

INSTRUCTIONS:

- Complete all applicable fields, attach required documents and submit with payment as outlined in Part 9.
- You may complete this form one of two ways: 1) at your computer, then print; or 2) by hand - print clearly using dark ink.
- 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 a Liquor Primary Club Licence or a VQA Wine Store Licence is **NOT** permitted.

PART 1: Licence Type(s) to be Transferred

(Please check (✓) all that apply)

This Column Office Use ONLY

<input checked="" type="checkbox"/> Food Primary Licence Number: <u>096610</u> 2nd Licence Number (if more than one transferred): _____ Will you be changing the Establishment/Licence name? <input type="checkbox"/> Yes <input type="checkbox"/> No	(C1-LIC) _____ (L/E) _____
<input checked="" type="checkbox"/> Liquor Primary Licence Number: <u>024241</u> 2nd Licence Number (if more than one transferred): _____ Will you be changing the Establishment/Licence name? <input type="checkbox"/> Yes <input type="checkbox"/> No	(C1-LIC) _____ (L/E) _____
<input checked="" type="checkbox"/> Licensee Retail Store Licence Number: <u>195202</u> 2nd Licence Number (if more than one transferred): _____ Will you be changing the Establishment/Licence name? <input type="checkbox"/> Yes <input type="checkbox"/> No	(C1-LIC) _____ (L/E) _____
<input type="checkbox"/> Manufacturer (Brewery, Distillery or Winery (on-site retail store and agent included)) Licence Number: _____ 2nd Licence Number (if more than one transferred): _____ Will you be changing the Establishment/Licence name? <input type="checkbox"/> Yes <input type="checkbox"/> No	(C1-LIC) _____ (L/E) _____
<input type="checkbox"/> UBrew/UVin Licence Number: _____ 2nd Licence Number (if more than one transferred): _____ Will you be changing the Establishment/Licence name? <input type="checkbox"/> Yes <input type="checkbox"/> No	(C1-LIC) _____ (L/E) _____
<input type="checkbox"/> Catering Licence Number: _____ Will you be changing the Business/Licence name? <input type="checkbox"/> Yes <input type="checkbox"/> No	(C1-LIC) _____ (L/E) _____
<input type="checkbox"/> Agent Licence Number: _____ <small>(Note: An Agent's licence that shares a licence number with a manufacturer cannot be transferred without transferring the manufacturer's licence.)</small>	(C1-LIC) _____ (L/E) _____
<input type="checkbox"/> Wine Store Licence Number: _____	(C1-LIC) _____ (L/E) _____

NOTE: Signs should not be ordered prior to approval of the establishment/business name by the Liquor Control and Licensing Branch.

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

IMPORTANT: An expired licence CANNOT be transferred. To avoid late 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 expiry date.

PART 2: Application Contact Information

The applicant authorizes the person below to be the primary contact for the duration of the application process only.

Name: RANDY STULTZ Phone number: 250-460-1437
Fax number: 250-497-8059 E-mail address: s.22

PART 3: Applicant Information

Applicant Name: O.K. FALLS HOTEL (2015) LTD
Business Number*: 79547 1291 Contact Person: RANDY STULTZ
Applicant Mailing Address: PO Box 598 - 1045 MADON ST OKANAGAN FALLS BC V0H 1R0
(all correspondence will be sent to this address) Street City Province Postal Code
Applicant Phone # with area code and extension: 1-250-460-1437
Applicant Fax with area code: 250-497-8059 Applicant E-mail: s.22

***NOTE:** Prior to licensing applicants must have a Canada Revenue Agency issued **Business Number** in place in the legal name of the applicant for the liquor licence. This is the first 9 digits of your 15 digit GST/HST registration number. If you don't have a GST/HST registration number, you can apply for one through the Canada Revenue Agency at <http://www.cra-arc.gc.ca>.

