

iquor Control and Licensing Branch

Mailing Address: PO Box 9292 Stn Prov Govt Victoria BC V8W 9J8

Fourth Floor 3350 Douglas Street Victoria BC

Telephone: (250) 952-5787 (250) 952-7066 Fax: http://www.pssg.gov.bc.ca/iclb

LEGAL ENTITY CHANGE INSPECTION INTERVIEW SHEET

JOB TYPE:

Legal Entity/Establishment Change

JOB NO:

CHANGE TYPE:

018983395-001

Transfer of Shares - External (C1)

CASE MANAGER:

Darlene Kawasaki

INSPECTOR:

1

Licensee Name:

Private Corporation: Westcoast Tap House Ltd.

Establishment affected:

Licence Name:

Four Points Restaurant

Licence Number:

303121

Expiry Date:

July 31, 2012

Location Address:

829 McCallum Road

LANGFORD, BC V9B 6W6

Four Points Restaurant

Inspector Name:

Resident Manager:

Shannan Johnston

Third Party Operator:

Establishment affected:

Licence Name:

Licence Number:

Location Address:

Expiry Date:

West Coast Taphouse

West Coast Taphouse

303110

June 30, 2013

829 McCallum Road

Shannan Johnston

LANGFORD, BC V9B 6W6

Inspector Name:

Resident Manager: Third Party Operator:

s.22

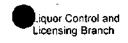
Contact Name: Contact Phone

No.:

I have today viewed the Liquo Licence" for my licence class.	or Control and Licensing Branch present	tation entitled, "What You Need to	o Know About Your Liquor
As the holder of a British Coluestablishment, understand an • the Liquor Control and L • the Liquor Control and L • "Terms and Conditions	Licensing Act Licensing Regulation - A Guide for Liquor Licensees in British s printed on the face of my liquor licenc	or ensuring that I, and staff employ on Columbia", for my licence class	yed in my licensed
	or licence certificate and letters address		- 1
Print name: S.22	ese documents on the branch web site site signature s.22	at http://www.pssg.gov.bc.ca/lclb	1 July 5/12
	Position: _	ompleted RBS, leave Certificate i	# blank then the 120 days cate #: <u>0 00 7 ((\$ 05</u> 5 cate #:
Name:	Position:	Certif	cate #:
	Position: -	Certif	cate #:
Inspector comments	Share change one		cate #:
Inspector comments			cate #:
Inspector comments No Whanges			cate #:
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Inspector comments No Changes Terms and Conditions	Share change and		cate #:
Inspector comments No Changes - Terms and Conditions Completion / Authoriza I have reviewed the information	ation: on contained in this report and unless conview identified concerns and determine	omments are noted above, find it	to be in order. If final
Terms and Conditions Completion / Authoriza I have reviewed the informatio approval is withheld, please re Approving Authority/Inspector.	share change and ation: on contained in this report and unless contained in the report and determined	omments are noted above, find it	to be in order. If final
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Terms and Conditions Completion / Authoriza I have reviewed the informatio approval is withheld, please re Approving Authority/Inspector. Date of Interview:	Share change and ation: In contained in this report and unless conview identified concerns and determines Sharp Sharp Sant.	omments are noted above, find it	to be in order. If final



Ministry of Public Safety and Solicitor General



LIQUOR PRIMARY or FOOD PRIMARY INSPECTION INTERVIEW SHEET

	NO: 00 NCE NO: 30	iquor Primary Chan 08532776-017 03110 tructural - With Cap o		CASE MANAGINSPECTOR: AIP LETTER:	Shannan	Johnston	·
	nment Name:	West Coast Ta	=				
Licence N		West Coast Ta	•				
Location	Address:	829 McCallum LANGFORD, B		. ·		,	
Applicant	t Name:	Westcoast Tap) House Ltd.			-	
Third Par	rty Operator:						
Resident	t Manager:	s.22	÷				
Contact	Name:	5.22					
Contact	Phone No.:						
Hours of	f Sale:			·		· 	
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open	11:00 AM	11:00 AM	11:00 AM	11:00 AM	11:00 AM	11:00 AM	11:00 A
Close	1:30 AM	1:30 AM	1:30 AM	1:30 AM	1:30 AM	1:30 AM	1:30 AN
Capacity	y: Person01	. 1	156				
		•		•			
Endorse	ements:						
	ind Conditions:		val letters on the re	elated job. FP:	provide comment	t on page 3 of this	report.
pplican	nt Questions	E .		·			
Has the	e applicant or a	applicant name chang	aed since the origi	nal application was	s submitted?	•	
No 🗆		s, provide details	•				•
	2 100 y==	, provide (222222	· ·				
stablisi	hment Ques	itions:		•	\ .		
l No □		it name or licence na s, provide information	n below.				
					<u> </u>		
revious lic	cence name:		N	lew licence name			

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Deci	aration	Ì

I have today viewed the Liquor Control and Licensing Branch presentation entitled, "What You Need to Know About Your Liquor Licence" for my licence class.

