



# Liquor 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  
Fax: (250) 952-7066  
<http://www.pssg.gov.bc.ca/lclb>

## LEGAL ENTITY CHANGE INSPECTION INTERVIEW SHEET

<b>JOB TYPE:</b>	Legal Entity/Establishment Change	<b>CASE MANAGER:</b>	Darlene Kawasaki
<b>JOB NO:</b>	018983395-001	<b>INSPECTOR:</b>	1
<b>CHANGE TYPE:</b>	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:** West Coast Taphouse  
**Licence Number:** 303110  
**Expiry Date:** June 30, 2013  
**Location Address:** 829 McCallum Road  
LANGFORD, BC V9B 6W6

**Inspector Name:** Shannan Johnston  
**Resident Manager:**  
**Third Party Operator:**

**Contact Name:** s.22  
**Contact Phone**  
**No.:**

### Declaration

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.pssg.gov.bc.ca/lclb>.

Print name:  
s.22

Signature

s.22

Position

owner / operator

Date

July 5/12

### RBS:

"Serving it Right" training must be completed by the following individuals:

(inspector records ALL required individuals. If an individual has not completed RBS, leave Certificate # blank then the 120 days can be tracked)

s.22

Name

Position:

owner

Certificate #:

00021150550

Name

Position:

Certificate #:

Name:

Position:

Certificate #:

### Inspector comments

No changes - share change only

### Terms and Conditions

### Completion / Authorization:

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:

S. Houston

Date of Interview:

July 5/12

Local police detachment:

sane

Local Gov't:

☐ Follow-up compliance check required

**LIQUOR PRIMARY or FOOD PRIMARY INSPECTION INTERVIEW SHEET**

**JOB TYPE:** Liquor Primary Change  
**JOB NO:** 008532776-017  
**LICENCE NO:** 303110  
**CHANGE TYPE:** Structural - With Cap change (C3)

**CASE MANAGER:** Tammy Ford  
**INSPECTOR:** Shannan Johnston  
**AIP LETTER:** March 14, 2012

**Establishment Name:** West Coast Taphouse  
**Licence Name:** West Coast Taphouse  
**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	11:00 AM	11:00 AM	11:00 AM	11:00 AM	11:00 AM	11:00 AM	11:00 AM
Close	1:30 AM	1:30 AM	1:30 AM	1:30 AM	1:30 AM	1:30 AM	1:30 AM

**Capacity:** Person01 156

**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:**

1. Has the establishment name or licence name(s) changed since the original application was submitted?

☒ No ☐ Yes If yes, provide information below.

New establishment name: \_\_\_\_\_

Previous licence name: \_\_\_\_\_ New licence name: \_\_\_\_\_

Previous licence name: \_\_\_\_\_ New licence name: \_\_\_\_\_

### Declaration

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Print name:

Signature

Position

Date

S.22

OWNER / GM

MAY 15 - 12

### RBS:

"Serving it Right" training must be completed by the following individuals:

(inspector records ALL required individuals. If an individual has not completed RBS, leave Certificate # blank then the 120 days can be tracked)

Name: OR record Position: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Certificate #: \_\_\_\_\_

### Premises Report: complete for new licences and licence transfers

Photographs: Date sent MAY 15/12 or ☐ Will send within 30 days (dates not in system)

Floor plans: ☒ 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

Sign's approved: ☐ Yes ☐ No Comments: \_\_\_\_\_

Inspector comments: Great signage and separation.

50 seats exactly!

