Licenses Al Gognes Classes

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PART 7: Declaration of Signing Authority Including Valid Interest

My signature, as Applicant, indicates with respect to the licences identified in PART 4 of this application (including any licences on a separate sheet), that:

- I am the owner of the business to be carried on at the establishment or the portion of the establishment to be licensed.
- * I am the owner or lessee of the establishment or portion of the establishment to be licensed. If I have an option/offer to lease the establishment, or portion of the establishment to be licensed, prior to a license being lissued. I will obtain a completed lease that will not expire for a minimum of 12 months after the date the license is issued.
- I understand that the general manager has the right to request the following documentation supporting valid interest at any
 time and I agree to provide the requested documentation in a timely manner upon request:

If the applicant owns the property, a Certificate of Title in the applicant's name.

- If the applicant is renting or leasing, a fully executed lease or assignment/offer of lease which does not expire for at least 12 months from the date the licence is issued. An offer for rent/lease must show rent paid, have a term and an expiry date and be signed by both the applicant and the property owner.
- o If the applicant is buying the land and the building(s), a copy of the offer or option to purchase the property and building(s). An offer must show price paid, have a term and expiry date, and be signed by both the applicant and the property owner.
- I understand that loss of valid interest at any time white holding a licence is reason for the general manager to considercancelling the licence.
- I understand that I must advise the branch immediately if at any time the potential exists to lose valid interest either during the licensing process or once a licence has been issued.
- I understand that the name(s) on documentation demonstrating valid interest must be identical to the applicant names(s).
- As the licensee, I will be accountable for the overall operation, for all activities within the establishment and will not allow
 another person to use the licence without having first obtained a written approval from the general manager.
- I understand that a licence can only be renewed if I am the owner of the business carried on at the licensed establishment
 and I am the owner or lessee of the licensed portion of the establishment.

NOTE. An agent or lawyer acting on behalf of the applicant may not sign the declaration on behalf of the applicant. I solemnly declare that the statements in this declaration are true.

(Signature of signing officer of a company or society, sole proprietor or all individuals in a partnership is here required):

| Name of Official: | Clast / first / middle) | Ancesition: OWA | CR/INEGERIC Date: | Sa pt 15/201 (Day/Month/Year) |
|------------------------|--------------------------------------|---------------------------------------|-----------------------------|----------------------------------|
| Signature: X | Vallen Wall | | | |
| Name of Official: | | Position: | Date: | |
| , | (last / first / middle) | , | ' | (Day/Month/Year) |
| | | | | . • |
| Signature: | | · · · · · · · · · · · · · · · · · · · | | |
| Name of Official: | | Position: | Date: | |
| | (last / first / middle) | | | (Day/Month/Year) |
| Signature: | | • | . • | |
| Name of Official: | | Position: | Date: | |
| | (last / first / middle) | • | | (Day/Month/Year) |
| | | | • | |
| Signature: | | ··· . | | |
| Section 15(2) of the t | Liquor Control and Licensing Act sta | tes: "A person applying for | the issue, renewal, transfe | r, or amendment of |

a licence who fails to disclose a material fact required by the form of application or makes a false or misleading statement in the form of application commits an offence.

False declaration of valid interest is reason for the general manager to consider terminating the licence application and/or cancelling the licence.

LCLB001c

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Transfer of Liquor Licence - All Licence Classes