I have also received a copy of the "Terms and Conditions - A Guide for Liquor Licensees in British Columbia" for my license class As the holder of a British Columbia liquor licensee, I am responsible for ensuring that I, and staff employed in my licensed establishment, understand and follow:

- the Liquor Control and Licensing Act
- the Liquor Control and Licensing Regulation
- "Terms and Conditions A Guide for Liquor Licensees in British Columbia", for my licence class, and
- the terms and conditions printed on the face of my liquor licence or contained in letters from the Liquor Control and Licensing Branch general manager.

With the exception of my liquor licence certificate and letters addressed to me from the Liquor Control and Licensing Branch, I can obtain up-to-date copies of these documents on the branch web site at http://www.pssg.gov.bc.ca/lclb.

3.22	Signature	_	Position	Date MAN 15-12
		-		<u> </u>
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_	ght"training must be completed bords ALL required individuals. If a	n individual has not coi		te # blank then the 120 days
Name:	of record	Position:	Ce	rtificate #:
Name:		Position:	Ce	rtificate #:
				ertificate #:
	Report: complete for new			· · · · · · · · · · · · · · · · · · ·
Premises R Photographs: Floor plans:	Date sent MAV 15/12 Plans correct Marking lines adjusted, a	or	thin 30 days (dates not in sy	(dates not in system)
Photographs: Floor plans:	Date sent MIS / Z Plans correct Marking lines adjusted, a Establishment does not r FINAL APPROVAL WITHHE	or	thin 30 days (dates not in sy	(dates not in system)
Photographs: Floor plans:	Date sent MUS/Z Plans correct Marking lines adjusted, a Establishment does not r FINAL APPROVAL WITHHE	or	thin 30 days (dates not in sy attached. Date sent ans, applicant advised to cor	(dates not in system) ntact LCLB -
Photographs: Floor plans: Signs approve Inspector com	Date sent MUS/Z Plans correct Marking lines adjusted, a Establishment does not r FINAL APPROVAL WITHHE	or	thin 30 days (dates not in sy attached. Date sent ans, applicant advised to con	(dates not in system) ntact LCLB -
Photographs: Floor plans: Signs approve Inspector com	Date sent MAN 15/12 Plans correct Marking lines adjusted, a Establishment does not refinal APPROVAL WITHHE d: Yes No Comments: Of Part 51	or	thin 30 days (dates not in sy attached. Date sent ans, applicant advised to con	(dates not in system)
Photographs: Floor plans: Signs approve Inspector com	Date sent MAN 15/12 Plans correct Marking lines adjusted, a Establishment does not refinal APPROVAL WITHHE d: Yes No Comments: Of Part 51	or	thin 30 days (dates not in sy attached. Date sent ans, applicant advised to con	(dates not in system) ntact LCLB -

Minors, other than professional entertainers, are not permitted within the licensed area (s) unless otherwise endorsed or approved by the LCLB.

Completion / Authoriza	ation: complete for new licences a	nd licence transfers
	on contained in this report and unless comme eview identified concerns and determine whether	nts are noted above, find it to be in order. If final ther another inspection will be required.
Approving Authority/Inspector	_ Sodhuston_	<u> </u>
Date of Inspection:	Mar 15/12.	
Licence effective date:	/	
Licence expiry date:		• •
Local police detachement:	WESTERN COMMUNITIES R.C.M.P#248	(Active)
Local Gov't:	LANGFORD (CITY OF)	
Liquor store location:	same.	Alternate(s):
inspection sheet and any other		ompleted form and mail it to the licensee, mail original ria LCLB headquarters. Please direct applicant





FEE PAYMENT INSTRUCTIONS

JOB TYPE:

Liquor Primary Change

JOB NO:

008532776-017

LICENCE NO:

303110

CASE MANAGER: Tammy Ford

INSPECTOR:

Shannan Johnston

ESTAB NAME:

West Coast Taphouse

Payment instructions: if fee is owing, provide this sheet to applicant.

SEND THIS FORM AND REQUIRED LICENCE FEE TO LCLB HEADQUARTERS IN <u>VICTORIA</u> AS SOON AS POSSIBLE. Any delay in payment may delay your licence being issued.

Mailing Address:

Liquor Control and Licensing Branch PO Box 9292 Stn Prov Govt Victoria, BC V8W 9J8

Drop off location:

Liquor Control and Licensing Branch Fourth Floor, 3350 Douglas St

Victoria, BC

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

rees may be paid by cheque, money order, debit or cred lead office. Submit the payment with the application for	dit card. Debit transactions can only be made in person at the Victoria m. Do not mail cash.
	this form or TELEPHONE LCLB headquarters directly to provide
he credit card number and expiry date. The applicant must	quote the job number at the top of this page.
inclosed Payment is by: (check one)	
cheque, payable to the Minister of Finance (A \$30.0	00 NSF fee will be charged for NSF cheques)
money order, payable to the Minister of Finance	
☐ VISA ☐ MasterCard ☐ American Express	
Credit Card Number:	Expiry Date:/
Name of Cardholder :	
Signature of Cardholder:	



LIQUOR PRIMARY or FOOD PRIMARY INSPECTION INTERVIEW SHEET

CASE MANAGER:

INSPECTOR:

AIP LETTER:

Food Primary Change

JOB NO:

008715773-023

LICENCE NO:

303121

CHANGE TYPE:

Structural - With Cap Change (C4)

Establishment Name:

Four Points Restaurant

Licence Name:

Four Points Restaurant

Location Address:

829 McCallum Road LANGFORD, BC V9B 6W6

Applicant Name:

Westcoast Tap House Ltd.