Terms and Conditions:

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

**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: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Licence effective date: \_\_\_\_\_

Licence expiry date: \_\_\_\_\_

Local police detachment: WESTERN COMMUNITIES R.C.M.P. #248 (Active)

Local Gov't: LANGFORD (CITY OF)

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: 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 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  
Fourth Floor, 3350 Douglas St  
Victoria, 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 the 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  
☐ VISA ☐ MasterCard ☐ American Express

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

## LIQUOR PRIMARY or FOOD PRIMARY INSPECTION INTERVIEW SHEET

JOB TYPE: Food Primary Change  
JOB NO: 008715773-023  
LICENCE NO: 303121  
CHANGE TYPE: Structural - With Cap Change (C4)

CASE MANAGER: Lesley Metcalfe  
INSPECTOR: Shannan Johnston  
AIP LETTER: September 09, 2010

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

12  
70

Patio1

238 Person01

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:

1. Has the establishment name or licence name(s) changed since the original application was submitted?

☒ No ☐ Yes If yes, provide information below.

New establishment name: \_\_\_\_\_

Previous licence name: \_\_\_\_\_

New licence name \_\_\_\_\_

Previous licence name: \_\_\_\_\_

New licence name \_\_\_\_\_

### Declaration

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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 obtain up-to-date copies of these documents on the branch web site at <http://www.hsd.gov.bc.ca/lclb>.

Print name:	Signature	Position	Date
S.22		GM / co-owner	Sept 28 / 10
		General Manager	Sept 28 / 10

### RBS:

"Serving it Right" training must be completed by the following individuals:

(inspector records ALL required individuals. If an individual has not completed RBS, leave Certificate # blank then the 120 days can be tracked)

Name:	Position:	Certificate #:
	On record	
Name:	Position:	Certificate #:
Name:	Position:	Certificate #:



**Premises Report: complete for new licences and licence transfers**

Photographs: Date sent Sept 28/10 or ☐ Will send within 30 days (dates not in system)

Floor plans: ☒ 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 comments: Yellow line needs to be amended to include  
hallway area between the Person 01 and Person 02-70

A coffee station is being put in place next week in the  
empty corner by tables in photos.

**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: S. Johnston

Date of Inspection: Sept 28/10

Licence effective date: \_\_\_\_\_

Licence expiry date: \_\_\_\_\_

Local police detachment: 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.**



## 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 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. 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 the 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 and Corporate Relations (A \$20.00 NSF fee will be charged for NSF cheques)  
☐ money order, payable to the Minister of Finance and Corporate Relations  
☐ VISA ☐ MasterCard

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_



# Liquor Control and Licensing Branch

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Victoria BC

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

## LEGAL ENTITY CHANGE INSPECTION INTERVIEW SHEET

<b>JOB TYPE:</b>	Legal Entity/Establishment Change	<b>CASE MANAGER:</b>	Darlene Kawasaki
<b>JOB NO:</b>	018983395-001	<b>INSPECTOR:</b>	1
<b>CHANGE TYPE:</b>	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:** West Coast Taphouse  
**Licence Number:** 303110  
**Expiry Date:** June 30, 2013  
**Location Address:** 829 McCallum Road  
LANGFORD, BC V9B 6W6

**Inspector Name:** Shannan Johnston  
**Resident Manager:**  
**Third Party Operator:**

**Contact Name:** s.22  
**Contact Phone**  
**No.:**

COPY

### Declaration

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 obtain up-to-date copies of these documents on the branch web site at <http://www.pssg.gov.bc.ca/lclb>.

Print name:

S.22

Signature

S.22

Position

owner / operator

Date

July 5/12

### RBS:

"Serving it Right" training must be completed by the following individuals:

(inspector records ALL required individuals. If an individual has not completed RBS, leave Certificate # blank then the 120 days can be tracked)

S.22

Name:

Position:

owner

Certificate #:

000 211 S0550

Name:

Position:

Certificate #:

Name:

Position:

Certificate #:

### Inspector comments

No changes - share change only

COPY

### Terms and Conditions

### Completion / Authorization:

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:

S. Shastin

Date of Interview:

July 5/12

Local police detachment:

same

Local Gov't:

☐ Follow-up compliance check required



## LIQUOR PRIMARY or FOOD PRIMARY INSPECTION INTERVIEW SHEET

**JOB TYPE:** Food Primary Change  
**JOB NO:** 008715773-026  
**LICENCE NO:** 303121  
**CHANGE TYPE:** Structural - With Cap Change (C4)

**CASE MANAGER:** Tammy Ford  
**INSPECTOR:** Shannan Johnston  
**AIP LETTER:** March 14, 2012

**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 12 Patio1 238 Person01 592  
Person02 70 Person03 50

**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:

- 1/ Has the establishment name or licence name(s) changed since the original application was submitted?  
☒ No ☐ Yes If yes, provide information below.