| 'ayment is by (check (☑) one): | cheque, payable to Minister of Finance (if cheque is returned as non- | <u> </u> |
|---|---|--|
| If position his neadly aged, place | money order, payable to Minister of Finance | MasterCard -AMEX |
| s.22 | 2 | |
| Credit card Number | | |
| Name of cardholder (as | it appears on card): TAMRYN KCEBEZ | • • • • • • • • • • • • • • • • • • • |
| • | | • |
| Signature | | · |
| | application without/credit card information, but you must telephon etails. If so, please confirm by checking the box below: | e LCLB Head Office directly to provide |
| | oria Head Office at 250-952-5787 or 1-866-209-2111 to provide at <u>no action can proceed with my application until the applic</u> | |
| • | Ministry of Public Safety and Solicitor Gene | eral |
| • | Liquor Control and Licensing Branch | • |
| | Location: 4th Floor, 3350 Douglas St., Victoria BC V8Z For Mall Only: PO Box 9292 Stn Prov Govt Victoria, BC V8 | |
| Phone: 250 952-57 | /87 Fax: 250 952-7066 Web: www.pssg.gov.bc.ca/icib E-ma | |
| ART 9: Is Your A | pplication Package Complete? | IMPORTANT NOTE: Your COMPLETE |
| | ve enclosed the following: | application package must contain this |
| | f Liquor Licence form (LCLB001c). | application form with responses in all the applicable fields, all the required |
| | t to Transfer Licence or Off-Site Store Appointment (LCLB001d). | documentation AND the full fee. If your |
| ¬ ` | f licence cannot be completed without this form) | application is submitted incomplete, it will will be returned to you and therefore cause a |
| | O. (See PART 8 of this application form.) Is identified under your business type in PART 3. | delay in the processing of your application. |
| Completed Consent for | or Disclosure of Criminal Record Information (RCMP GRC3584) for | or all required individuals. |
| (Note: You must comp the LCLB website for | elete Part 1, 4 and 5 of the consent form and all category boxes in information on criminal record searches: http://www.pssg.gov.bc.c | tust be initiated in section 5.) Refer to ca/lclb/LLinBC/criminal record search.htm |
| | listory Summary and Consent to Criminal Record Search (LCLB) | |
| Statutory Declaration | must be completed by all individuals that answered "yes" to 2, 3 or all Record Search form. | or 9 in the Personal History Summary |
| Photocopy of primary | proof of identity for all required individuals. Acceptable photo ide Canadián jurisdiction, passport or BCID card. | ntification includes |
| Sketch of proposed no | 4 6 | |
| ⊣ | BCLC if licensed establishments are located at a gaming facility. Vessel, documents relating to a licensed Motor Vessel, see PAR | Т6 |
| | see Retail Store, a copy of the lease or Certificate of Title in the a | |
| addition have you: | | |
| Applied for or provide | d a social service tax number? | |
| Contacted the Liquor | Distribution Branch, Canada Revenue Agency, or any other relev | ant agency regarding this transfer? |
| ART 10: What Ha | | |
| You must submit a comp | ete application package and application fee to Victoria Liquor Co | ntrol and Licensing Branch Head Office. |
| . The Liquor Control and L | icensing Branch staff will review the application package for comp on required before the application can be considered complete. A | pleteness and will advise you of any on incomplete application is held for 30 days |
| . If everything is in order, t | he local liquor inspector will be contacted and you will be required | to participate in an interview with the |
| inspector to discuss the t | erms and conditions of the licence. | • |
| The Inspector will notify to of the new applicant. | he Victoria LCLB Head Office that the interview passed and that t | he acence was be transferred into the name |
| Freedom of Information and liquor licence application. A 1996, c.267). Questions shadow | Privacy Act - The information requested on this form is collected for the all personal information is collected under the authority of Section 15 of the could be directed to Liquor Control and Licensing Branch, Freedom of In 18. Ph: In Victoria, 250 952-5787 Outside Victoria, 1 866 209-2111. Fa | e Liquor Control and Licensing Act (RSBC Incomption Officer, PO Dog 9292,531 N. PROV |
| LB001c | 7 of 7 | Transfer of Liquid Thenos - All Licence Classe |
| | , | Y 20% |
| | | VICTOR! |
| | | -77/A D- |
| | • , | , aC |



AGREEMENT TO TRANSFER LIQUOR LICENCE(S) OR OFF-SITE STORE APPOINTMENT TO NEW OWNER

All Licence Types
Liquor Control and Licensing Form LCLB001d

INSTRUCTIONS: Complete all applicable fields, attach required documents and submit to the Liquor Control and Licensing Branch. You may complete this form, one of three ways: 1) at your computer, then print; 2) by hand - print clearly using dark ink; or 3) online through the OneStop business registry at http://onestop.gov.bc.ca if you are transferring a food primary licence. If you have any questions about completing this application, call the 8ranch toll-free at 1-866-209-2111.