Third Party Operator:

Resident Manager:

s.22

Contact Name:

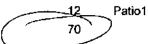
Contact Phone No.:

Hours of Sale:

	Monday	Tuesday	Wednesday [,]	Thursday	Friday	Saturday	Sunday
Open	9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM
Close	Midnight	Midnight	Midnight	Midnight	Midnight	Midnight	Midnight

Capacity: Lounge Exterior

Person02



238

Person01

Lesley Metcalfe

amond the 1. mm

Shannan Johnston

September 09, 2010

592

Endorsements:

Terms and Conditions:

LP: see approval letters on the related job.

FP: provide comment on page 3 of this report.

Applicant Questions:

1. Has the applicant or applicant name changed since. No Yes If yes, provide details	e the original application was	submitted?	(
No La res il yes, provide details			
Establishment Questions:			
1. /Has the establishment name or licence name(s) cl	hanged since the original app	olication was submitted?	
No D Yes If yes, provide information below.			
New establishment name:			
Previous licence name:	New licence name		:
Previous licence name:	New licence name		

I have today viewed the Liquor Control and Licensing Branch presentation entitled, "What You Need to Know About Your Liquor Licence" for my licence class.

I have also received a copy of the "Terms and Conditions - A Guide for Liquor Licensees in British Columbia" for my licence class As the holder of a British Columbia liquor licence, I am responsible for ensuring that I, and staff employed in my licensed establishment, understand and follow:

- the Liquor Control and Licensing Act
- the Liquor Control and Licensing Regulation
- "Terms and Conditions A Guide for Liquor Licensees in British Columbia", for my licence class, and
- •the terms and conditions printed on the face of my liquor licence or contained in letters from the Liquor Control and Licensing Branch general manager.

With the exception of my liquor licence certificate and letters addressed to me from the Liquor Control and Licensing Branch, I can

obtain up-to-date copie	es of these documents on the branch web site	at http://www.hsd.gov.bc.ca/lclb.	•
Print name: S.22	Signature	Position Gon/ED-anner Glandoll MANAGER	Date 529t 28/10 Sept 78/10
RBS:			<u> </u>
	ning must be completed by the following individual required individuals. If an individual has not c		blank then the 120 days
Name:	Pasition:	Contific	ate #:
Name:	Position: _	Certific	ate #:
Name:	Position:	Certific	eate #:

Premises Report: complete for new licences and licence transfers
Photographs: Date sent 28/0 or
Marking lines adjusted, altered floor plans are attached. Date sent(dates not in system)
Establishment does not reflect approved floor plans, applicant advised to contact LCLB - FINAL APPROVAL WITHHELD
Signs approved: 🗹 Yes 🔲 No Comments:
Inspector comments: Yellow line needs to be a mended in include hallway area between the Personal and Parsonal A coffee station is bling put in place next weekin the empty corner by tables in prostes.
Terms and Conditions:
Portable bar area outside restaurant only to be opened during large scale events or when food service is available from the restaurant. Patio bar area must be staffed at all time with Serving It Right qualified member of staff. No liquor to be removed from red-lined areas.
Patio extension permitted as outlined in red on the official plan.
Pursuant to Section 12 of the regulations, the licence has been issued with a lounge endorsement.

Completion / Authorization: complete for new licences and licence transfers
I have reviewed the information contained in this report and unless comments are noted above, find it to be in order. If final approval is withheld, please review identified concerns and determine whether another inspection will be required.
Approving Authority/Inspector: Stimuston
Date of Inspection: SUPT 28/10
Licence effective date:
Licence expiry date:
Local police detachement: WESTERN COMMUNITIES R.C.M.P#248 (Active)
Local Gov't: CAPITAL REGIONAL DISTRICT
Liquor store location: Same as on record. Alternate(s):
Inspector Instructions: please enter details into system, photocopy this completed form and mail it to the licensee, mail original
inspection sheet and any other materials (photos, floor plans etc.) to Victoria LCLB headquarters. Please direct applicant
to submit fees to Victoria headquarters using page 4 of this form.



Ministry of House **Liquor Control and** Licensing Branch and Social Development

Mailing address: PO Box 9292 Stn Prov Gol Victoria, BC V8W 9J8

Telephone: 250 387-1254 Facsimile: 250 387-9184 Location: Second Floor 1019 Wharf Street Victoria, BC

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

FEE PAYMENT INSTRUCTIONS

JOB TYPE:

Food Primary Change

JOB NO:

008715773-023

LICENCE NO:

303121

CASE MANAGER: Lesley Metcalfe .

INSPECTOR:

Shannan Johnston

ESTAB NAME:

Four Points Restaurant

Payment instructions: if fee is owing, provide this sheet to applicant.

SEND THIS FORM AND REQUIRED LICENCE FEE TO LCLB HEADQUARTERS IN <u>VICTORIA</u> AS SOON AS POSSIBLE. Any delay in payment may delay your licence being issued.