1. Do you or any of your shareholders currently hold, have held, or have previously applied for a British Columbia liquor licence. Please check (✓) one:
☒ **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 liquor licence, or I have held or applied for one in the past. If **Yes**, provide details of current or previous licence(s) or previous applications (date held, licence #(s), location, type of licence and name of establishment(s):
2. Do you hold a Rural Agency Store Appointment? Please check (✓) one:
☒ **No**, I do not currently hold a Rural Agency Store Appointment.
☐ **Yes**, I currently hold a Rural Agency Store Appointment.
3. Do you, or any of your shareholders, have any connection, financial or otherwise, direct or indirect, with a distillery, brewery or winery, Liquor Primary, Food Primary, Catering, Licensee Retail Store or Wine Store? Please check (✓) one:
☒ **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:

PART 4: Type of Business

There are six types of businesses identified here. Choose (✓) the type of business used to operate the establishments you are transferring. Beneath the type of business you indicate are a list of documents to submit with this application.

☐ **Sole Proprietorship**

The sole proprietor must submit the following documents 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 and required documents noted on form

☐ **Society**

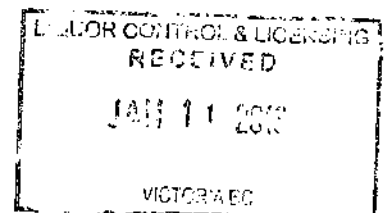
The society's annual membership fee is: \$ The society has members.

The following documents are required and must be attached to this application:

- ☐ Certificate of Incorporation under the Society Act,
☐ 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, and
☐ a completed Personal History Summary and Consent to Criminal Record Search (LCLB004) form and required documents noted on form



☒ **Private Corporation**

The following documents are required for this type of business and must be submitted with this application:

- ☒ Certificate of Incorporation,
- ☐ Extra-provincial registration, if your business is located outside British Columbia, *N/A*
- ☒ Central Securities Register,
- ☒ Notice of Articles, and
- ☒ Special Rights and Restrictions within the articles of incorporation 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) holding 10% or greater interest in the applicant corporation must submit all the documents listed:

- ☒ 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 and required documents noted on form

Note: Shareholders (individuals) holding less than 10% interest in the applicant corporation must provide their full legal name and date of birth in the space provided below or on a separate sheet of paper.

☐ **Partnership**

Please check (X) if you are a ☐ Registered Partnership or a ☐

List Partners in the space provided below:

SA
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 one or more of the partners are a private corporation listed under that business type with this application.

Plus, each partner (individual) must submit:

- ☐ a completed Consent for Disclosure of Criminal Record
- ☐ a completed Personal History Summary and Consent to

For a registered partnership the following documents are required:

- ☐ Statement of Registration of General Partnership, OR
- ☐ Partnership Agreement or Joint Venture Agreement.

☐ **Public Corporation**

NA
Check box (X) if your shares are publicly traded: ☐

The following documents are required for this type of business:

- ☐ Certificate of Incorporation,
- ☐ Extra-provincial registration, if your business is located outside British Columbia, and
- ☐ List of Directors and Officers.

Plus, for the four top executive officers in your public corporation, attach:

- ☐ 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 and required documents noted on form

☐ **Other**

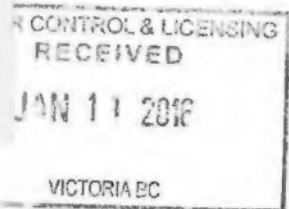
This includes entities incorporated through Federal or Provincial legislation. Examples: Local Government, First Nations, colleges, universities, etc. Contact the Branch to discuss documentation requirements.

PER PAGE 3 of 7

- CERTIFICATE OF INCORPORATION
- CENTRAL SECURITIES REGISTER
- NOTICE OF ARTICLES
- SPECIAL RIGHTS AND RESTRICTIONS
- SHARE CERTIFICATE STRUCTURE
- CONSENT RCMP GRC3584
- HISTORY SUMMARY LCLB004
- PERSONAL I.D

attach. If documents

ments noted on form



PART 5: Licence Information

Provide the following information for EACH licence being transferred.