| | | | ormation | 1 | |
|------------------------------------|--------------------|----------------------------------|-----------------------------------|---|---------------------------------------|
| icensee Name. | THE BURNERBEE | RILLING + | SPIRITS Business # 8 | 10094717 RP | 1000 |
| | (250) 836.4600 | | | | |
| ART 2: Lic | ence(s) to be Tran | sferred (P | lease check (☑) all that | apply) | |
| Food Prima | | ····· | | | ٠ |
| 1. Licence #: | | Expiry Date: (Month/Day/Year) | establishment name. | | |
| Establishment physical address: | · Chan | · | | | |
| 2. Licence #: | Street | Expiry Date: (Month/Day/Year) | City establishment name: | Province | Postal Code |
| Establishment physical address | | | | | |
| Liquor Prim | Street | | City | Province | Postal Code |
| 1. Licence #: | ary . | Expiry Date: (Month/Day/Year) | establishment name: | | |
| Establishment physical address: | V | | | | |
| 2. Licence #. | Street | Expiry Date: (Month/Day/Year) | City establishment name: | Province - | Postal Code |
| Establishment physical address: | | | | | |
| X Licensee Re | Street Store | | Crty | Province | Postal Code |
| / \ | 195399 | Expiry Date: (Month/Day/Year) | establishment name: | THE BURNETL BEEK, WI | NE +SFIR. |
| Establishment ohysical address: | 4260 OXBOW FRE | NTAGE RD | MAZAKNA | BC Province | VCE OT |
| 2. Licence #: | | Expiry Date: (Month/Day/Year) | establishment name: | TOVINCE | , , , , , , , , , , , , , , , , , , , |
| Establishment physical address. | Street | · | City | Province | |
| Manufacture | | ery (including on- | site retail store if you have one | | Postal Code |
| Licence #. | | Expiry Date: (Month/Day/Year) | establishment name: | | |
| stablishment hysical address: | Street | | C. | Province | Postai Code |
| UBrew/UVin | | ~~~. | City | LIQUOS | rosiai code |
| Licence #: | | Expiry Date: (MonttvDay/Year) | establishment name: | RECEIVE SEP 19 20 | 7/6 |
| stablishment hysical address: | Street | | City | SEP 19 20 Province 9 20 Province 19 | Postal Code |

| Independent Agent Licence # | Expiry Date: (Month/Day/Year) | • |
|--|--|--|
| Off-Site Retail Store Appointmnet | | to the same of the |
| Certificate #: Expir | y Date: establishment | |
| (Month/D | ay/Year) name: | |
| Establishment obysical address: | | |
| Street | Ċity | Province Postal Code |
| · • | han two licenses in a licence class, o use a separate sheet and attach to th | |
| PART 3: New Applicant Information | | PLEASE PROVIDE A COPY |
| pplicant Full Name: NATHAN CHARLE | S KOEBEL | OF THIS COMPLETED FORM TO THE NEW APPLICANT |
| Applicant Phone # (250 836 4600 | s.22 | FOR THEIR RECORDS. |
| Contact / | Contact Person | , |
| Person: NATHAN KCEBEL | Title/Position Tarry | nrynikceber / Direct |
| ART 4: Agreement to Transfer Lice ignature of signing officer of a company or societ | The state of the s | a partnership is required here.) |
| (we) hereby relinquish all rights, title and interest i pplicant. Until that time I (we) acknowledge that I (v | | |
| Full name of TAMRYN L - KOLE | ÆL. | e ^m u. |
| Date: 13/07/2011 | Signature: TOMPH | 1. Krekel |
| Full name of urrent owner | / | |
| Date: (Day/Month/Year) | Signature: | |
| Proposed NATHAN C KOE | BEL | |
| Date: 13/09/Jac II | Signature: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | " Holles |
| Proposed new owner: | | |
| Date: | | |
| (Day/Month/Year) | Signature. | |
| • | please use a separate sheet and atta- | ch to this application.) |
| ART 5: What Happens Next? | | • |
| The licensee provides a copy of the completed copy of | * | • |
| The licensee submits a complete copy of this form to | | |
| The new owner submits a complete Transfer of Liquo. | r Licence or Off-Site Store Appointment | form (LCLB001c). |
| If an application has not been recieved from the nagreement to transfer is received by the branch, a | | |
| Ministry of Pul | blic Safety and Solicitor Gener | al |
| | ntrol and Licensing Branch | • |
| | or, 3350 Douglas St., Victoria BC V8Z 3I | .1 |
| | ox 9292 Stn Prov Govt Victoria, BC V8V | 8L6 A |
| | requested on this form is collected for the pu | rpose of obtaining or making changes to a |
| 1996, c.267). Questions should be directed to: Liquor Con- GOVT, Victoria, BC V8W 9J8. Ph: In Victoria, 250 952-578 | trol and Licensing Branch, Freedom of Inform 7. Outside Victoria, 1,866,209-2111. Fax: 25 | nation Officer, PO Box 9292 STN PROV |
| B0014 | 2 0[2 Agraemos | to Transfer Llouis License - All License Classes |



Business Details

September 19, 2011

Legal Name: NATHAN C KOEBEL

Legal Entity Details

BN9: 85156 5598

Business Type:

Legal Names

Trans. Date BN Partner Business Type Business Sub-Type
FEB 26, 2008 WorkSafeBC Sole Proprietorship Sole Proprietor

. __ __, ...