Mailing Address:

Liquor Control and Licensing Branch PO Box 9292 Stn Prov Govt Victoria, BC V8W 9J8

Drop off location:

Liquor Control and Licensing Branch Second Floor, 1019 Wharf St Victoria, BC

Licence fee amount: \$	(inspector fills out)	
Fees may be paid by cheque, money order, debit or credit head office. Submit the payment with the application form	it card. Debit transactions can only be made in pers n. Do not mail cash.	on at the Victoria
If paying by credit card, the applicant may MAIL OR FAX the	this form or TELEPHONE LCLB headquarters direct	tly to provide
credit card number and expiry date. The applicant must of	quote the job number at the top of this page.	
Enclosed Payment is by: (check one)		
 cheque, payable to the Minister of Finance and Corpo money order, payable to the Minister of Finance and to VISA		for NSF cheques)
Credit Card Number:	Expiry Date:/	
Name of Cardholder :		
Signature of Cardholder:	<u> </u>	
	•	•



equor Control and Licesing Branch

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LEGAL ENTITY CHANGE INSPECTION INTERVIEW SHEET

JOB TYPE:

Legal Entity/Establishment Change

CASE MANAGER:

Darlene Kawasaki

JOB NO:

018983395-001

INSPECTOR:

1

CHANGE TYPE:

Transfer of Shares - External (C1)

Licensee Name:

Private Corporation: Westcoast Tap House Ltd.

Establishment affected:

Four Points Restaurant

Licence Name:

Four Points Restaurant

Licence Number:

303121

Expiry Date:

July 31, 2012

Location Address:

829 McCallum Road

LANGFORD, BC V9B 6W6

Inspector Name:

Shannan Johnston

Resident Manager: Third Party Operator:

Establishment affected:

West Coast Taphouse

Licence Name:

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Licence Number:

303110

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June 30, 2013

Location Address:

829 McCallum Road

LANGFORD, BC V9B 6W6

Inspector Name:

Shannan Johnston

Resident Manager: Third Party Operator:

s.22

Contact Name: Contact Phone

No.:

Declaration			
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I have also received a copy of	the "Terms and Conditions - A Guide	for Liquor Licensees in British Columbia" fo	r my licence class
establishment, understand an • the Liquor Control and L • the Liquor Control and L • "Terms and Conditions	d follow: Licensing Act Licensing Regulation - A Guide for Liquor Licensees in Britis	or ensuring that I, and staff employed in my sh Columbia", for my licence class, and ce or contained in letters from the Liquor Co	
and Licensing Branch g	eneral manager.		
	or licence certificate and letters addres ase documents on the branch web site	sed to me from the Liquor Control and Licer at http://www.pssg.gov.bc.ca/lclb.	nsing Branch, I can
Print name: S.22 -	Signature S.22	OUNDY Opposer Date	n/5/12
RBS:			
	st be completed by the following indiv	duals	
	ed individuals. If an individual has not	completed RBS, leave Certificate # blank th	
Name:	_ Position:	Owner Certificate # O	00 611 205 30
Name:	_ Position:	Certificate #:	
Name:	Position:	—	
140116.	Position,	Certificate #:	
Inspector comments	Position.	Certificate #:	
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Inspector comments No Changes Terms and Conditions Completion / Authoriza I have reviewed the information	Share change on		PY der. If final
Inspector comments No Changes Terms and Conditions Completion / Authoriza I have reviewed the information	Share change on ation: In contained in this report and unless of the property	comments are noted above, find it to be in or	PY der. If final
Terms and Conditions Completion / Authoriza I have reviewed the informatio approval is withheld, please re	Share change on ation: In contained in this report and unless of the property	comments are noted above, find it to be in or	PY der. If final
Inspector comments No Charges -	Share change on ation: In contained in this report and unless of the property	comments are noted above, find it to be in or	PY der. If final
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Ministry of Public Safety and Solicitor General



LIQUOR PRIMARY or FOOD PRIMARY INSPECTION INTERVIEW SHEET

JOB I	NO: 008 NCE NO: 303	od Primary Chang 3715773-026 3121 uctural - With Cap		CASE MANA INSPECTOR AIP LETTER	: Shannan	Johnston	
	hment Name: Name:	Four Points Re					
	Address:	829 McCallum LANGFORD, E	Road	,			
Applican	nt Name: erty Operator:	Westcoast Tap	House Ltd.				
	t Manager:	s.22			1		
Contact	Phone No.:			:			
Hours o	1	<u> </u>	1				
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open	9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM
Close	Midnight	Midnight	Midnight	Midnight	Midnight	Midnight	Midnight
Capacit	y: Lounge Exterio Person02		2 Patio1 70 Person03	1	238 Perso 50	on01	592
Endorse	ements:						•
Terms a	and Conditions:	LP: see appro	val letters on the re	elated job. FP:	provide commen	t on page 3 of this	report.
Applica	nt Questions:						
,			ged since the origin		s submitted?		
Establis	hment Quest	ions:					-
/ I. Has th	ne establishment	name or licence pa	ame(s) changed sin	ice the original an	nlication was sub	mitted?	
		provide informatio		ioo wie ongor ap	prison, was out.		
	lishment name:	•					
revious li	cence name:		No.	ew licence name	:		
Previous li	cence name:		. No	ew licence name			

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Print name: S.22		Signature	Position	Date
				