New establishment name: \_\_\_\_\_  
Previous licence name: \_\_\_\_\_ New licence name: \_\_\_\_\_  
Previous licence name: \_\_\_\_\_ New licence name: \_\_\_\_\_

## Declaration

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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
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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>.

Print name:

Signature

Position

Date

S.22

OWNER / GM

MAR - 15 - 12

## RBS:

"Serving It Right" training must be completed by the following individuals:

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on record.

Name: _____	Position: _____	Certificate #: _____
Name: _____	Position: _____	Certificate #: _____
Name: _____	Position: _____	Certificate #: _____

## Premises Report: complete for new licences and licence transfers

Photographs: Date sent Mar 15/12 or ☐ Will send within 30 days (dates not in system)

Floor plans: ☒ 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 comments: Good separation and signage  
50 seats exactly in this area.

## Terms and Conditions:

Portable bar area outside banquet room only to be open during large scale events.

Patio bar area must be staffed at all times with a 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.

Licensing Confirm:  
Should have  
an entertainment  
endorsement  
on license.

**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: S. Johnston

Date of Inspection: Mar 15/12

Licence effective date: \_\_\_\_\_

Licence expiry date: \_\_\_\_\_

Local police detachment: WESTERN COMMUNITIES R.C.M.P. #248 (Active)

Local Gov't: LANGFORD (CITY OF)

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

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JOB NO: 008715773-026  
LICENCE NO: 303121

CASE MANAGER: Tammy Ford  
INSPECTOR: Shannan Johnston  
ESTAB NAME: Four Points Restaurant

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☐ VISA ☐ MasterCard ☐ American Express

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

## LIQUOR PRIMARY or FOOD PRIMARY INSPECTION INTERVIEW SHEET

JOB TYPE: Food Primary Change  
JOB NO: 008715773-023  
LICENCE NO: 303121  
CHANGE TYPE: Structural - With Cap Change (C4)

CASE MANAGER: Lesley Metcalfe  
INSPECTOR: Shannan Johnston  
AIP LETTER: September 09, 2010

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:

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

12  
70

Patio1

238 Person01

592

*Amend the yellow lining*

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:

1. Has the establishment name or licence name(s) changed since the original application was submitted?

☒ No ☐ Yes If yes, provide information below.

New establishment name: \_\_\_\_\_

Previous licence name: \_\_\_\_\_ New licence name: \_\_\_\_\_

Previous licence name: \_\_\_\_\_ New licence name: \_\_\_\_\_

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- 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:

Signature

Position

Date

S.22

GM / co-owner  
General Manager

Sept 28 / 10  
Sept 28 / 10

### RBS:

"Serving it Right" training must be completed by the following individuals:

(inspector records ALL required individuals. If an individual has not completed RBS, leave Certificate # blank then the 120 days can be tracked)

Name: \_\_\_\_\_ Position: On record Certificate #: \_\_\_\_\_  
Name: \_\_\_\_\_ Position: \_\_\_\_\_ Certificate #: \_\_\_\_\_  
Name: \_\_\_\_\_ Position: \_\_\_\_\_ Certificate #: \_\_\_\_\_

**Premises Report: complete for new licences and licence transfers**

Photographs: Date sent Sept 28/10 or ☐ Will send within 30 days (dates not in system)

Floor plans: ☒ 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 comments: Yellow line needs to be amended to include  
hallway area between the Person 01 and Person 0270

A coffee station is being put in place next week in the  
empty corner by tables in photos.