Trans. Date BN Partner Name

FEB 26, 2008 CRA NATHAN C KOEBEL

JUN 09, 2011 LCLB Koebel, Nathan Charles

FEB 26, 2008 WorkSafeBC NATHAN CHARLES KOEBEL

CRA Operating Names

Seq. Trans. Date Expiry Date Name

CRA Physical Addresses

 Trans. Date
 Effective Date
 Expiry Date
 Address

 JUL 22, 2010
 JUL 22, 2010
 4260 OXBOW FRONTAGE RD MALAKWA, BC V0E2J0. Canada S.22

CRA Mailing Addresses

 Trans. Date
 Effective Date
 Expiry Date
 Address

 JUL 22, 2010
 JUL 22, 2010
 4260 OXBOW FRONTAGE RD MALAKWA, BC V0E2J0, Canada

 FEB 26, 2008
 FEB 27, 2008
 JUL 21, 2010
 s.22

Service Accounts

Program Accounts - WorkSafeBC

BN15:

85156 5598 BW 0001

Successor BN15:

Program Type: WorkSafeBC

Date Created:

FEB 26, 2008

Account Status

Trans. Date

Effective Date

Status-Reason

MAY 11, 2010

JAN 01, 2009

Closed - Closed due to Business Reason

FEB 26, 2008

FEB 22, 2008

Active

Operating Names

Seq. Trans. Date **Expiry Date**

Name

FEB 26, 2008

TNK VENTURES

Physical Addresses

Trans. Date

Effective Date Expiry Date

Address

Mailing Addresses

Trans. Date

Effective Date Expiry Date

Address

MAY 31, 2010 MAY 31, 2010

s.22

FEB 26, 2008 FEB 26, 2008

MAY 30, 2010

Program Accounts - LCLB

BN15:

85156 5598 BB 0001

Successor BN15:

Program Type: LCLB - Food Primary :

Date Created:

JUN 09, 2011

Account Status

Trans. Date

Effective Date

Status-Reason

JUN 09, 2011

JUN 09, 2011

Active

Name

Cross Reference #: 304459-001

Operating Names

Trans. Date Seq.

Expiry Date

JUN 09, 2011

The Burner Restaurant & Lounge

Physical Addresses

Trans. Date

Effective Date Expiry Date

Address

JUN 09, 2011 JUN 09, 2011

4260 Oxbow Frontage Rd

MALAKWA, BC V0E2J0, Canada

Mailing Addresses

Trans. Date

Effective Date Explry Date

Address

JUN 09, 2011 JUN 09, 2011

4260 Oxbow Frontage Rd

Malakwa, BC

V0E2J0, Canada



Ministry of Public. Safety and Solicitor General

Liquor Control and **Licensing Branch**

LIQUOR CONTROL & LICENSING RECEIVED

SEF 3 0 2011

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|----|----|---|---|
| | v, | | |

REQUEST FOR CPIC CRIMINAL RECORD CHECK

VICTORIA BC

| ote: The information formation (RCMP G formation between t quest a CPIC. | n contained in this fac RC3584) for each ind he RCMP and the Liq | t is supported by the <u>attached</u> Con lividual recorded below. This cove puor Control and Licensing Branch | none: (250) 380-8114 Fax: 250 380-6262 esent for Disclosure of Criminal Record er sheet serves only as a tool for exchanging and by itself is not considered sufficient to |
|---|--|--|---|
| M: Liquor Cont | rol and Licensing Br | ranch, Victoria, BC Phone: (250 | 9) 952 - 7056 Fax: (250) 952-7034 |
| 10 | | | |
| QUOR CONTROL | AND LICENSING BR | ANCH USE ONLY (Please print | or type clearly.) |
| equested By: | David Jones | Phone #:952 - 7056 | Date of Fax: September 29, 2011 |
| ne following informat stablishment Name: | tion is requested for a Burner's Beer Wine a | n individual or individuals associal | |
| CHANUIDAL: \$20089 | 4-10 LICENCE NUMBE | er: 195399 Type: Transfer | |

| CPIC Operator: | G. P. FROYLAND | Date of Search: | 2011 SEP 3 0 | |
|----------------|----------------|-----------------|--------------|--|
| | | | | |