RBS:				
		e completed by the following individu dividuals. If an individual has not co		# black than the 120 days
can be tracked)			impleted KBS, leave Certilicate	# Diank then the 120 days
Name:	on rec	Position:	Cert	ificate #:
Name:		Position:	Cert	ficate #:
Name:	·	Position:	Cert	ificate #:
Photographs: Floor plans:	2 Plans corre	<u>UV 15/12</u> ŏr □ Will send w ect es adjusted, altered floor plans are	ithin 30 days (dates not in syst	
- '	Date sent	ect /	ithin 30 days (dates not in syst	(dates not in system)
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Signs approved	Date sent	ect es adjusted, altered floor plans are and does not reflect approved floor plans are plant does not reflect approved floor plant with the comments: Signal in and	attached. Date sent lans, applicant advised to conta	(dates not in system)
Floor plans: Signs approved	Date sent	ect es adjusted, altered floor plans are a ent does not reflect approved floor p /AL WITHHELD No Comments:	attached. Date sent lans, applicant advised to conta	(dates not in system)
Signs approved	Date sent	ect es adjusted, altered floor plans are and does not reflect approved floor plans are plant does not reflect approved floor plant with the comments: Signal in and	attached. Date sent lans, applicant advised to conta	(dates not in system)
Signs approved	Date sent	ect es adjusted, altered floor plans are and does not reflect approved floor plans are plant does not reflect approved floor plant with the comments: Signal in and	attached. Date sent lans, applicant advised to conta	(dates not in system)
Signs approved Inspector comm	Date sent	ect es adjusted, altered floor plans are and does not reflect approved floor plans are plant does not reflect approved floor plant with the comments: Signal in and	attached. Date sent lans, applicant advised to conta	(dates not in system)
Signs approved Inspector community 500 500 Terms and Comportable bar are	Date sent	es adjusted, altered floor plans are and does not reflect approved floor plans are and does not reflect approved floor plans and the comments: Sparation and the sparation and the sparation and the sparation are a sparationally and the sparation	attached. Date sent lans, applicant advised to conta	(dates not in system)
Signs approved Inspector community SO SOCIO	Date sent	es adjusted, altered floor plans are a cent does not reflect approved floor plans are	attached. Date sent lans, applicant advised to conta	(dates not in system)
Signs approved Inspector community Section Sec	Date sent	es adjusted, altered floor plans are a cent does not reflect approved floor plans are a cent does not reflect approved floor plans. Sparation and and the comments: Sparation and and the comment and the co	attached. Date sent	(dates not in system)
Signs approved Inspector community Section Sec	Date sent	es adjusted, altered floor plans are a cent does not reflect approved floor plans are	attached. Date sent	(dates not in system)

LCLB002(Rev.12/02)

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Approving Authority/Inspector: SJUNSYON.
Date of Inspection: - Mar 15/12
Licence effective date:
Licence expiry date:
Local police detachement: WESTERN COMMUNITIES R.C.M.P#248 (Active)
Local Gov't: <u>LANGFORD (CITY OF)</u>
Liquor store location: Same Alternate(s):
Inspector Instructions: please enter details into system, photocopy this completed form and mail it to the licensee, mail original inspection sheet and any other materials (photos, floor plans etc.) to Victoria LCLB headquarters. Please direct applicant to submit fees to Victoria headquarters using page 4 of this form.



FEE PAYMENT INSTRUCTIONS

JOB	TYPE:
-----	-------

Food Primary Change

JOB NO:

008715773-026

LICENCE NO:

303121

CASE MANAGER: Tammy Ford

INSPECTOR:

Shannan Johnston

our Points Restaurant **ESTAB NAME:**

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Mailing Address:

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Drop off location:

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Victoría, BC

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

Licence fee amount: (inspector fills out) Fees may be paid by cheque, money order, debit or credit card. Debit transactions can only be made in person at the Victoria head office. Submit the payment with the application form. Do not mail cash. If paying by credit card, the applicant/may MAIL OR FAX this form or TELEPHONE LCLB headquarters directly to provide credit card number and expiry date. The applicant must quote the job number at the top of this page. Enclosed Payment is by: (check one)

- cheque, payable to the Minister of Finance (A \$30.00 NSF fee will be charged for NSF cheques)
- money order, payable/to the Minister of Finance

■ MasterGárd ■ American Express

Credit Card Number: ,

Expiry Date: Name of Cardholder:

Signature of Cardholder:



LIQUOR PRIMARY or FOOD PRIMARY INSPECTION INTERVIEW SHEET

CASE MANAGER:

INSPECTOR:

AIP LETTER:

JOB	TYPE
IOD	NO.

Food Primary Change

008715773-023

LICENCE NO:

303121

CHANGE TYPE:

Establishment Name:

Structural - With Cap Change (C4)

Four Points Restaurant

Licence Name:

Four Points Restaurant

Location Address:

829 McCallum Road LANGFORD, BC V9B 6W6

Applicant Name:

Westcoast Tap House Ltd.