Licence 1

Licence number:	096610	Date Licence expires:	02/29/16
Current establishment name:		Proposed establishment name:	
O.K. Falls Hotel		O.K. Falls Hotel	
Current licence name (if different):		Proposed licence name:	
O.K. Falls Hotel		O.K. Falls Hotel (2015) LTD	
Establishment physical address:	1045 Main St	City:	OKANAGAN FALLS
Proposed Establishment Mailing address: (if different from above)	SAME	Province:	BC
Proposed Contact Name:	Randy Stoltz	Postal Code:	V0H 1R0
Proposed Business Phone # with area code and extension:	250-497-5768	City:	SAME
		Province:	"
		Postal Code:	"
		Proposed Business e-mail:	s.22
		Proposed Business fax with area code:	250-497-8059

Licence 2

NOTE: Only the Licence number and the licence expiry date needs to be submitted if the rest of the information is the same as above.

Licence number:	024241	Date Licence expires:	02/29/16
Current establishment name:		Proposed establishment name:	
O.K. Falls Hotel		O.K. Falls Hotel	
Current licence name (if different):		Proposed licence name:	
GREY SAGE PUB		O.K. Falls Hotel (2015) LTD	
Establishment physical address:	1045 Main Street	City:	OKANAGAN FALLS
Proposed Establishment Mailing address: (if different from above)	SAME	Province:	BC
Proposed Contact Name:	Randy Stoltz	Postal Code:	V0H 1R0
Proposed Business Phone # with area code and extension:	250-497-5768	City:	SAME
		Province:	"
		Postal Code:	"
		Proposed Business e-mail:	s.22
		Proposed Business fax with area code:	250-497-8059

(If more than two licences are being transferred, provide the same information on a separate sheet and attach to this application.)

PART 6: 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.

Licence 1

Legal Name of Resident Manager:	(Last)	(Given Names)	Licence #:
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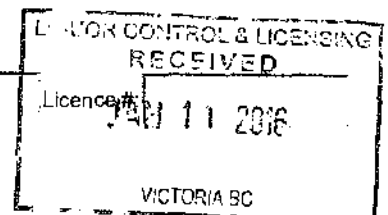
Licence 2

Legal Name of Resident Manager:	(Last)	(Given Names)	Licence #:
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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 and required documents noted on form

(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.)



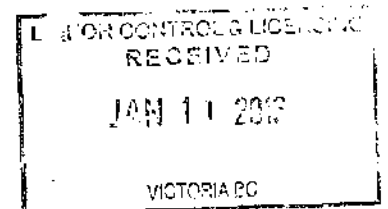
Part 5

Licence 3

NOTE: Only the Licence number and the licence expiry date needs to be submitted if the rest of the information is the same as above.

Licence number:	195202	Date Licence expires:	02/29/16
		Month/Day/Year	
Current establishment name:	GREY SAGE LIQUOR STORE	Proposed establishment name:	GREY SAGE LIQUOR STORE
Current licence name (if different):	✓	Proposed licence name:	O.K FALLS HOTEL (2015) LTD
Establishment physical address:	1045 MAIN STREET	OKANAGAN FALLS	BC
	Street	City	Province
Proposed Establishment Mailing address: (if different from above)	SAME	SAME	"
	Street	City	Province
Proposed Contact Name:	RANDY STOLTZ	Proposed Business e-mail:	s.22
Proposed Business Phone # with area code and extension:	250-497-5768	Proposed Business fax with area code:	250-497-8059

(If more than two licences are being transferred, provide the same information on a separate sheet and attach to this application.)



PART 7: 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 To New Owner* (LCLB001d) signed by the current licensee for each licence being transferred. NOTE: A transfer of licence cannot be completed without this form.

Licensee Retail Stores or Wine 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 Licenses: 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 to advise them 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 the shareholders, 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:

- ☐ To apply for a change to the shareholders, directors, licensee name or to add a receiver or executor, use the *Application for a Permanent Change to a Licensee* (LCLB005a).
- ☐ To apply to change the liquor licence, such as a change to the establishment name or hours of sale, use *Application for a Permanent Change to a Liquor Licence* (LCLB005b).
- ☐ To apply for alterations or additions to a licensed establishment (structural changes), use an *Application for a Structural Change*. For Liquor Primary, Liquor Primary Club and Winery Endorsements, use form LCLB012a; for Food Primary, use LCLB012b; for Manufacturer, use LCLB013; for Wine Store and Licensee Retail Store, use LCLB012c.
- ☐ To apply to have a third party management firm or lessee operate your licensed establishment, use the *Application to Add or Change a Licensee's Third Party Operator* (LCLB020)

Please complete Parts 8 and 9...

