



LIQUOR LICENCE APPLICATION

PLEASE REVIEW THE ATTACHED REQUIREMENTS

Applicant Information

Name _____

Address _____

Phone _____ Fax _____ E-Mail _____

Property Description

Common Name _____

Address _____

Legal Description _____

Property Owner Information

Name _____

Address _____

Phone _____ Fax _____ E-Mail _____

Purpose of Application

Materials submitted in support of application (building code analysis, zoning analysis, etc.)

Name of registered professional who prepared supporting documents: _____

Applicant's signature: _____

Please forward application and supporting documentation to Planning and Development Services, City of Kelowna, 1435 Water Street, Kelowna, BC V1Y 1J4. Fax: 862-3320.