Third Party Operator:

Resident Manager:

Contact Name:

s.22

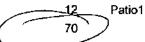
Contact Phone No.:

Hours of Sale:

	Monday	Tuesday	Wednesday [,]	Thursday	Friday	Saturday	Sunday
Open	9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM
Close	Midnight	Midnight	Midnight	Midnight	Midnight	Midnight	Midnight

Capacity: Lounge Exterior

Person02



238

Person01

Lesley Metcalfe

amond the 1. mm

Shannan Johnston

September 09, 2010

592

Endorsements:

Terms and Conditions:

LP: see approval letters on the related job.

FP: provide comment on page 3 of this report.

Applicant Questions:

1. Has the applicant or applicant name changed	since the original application was submitted?
☐ No ☐ Yes If yes, provide details	· · · · · · · · · · · · · · · · · · ·
Establishment Questions:	
Has the establishment name or licence name((s) changed since the original application was submitted?
No D Yes If yes, provide information be	elow.
New establishment name:	
Previous licence name:	New licence name
Previous licence name:	New licence name

I have today viewed the Liquor Control and Licensing Branch presentation entitled, "What You Need to Know About Your Liquor Licence" for my licence class.

I have also received a copy of the "Terms and Conditions - A Guide for Liquor Licensees in British Columbia" for my licence class As the holder of a British Columbia liquor licence, I am responsible for ensuring that I, and staff employed in my licensed establishment, understand and follow:

- the Liquor Control and Licensing Act
- the Liquor Control and Licensing Regulation
- "Terms and Conditions A Guide for Liquor Licensees in British Columbia", for my licence class, and
- •the terms and conditions printed on the face of my liquor licence or contained in letters from the Liquor Control and Licensing Branch general manager.

With the exception of my liquor licence certificate and letters addressed to me from the Liquor Control and Licensing Branch, I can

Print name:	Signature	Position	Date -
.22	Chanda	Grandel MANAGER	Sept 28/10 Sept 78/10
RBS:			
103.			
	ing must be completed by the following indivi required individuals. If an individual has not o		blank then the 120 days
lame:	Position:	Certific	ate #:
Name:	Position:	Certific	ate #:

Premises Report: complete for new licences and licence transfers
Photographs: Date sent 28/0 or
Marking lines adjusted, altered floor plans are attached. Date sent(dates not in system)
Establishment does not reflect approved floor plans, applicant advised to contact LCLB - FINAL APPROVAL WITHHELD
Signs approved: 🗹 Yes 🔲 No Comments:
Inspector comments: Yellow line needs to be a mended in include hallway area between the Personal and Parsonal A coffee station is bling put in place next weekin the empty corner by tables in prostes.
Terms and Conditions:
Portable bar area outside restaurant only to be opened during large scale events or when food service is available from the restaurant. Patio bar area must be staffed at all time with Serving It Right qualified member of staff. No liquor to be removed from red-lined areas.
Patio extension permitted as outlined in red on the official plan.
Pursuant to Section 12 of the regulations, the licence has been issued with a lounge endorsement.



Ministry of House **Liquor Control and** Licensing Branch and Social Development

Mailing address: PO Box 9292 Stn Prov Gol Victoria, BC V8W 9J8

Telephone: 250 387-1254 Facsimile: 250 387-9184 Location: Second Floor 1019 Wharf Street Victoria, BC

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

FEE PAYMENT INSTRUCTIONS

JOB TYPE:

Food Primary Change

JOB NO:

008715773-023

LICENCE NO:

303121

CASE MANAGER: Lesley Metcalfe .

INSPECTOR:

Shannan Johnston

ESTAB NAME:

Four Points Restaurant

Payment instructions: if fee is owing, provide this sheet to applicant.

SEND THIS FORM AND REQUIRED LICENCE FEE TO LCLB HEADQUARTERS IN <u>VICTORIA</u> AS SOON AS POSSIBLE. Any delay in payment may delay your licence being issued.

Mailing Address:

Liquor Control and Licensing Branch PO Box 9292 Stn Prov Govt Victoria, BC V8W 9J8

Drop off location:

Liquor Control and Licensing Branch Second Floor, 1019 Wharf St Victoria, BC

Licence fee amount:	\$	(inspector fills out)	
	oney order, debit or credit card. Deb nt with the application form. Do not m	it transactions can only be made in person a ail cash.	t the Victoria
the ·	icant may MAIL OR FAX this form or ate. The applicant must quote the jol	TELEPHONE LCLB headquarters directly to number at the top of this page.	provide
Enclosed Payment is by: (che	ck one)		
	ster of Finance and Corporate Relation Minister of Finance and Corporate R	ons (A \$20.00 NSF fee will be charged for Neelations	ISF cheques)
Credit Card Number:		Expiry Date:/	
Name of Cardholder:	·		
Signature of Cardholder	r:	· 	