LCLB001a

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3 of NOV 26 2015

VICTORIA BC

Transfer of Liquor Licence - All Licensee Classes

PART 8: Declaration of Signing Authority Including Valid Interest

My signature, as Applicant, indicates that, with respect to the establishment:

- 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 licence being issued, I will obtain a completed lease that will not expire for a minimum of 12 months after the date the licence 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:
 - o If the applicant owns the property, a Certificate of Title in the applicant's name.
 - o 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 while holding a licence is reason for the general manager to consider cancelling 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 name(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.
- For licensees with a catering licence or endorsement I will be accountable for the overall operation, for all activities at catered events 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.
- I solemnly declare that the statements in this declaration and all the application documents are true and complete to the best of my knowledge.

Signature of any shareholder of a private corporation, signing officer of a public corporation or society, sole proprietor or all individuals in a partnership is required below:

Note: An agent, lawyer, resident manager or third party operator may not sign the declaration on behalf of the applicant.

Name of Official: RANDY STOLTZ Position: OWNER Date: 23/11/15
 (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: _____
 Name of Official: _____ Position: _____ Date: _____
 (last / first / middle) (Day/Month/Year)

Signature: _____

Section 15(2) of the Liquor Control and Licensing Act states: "A person applying for the issue, renewal, transfer, 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.

PART 9: Application Fee - \$330.00 (non-refundable) \$330 per licence x _____ of licences = \$ _____

In accordance with Payment Card Industry Standards, the branch is no longer able to accept credit card information via email.

Payment is by (check **EO**) one):☐ Cheque, payable to Minister of Finance (If cheque is returned as non-sufficient funds, a \$30 fee will be charged)☐ Money order, payable to Minister of Finance☐ Credit card: ☐ VISA ☒ MasterCard ☐ AMEX☐ I am submitting my application by email and I will deal with my credit card information. I will call Victoria Head Office at 250-952-5787 or 1-888-208-2111 and understand that no action can proceed with my application until the application fee is paid in full.☒ I am submitting my application by fax or mail and have given my credit information in the space provided at the bottom of the page.**Liquor Control and Licensing Branch**

Location: 4th Floor, 3350 Douglas St., Victoria BC V8Z 3L1

For Mail Only: PO Box 8292 Stn Prov Govt Victoria, BC V8W 6J8

Toll-Free Phone: 888 208-2111 Fax: 250-952-7088 Web: www.pssc.gov.bc.ca/clb E-mail: liquor.licensing@gov.bc.ca

PART 10: Is Your Application Package Complete?

Please ensure that you have enclosed the following:

- ☒ Completed Transfer of Liquor Licence form (LCLB001a).
- ☒ Completed Agreement to Transfer Licence To New Owner (LCLB001d).
(NOTE: A transfer of licence cannot be completed without this form)
- ☒ Application fee. (See PART 8 of this application form.)
- ☐ All business documents identified under your business type in PART 4.
- ☒ Completed Consent for Disclosure of Criminal Record Information (RCMP GRC3584) for all required individuals.
(Note: You must complete Part 1, 4 and 5 of the consent form and all category boxes must be initialled in section 8.) Refer to the LCLB website for information on criminal record searches: http://www.pssc.gov.bc.ca/clb/LLinBC/criminal_record_search.htm
- ☒ Completed Personal History Summary and Consent to Criminal Record Search (LCLB004) forms for all required individuals.
- ☒ Statutory Declaration must be completed by all individuals that answered "Yes" to 2, 3 or 10 in the Personal History Summary and Consent to Criminal Record Search form (LCLB004).
- ☒ Driver's abstract (driving record) by all individuals that answered "Yes" to 8 or 10 in the Personal History Summary and Consent to Criminal Record Search form (LCLB004).
- ☐ Legible photocopy of primary proof of identity for all required individuals. Acceptable photo identification includes driver's licence from a Canadian jurisdiction, passport or BCID card.
- ☒ Sketch of proposed new signage (if any).
- ☐ Letter of support from BCLC if licensed establishments are located at a gaming facility.
- ☐ If transferring a Motor Vessel, documents relating to a licensed Motor Vessel, see PART 7.
- ☐ If transferring a Licensee Retail Store, a copy of the lease or Certificate of Title in the applicant's name.
- In addition have you:
- ☐ Contacted the Liquor Distribution Branch, Canada Revenue Agency, or any other relevant agency regarding the transfer?