**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: S. Johnston

Date of Inspection: Sept 28/10

Licence effective date: \_\_\_\_\_

Licence expiry date: \_\_\_\_\_

Local police detachment: 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 Housing and Social Development  
Liquor Control and Licensing Branch

Mailing address:  
PO Box 9292 Stn Prov Govt  
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 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. 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 the 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 and Corporate Relations (A \$20.00 NSF fee will be charged for NSF cheques)  
☐ money order, payable to the Minister of Finance and Corporate Relations  
☐ VISA ☐ MasterCard

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

## LIQUOR PRIMARY or FOOD PRIMARY INSPECTION INTERVIEW SHEET

JOB TYPE: Food Primary Change  
JOB NO: 008715773-017  
LICENCE NO: 303421  
CHANGE TYPE: Restaurant Lounge (C4)

CASE MANAGER: Lesley Metcalfe  
INSPECTOR: Shannan Johnston  
AIP LETTER: May 12, 2010

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:

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

12

Patio1

238

Person01

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:

1. Has the establishment name or licence name(s) changed since the original application was submitted?

☐ No ☐ Yes If yes, provide information below.

New establishment name: \_\_\_\_\_

Previous licence name: \_\_\_\_\_

New licence name \_\_\_\_\_

Previous licence name: \_\_\_\_\_

New licence name \_\_\_\_\_

### Declaration

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:

Signature

Position

Date

S.22

GM / LO owner

05-26-10

### RBS:

"Serving it Right" training must be completed by the following individuals:

(inspector records ALL required individuals. If an individual has not completed RBS, leave Certificate # blank then the 120 days can be tracked)

on file for S.22

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Certificate #: \_\_\_\_\_



**Premises Report: complete for new licences and licence transfers**

Photographs: Date sent May 26/10 or ☐ Will send within 30 days (dates not in system)

Floor plans: ☐ 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 comments:

Signage to be posted.  
Monitoring to be done by area staffed when open  
also video surveillance.

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.

**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: S Johnston

Date of Inspection: May 26/10

Licence effective date: asap

Licence expiry date: \_\_\_\_\_

Local police detachment: WESTERN COMMUNITIES R.C.M.P. #248 (Active)

Local Gov't: CAPITAL REGIONAL DISTRICT

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.**

## LIQUOR PRIMARY or FOOD PRIMARY INSPECTION INTERVIEW SHEET

JOB TYPE: Food Primary Change  
JOB NO: 008715773-018  
LICENCE NO: 303121  
CHANGE TYPE: Structural - With Cap Change (C4)

CASE MANAGER: Lesley Metcalfe  
INSPECTOR: Shannan Johnston  
AIP LETTER: May 12, 2010

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:

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

12

Patio1

238

Person01

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:

1. Has the establishment name or licence name(s) changed since the original application was submitted?

☐ No ☐ Yes If yes, provide information below.

New establishment name:

Previous licence name:

New licence name

Previous licence name:

New licence name

### Declaration

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:

Signature

Position

Date

S.22

co-owner / GM

05.22.10

### RBS:

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on record for S.22

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Certificate #: \_\_\_\_\_

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Photographs: Date sent May 26 or ☐ Will send within 30 days (dates not in system)

Floor plans: ☒ 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 comments:

Patio photos taken.  
Washroom is located in hotel lobby  
Signage for "NO removing drinks beyond this point"

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.

**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: S. Shastin

Date of Inspection: May 26/10

Licence effective date: \_\_\_\_\_

Licence expiry date: \_\_\_\_\_

Local police detachment: WESTERN COMMUNITIES R.C.M.P. #248 (Active)

Local Gov't: CAPITAL REGIONAL DISTRICT

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.**



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JOB NO: 008715773-018  
LICENCE NO: 303121

CASE MANAGER: Lesley Metcalfe  
INSPECTOR: Shannan Johnston  
ESTAB NAME: Four Points Restaurant

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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)

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☐ VISA ☐ MasterCard

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_