Ministry of Housing Liquor Control and and Social Licensing Branch Development

LIQUOR PRIMARY or FOOD PRIMARY INSPECTION INTERVIEW SHEET

	<u> </u>							
		od Primary Chang	je	CASE MANA		Lesley M		
JOBI		715773-017		INSPECTOR			Johnston	
1	,	1121		AIP LETTER	₹:	May 12, 2	2010	
CHAR	NGE TYPE: Res	staurant Lounge (C	.4}					
Establish	nment Name:	Four Points Re	estaurant		. •			
Licence	Name:	Four Points Re						
Location	Address:	829 McCallum LANGFORD, E		•				
Applican	it Name	Westcoast Tar	House Ltd			-		
	rty Operator:	Westcoost Tap	Thouse Liu.	-				
	it Manager:			•		•	•	
Contact	_	s.22						
	Phone No.:							•
Hours o								
	Monday	Tuesday	Wednesday	Thursday	Fri	day	Saturday	Sunday
Open	9:00 AM	9:00 AM	9:00 AM	9:00 AM	1) AM	9:00 AM	9:00 AM
Close	Midnight	Midnight	Midnight	Midnight	Mide	night	Midnight	Midnight
Capacit	y: Lounge Exterio	r 1	2 Patio1		238	Perso	on01	592
		•			-			•
•			•	•				
		•				-	,	
Endorse	ements:				-		•	•
_			•				•	
Terms a	nd Conditions:	LP: see appro	val letters on the re	elated job. FP:	: provide	comment	on page 3 of this	report.
	· · ·			· .				
pplicar	nt Questions:			· 	2-2-1-1-1-1			
			V	i si sana amanana da				
_		,	ged since the origin	nal application wa	is submitt	ted?		
ì No .□	Yes If yes,	provide details	·	<u> </u>				·
stahlis	hment Questi	ions				,		
	minorit Questi	0113.						
Has th	e establishment r	name or licence na	me(s) changed sir	nce the original ap	plication	was subr	nitted?	
No 🗆	Yes If yes,	provide informatio	n below.					
ew estab	lishment name:							
revious li	cence name:	1	N/	ew licence name				

Previous licence name:

I have today viewed the Liquor Control and Licensing Branch presentation entitled, "What You Need to Know About Your Liquor Licence" for my licence class.

I have also received a copy of the "Terms and Conditions - A Guide for Liquor Licensees in British Columbia" for my licence class. As the holder of a British Columbia liquor licence, I am responsible for ensuring that I, and staff employed in my licensed establishment, understand and follow:

- the Liquor Control and Licensing Act
- the Liquor Control and Licensing Regulation
- "Terms and Conditions A Guide for Liquor Licensees in British Columbia", for my licence class, and
- •the terms and conditions printed on the face of my liquor licence or contained in letters from the Liquor Control and Licensing Branch general manager.

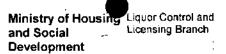
With the exception of my liquor licence certificate and letters addressed to me from the Liquor Control and Licensing Branch, I can obtain up-to-date copies of these documents on the branch web site at http://www.hsd.gov.bc.ca/lclb.

Print name: S.22	Signature	Position 6 1	1.	Date 05 - 26 - 10
				<u> </u>
	·		· · · · · · · · · · · · · · · · · · ·	
RBS:	· · · · · · · · · · · · · · · · · · ·			
	•			•
inspector records ALL	ing must be completed by the for required individuals. If an individuals.	dual has not completed R	BS, leave Certificate i	# blank then the 120 days
inspector records ALL can be tracked)	required individuals. If an individuals	dual has not completed R	,	# blank then the 120 days cate #:
(inspector records ALL can be tracked) UNITY VALUE Can be tracked UNITY VALUE UNITY VALUE UNITY UNI	required individuals. If an individuals.	dual has not completed R 22 Position:	Certifi	

Premises Report: complete for new licences and licence transfers
Photographs: Date sent
Marking lines adjusted, altered floor plans are attached. Date sent(dates not in system)
☐ Establishment does not reflect approved floor plans, applicant advised to contact LCLB - FINAL APPROVAL WITHHELD
Signs approved: ☐ Yes ☐ No Comments:
Inspector comments: Si grade to be posted. Monitoring to be done by arm staffed when open also video surrellance.
Terms and Conditions:
portable bar area outside restaurant only to be opened during large scale events or when food service is available from the restaurant patio bar area must be staffed at all time with Serving It Right qualified member of staffno liquor to be removed from red-lined areas
Patio extension permitted as outlined in red on the official plan.

Completion / Authorization: complete for new licences a	and licence transfers
I have reviewed the information contained in this report and unless commapproval is withheld, please review identified concerns and determine who	ents are noted above, find it to be in order. If final ather another inspection will be required.
Approving Authority/Inspector:	
Date of Inspection: May 26/10.	
Licence effective date: a stop.	
Licence expiry date:	·
Local police detachement: WESTERN COMMUNITIES R.C.M.P#24	(Active)
Local Gov't: CAPITAL REGIONAL DISTRICT	
Liquor store location: Same.	Alternate(s):
Inspector Instructions: please enter details into system, photocopy this einspection sheet and any other materials (photos, floor plans etc.) to Victo to submit fees to Victoria headquarters using page 4 of this form.	