IMPORTANT NOTE: Your COMPLETE application package must contain this application form with responses in all the applicable fields, all the required documentation AND the full fee. If your application is submitted incomplete, it will be returned to you and therefore cause a delay in the processing of your application.

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PART 11: What Happens Next?

1. You must submit a complete application package and application fee to Victoria Liquor Control and Licensing Branch Head Office.
2. The Liquor Control and Licensing Branch staff will review the application package for completeness and will advise you of any information/documentation required before the application can be considered complete. An incomplete application is held for 30 days.
3. If everything is in order, the local liquor inspector will be contacted and you will be required to participate in an interview with the inspector to discuss the terms and conditions of the licence.
4. The Inspector will notify the Victoria LCLB Head Office that the interview passed and that the licence will be transferred into the name of the new applicant.

Freedom of Information and Privacy Act - The information requested on this form is collected for the purpose of obtaining or making changes to a liquor licence application. All personal information is collected under the authority of Section 16 of the Liquor Control and Licensing Act (RSBC 1996, c.267). Questions should be directed to: Liquor Control and Licensing Branch, Freedom of Information Officer, PO Box 9292 STN PROV GOVT, Victoria, BC V8W 6J8. PH: In Victoria, 250-952-5787 Outside Victoria, 1-888-208-2111. Fax: 250-952-7088

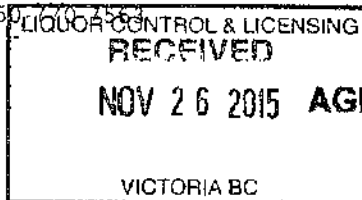
LCLB001a

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Transfer of Liquor Licence - All Licence Classes

Credit Card Information (To be submitted by fax or mail only)

Name of cardholder (as it appears on card): RANDALL J STOLTZ


**BRITISH
COLUMBIA**

**AGREEMENT TO TRANSFER LIQUOR
LICENCE(S) 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; or 2) by hand - print clearly using dark ink.
If you have any questions about completing this application, call the Branch toll-free at 1-866-208-2111.

PART 1: Current Licensee's Business Information

Licensee Name: GRAY SAGE PUB Business #: _____

Contact Phone #: 250-794 8103
with area code:

PART 2: Licence(s) to be Transferred (Please check (X) all that apply)
Food Primary

1. Licence #: 096610 Expiry Date: 02/29/16 Establishment name: OK FALLS HOTEL

Establishment physical address: 1045 MAIN ST. OK FALLS B.C. VOH1R0
Street City Province Postal Code

2. Licence #: _____ Expiry Date: 02/29/16 Establishment name: OK FALLS HOTEL

Establishment physical address: _____
Street City Province Postal Code

Liquor Primary

1. Licence #: 024241 Expiry Date: 02/29/16 Establishment name: OK FALLS HOTEL

Establishment physical address: 1045 MAIN ST. OK FALLS B.C. VOH1R0
Street City Province Postal Code

2. Licence #: _____ Expiry Date: _____ Establishment name: _____

Establishment physical address: _____
Street City Province Postal Code

Licence Retail Store

1. Licence #: 195202 Expiry Date: 02/29/16 Establishment name: GRAY SAGE LIQUOR STORE

Establishment physical address: 1045 MAIN ST. OK FALLS B.C. VOH1R0
Street City Province Postal Code

Manufacturer (Brewery, Distillery or Winery (on-site retail store and agent included))