NOTE: The CPIC information below is based on information provided to the operator as of the date shown above.

| ONLY | ATOR USE | NAME (SURNAME, GIVEN NAMES) | DOB (YY/MM/DD) | DRIVER'S LIC. # | SEX (M/F) |
|--|----------------------------------|--------------------------------|---|--------------------|--------------|
| No Record Identified | May or May Not be a Record | | (1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 210. # | (4401) |
| V | | Koebel, Nathan Charles | s.22 | | |
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y breach one or more laws. If you have received this communication in error, please notify the sender immediately by telephone.

R.C.M. Police Criminal Records Review Unit Victoria, BC

LCLB005 (Revised March 3, 2003 - For use only by LCLB licensing staff.)

CPIC OPERATOR USE ONLY (Please print or type clearly.)



Royal Conscion

Gendarmerie royele du Canada

CONSENT FOR DISCLOSURE OF CRIMINAL RECORD INFORMATION

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| Name of the Paris, after 1 | CRA | PROVINGE | P | nelas code | |
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Royal Canadian Mounted Police Gendarmerie royale du Canada

CONSENT FOR DISCLOSURE OF CRIMINAL RECORD INFORMATION

| ART 1 | | IF COMPLET | ED MANUALLY, PLEA | SE PRINT |
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| KOEBEL. | NATHAN | Province | <u> </u> | Postal code |
| 12100 oxean | FRONTAGERD M | MALAKINA BO | r \ | name/Any other Surname |
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| rsuant to Section 8(1) of the P | Privacy Act of Cenada, Thereby authoriza | | | ersonel information to. |
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| ddress (no., street, apt) | Gily | Province | | Postal code |
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| ART 3 | | | | |
| gents and assigns from any ar yealt, howsoever arising out of ART 4 | scharge Her Majosty the Queen in Right nd all actions, caused of actions, claims if the above authorized discressive of infor | and demands for damages, loss mation and waive BE rights there | socinjusy, which may h | ereation be sustained by |
| his consent is valid for a period | of or three months from the date of signature $Aw_i = Ac_i$ | | Mathe | n Waster |
| Signed Ihis 11 day o | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Signature of applicant | - / 600,000 | 7-6-1-6-1 |
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| n cases where an adult's recor- information MUST be given to to disclose young affender infor NSTRUCTION TO REQUESTE - Confirm with the perty iden - Choase the category which appropriate INITIALS box - The party identified in PAR - Checks resulting in possib - You will be required to con - You may withdraw this con | ERS: The following section contains va- ntified in PART 2, the axact information to hibest symbolizes the information you at RT 2 witt be advised accordingly of negal te "hits" for information identified in cate the that information located through the issent prior to disclosure. | in a young offender requests a ci- heir own information, but even wi rysing degrees of police Informati- they require in providing consent for the RCI tive checks gones 1, 2 or 3 will require confi- a checks stipulated in category of | opy of instance criminal in with consent the RCMP on the RCMP of t | see not legally permitted se your initials in the |
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ROMP GRC 35846 (2006-03)



Royal Canadian Mounted Police Gendarmerie royale du Canada

CONSENT FOR DISCLOSURE OF CRIMINAL RECORD INFORMATION

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| | l., i | Records of criminal convictions and summary of police information (including records of outstanding criminal charges which the RCMP are aware of or indicated within the Invastigative Data Bank of CPIC) | | | | | | | | one | May or | |
| 3. | \mathbb{W} | attainable through CPIC for which a perdon has not been granted plus records of discharges which have not been removed from the Identification Data Bank in accordance with the Criminal Records Act. This will include all charges regardless of disposition. | | | | | | | i . | taled | may not exist | |
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| | T | Police information located on computer systems (e.g. Police Information Retneval System (PIRS), CPIC. PROS, PRIME, LEIP) and information located through local police indices checks. This will include all information related to non convictions and all charges regardless of disposition. | | | | | | | | ine | May or | |
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