LIQUOR PRIMARY or FOOD PRIMARY INSPECTION INTERVIEW SHEET

	O: (CE NO: (Food Primary Chang 008715773-018 303121 Structural - With Cap	. ~	CASE MANAGE INSPECTOR: AIP LETTER:	R: Lesley Me Shannan May 12, 2	Johnston	
Establish Licence N Location		Four Points Re Four Points Re 829 McCallum LANGFORD, E	staurant Road				
Resident Contact I Contact I	ty Operator: Manager: Name: Phone No.:	Westcoast Tap	House Ltd.				
Hours of			<u> </u>	Thursday,		Saturday	Cunday
Open	Monday 9:00 AM	Tuesday 9:00 AM	9:00 AM	Thursday 9:00 AM	Friday 9:00 AM	9:00 AM	Sunday 9:00 AM
Close	Midnight		Midnight	Midnight	Midnight	Midnight	Midnight
Capacity	: Lounge Exte	erior 1 ,	2 Patio1		238 Perso	n01	592
Endorsei Terms ar	ments: nd Condition	s: LP: see appro	val letters on the re	elated job. FP: pro	ovide comment	on page 3 of this	report.
pplican	t Question	ns: ,			•	·	
) No 🗆		applicant name chan es, provide details	ged since the origin	nal application was su	ubmitted?		
	e establishme	ent name or licence na es, provide informatio		nce the original applic	ation was subr	nitted?	•

New licence name

New licence name

Previous licence name:

Previous licence name:

I have today viewed the Liquor Control and Licensing Branch presentation entitled, "What You Need to Know About Your Liquor Licence" for my licence class.

I have also received a copy of the "Terms and Conditions - A Guide for Liquor Licensees in British Columbia" for my licence class As the holder of a British Columbia liquor licence; I am responsible for ensuring that I, and staff employed in my licensed establishment, understand and follow:

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- the Liquor Control and Licensing Regulation
- *"Terms and Conditions A Guide for Liquor Licensees in British Columbia", for my licence class, and
- •the terms and conditions printed on the face of my liquor licence or contained in letters from the Liquor Control and Licensing Branch general manager.

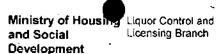
With the exception of my liquor licence certificate and letters addressed to me from the Liquor Control and Licensing Branch, I can

Print name: S.22	Signature	Position	2/6M	Date aj · 22 - 10
RBS:			······································	· · · · · · · · · · · · · · · · · · ·
"Servina it Dieht'Yreini	ing must be completed by the follow	wing individuals:	. ,	•
(inspector records ALL	required individuals. If an individual for S		i. leave Certificate # : ,	blank then the 120 days
(inspector records ALL can be tracked) ON	required individuals. If an individual of the control of the contr			blank then the 120 days ate #:
(inspector records ALL can be tracked) Name:	required individuals. If an individual (COV) FOY	.22 Position:	, Certifica	<u> </u>

Photographs: Floor plans:	Date sent May 26. or Will send within 30 days (dates not in system) Plans correct
	☐ Marking lines adjusted, altered floor plans are attached. Date sent(dates not in system)
	☐ Establishment does not reflect approved floor plans, applicant advised to contact LCLB - FINAL APPROVAL WITHHELD
Signs approved:	☐ Yes ☐ No Comments:
Inspector comme	
Signage	for "No removing duinks beyond this point
Terms and Cond	tions:
and the second	outside restaurant only to be opened during large scale events or when food service is available from the

I have reviewed the informati approval is withheld, please a	on contained in this report and unless commer eview identified concerns and determine whet	nts are noted above, find it to be in order. If final her another inspection will be required.
Approving Authority/Inspecto	- Sighustan	
Date of Inspection:	May 2610	·
Licence effective date:		
Licence expiry date:	·	
Local police detachement:	WESTERN COMMUNITIES R.C.M.P.#248	(Active)
Local Gov't:	CAPITAL REGIONAL DISTRICT	
Liquor store location:	Sunl.	Alternate(s):
inspection sheet and any other		ompleted form and mail it to the licensee, mail original ria LCLB headquarters. Please direct applicant





Mailing address: PO Box 9292 Stn Prov Gov Victoria, BC V8W 9J8

Telephone: 250 387-1254 Facsimile: 250 387-9184 Location: Second Floor 1019 Wharf Street Victoria, BC

http://www.hsd.gov.bc.ca/iclb

FEE PAYMENT INSTRUCTIONS

JOB TYPE:

Food Primary Change

JOB NO:

008715773-018

LICENCE NO:

303121

CASE MANAGER: Lesley Metcalfe

INSPECTOR:

Shannan Johnston

ESTAB NAME:

Four Points Restaurant

Payment instructions: if fee is owing, provide this sheet to applicant.

SEND THIS FORM AND REQUIRED LICENCE FEE TO LCLB HEADQUARTERS IN VICTORIA AS SOON AS POSSIBLE. Any delay in payment may delay your licence being issued.

Mailing Address:

Liquor Control and Licensing Branch PO Box 9292 Stn Prov Govt Victoria, BC V8W 9J8

Drop off location:

Liquor Control and Licensing Branch Second Floor, 1019 Wharf St Victoria, BC

Licence fee amount: \$	(inspector fills out)
Fees may be paid by cheque, money order, debit or credit card. Do head office. Submit the payment with the application form. Do not	
If paying by credit card, the applicant may MAIL OR FAX this form of the credit card number and expiry date. The applicant must quote the	
Enclosed Payment is by: (check one)	•
 □ cheque, payable to the Minister of Finance and Corporate Relation □ money order, payable to the Minister of Finance and Corporate □ VISA □ MasterCard 	,
Credit Card Number:	Expiry Date: /
Name of Cardholder: Signature of Cardholder:	<u> </u>