Licence #: _____ Expiry Date: _____ Establishment name: _____

Establishment physical address: _____
Street City Province Postal Code

UBrew/UVin

Licence #: _____ Expiry Date: _____ Establishment name: _____

Establishment physical address: _____
Street City Province Postal Code

Catering

Licence #: _____ Expiry Date: _____ Business name: _____

Business location address: _____
Street City Province Postal Code

Agent Note: An Agent's licence that shares a licence number with a manufacturer cannot be transferred without transferring the manufacturer's licence.		Licence #:	Expiry Date: (Month/Day/Year)
Wine Store			
Licence #:	Expiry Date: (Month/Day/Year)	Establishment name:	
Establishment physical address:	Street	City	Province Postal Code

(If you are transferring more than two licences in a licence class, or for additional licences of any type please use a separate sheet and attach to this agreement)

PART 3: New Applicant Information

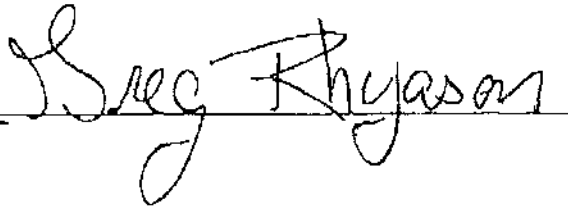
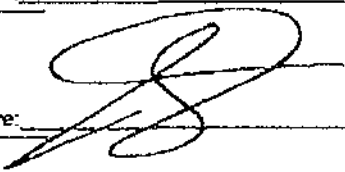
PLEASE PROVIDE A COPY OF THIS COMPLETED FORM TO THE NEW APPLICANT FOR THEIR RECORDS.

Applicant Full Name: RANDY STOLTZ	
Applicant Phone # with area code: 250 460 1437	Applicant E-mail: s.22
Contact Person: RANDY	Contact Person Title/Position: OWNER

PART 4: Agreement to Transfer Licence(s)

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

I (we) hereby relinquish all rights, title and interest in the above licence when the general manager transfers the licence to the applicant. Until that time I (we) acknowledge that I (we) remain responsible as the licensee.

Full name of current owner: GREG RHYASON	Signature: 
Date: 23/11/15 (Day/Month/Year)	
Full name of current owner:	Signature:
Date:	
Proposed new owner: RANDY STOLTZ	Signature: 
Date: 23/11/15 (Day/Month/Year)	
Proposed new owner:	Signature:
Date:	

(If there are more than two owners please use a separate sheet and attach to this application.)

PART 5: What Happens Next?

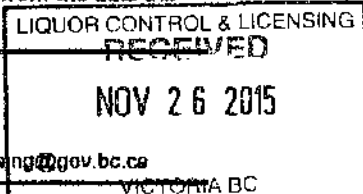
1. The licensee provides a copy of the completed copy of this form to the transfer applicant (new owner) for their records.
2. The licensee submits a complete copy of this form to the Liquor Control and Licensing Branch head office in Victoria.
3. The new owner submits a complete *Transfer of Liquor Licence* form (LCLB001c).
4. If an application has not been received from the new owner to transfer the liquor licence within 30 days from the date the agreement to transfer is received by the branch, a notice to cancel the liquor licence(s) will be issued.

Liquor Control and Licensing Branch

Location: 4th Floor, 3360 Douglas St., Victoria BC V8Z 3L1

For Mail Only: PO Box 8282 8th Prov Govt Victoria, BC V8W 8J8

Toll-Free Phone: 888 208-2111 Fax: 250 952-7068 Web: www.pssc.gov.bc.ca/lclb E-mail: liquor.licensing@gov.bc.ca



Freedom of Information and Privacy Act - The information requested on this form is collected for the purpose of obtaining or making changes to a liquor licence application. All personal information is collected under the authority of Section 15 of the Liquor Control and Licensing Act (RSC 1996, c.287). Questions should be directed to: Liquor Control and Licensing Branch, Freedom of Information Officer, PO Box 8282 STN PROV GOVT, Victoria, BC V8W 8J8. Ph: in Victoria, 250 952-6787 Outside Victoria, 1 888 208-2111. Fax: 250 952-7068