

THE ENVIRONMENT ACT AND BEVERAGE CONTAINER REGULATION

APPLICATION FOR A BEVERAGE CONTAINER DEALER'S LICENCE

Trade name						
Name of corporation, proprietorship, or partnership if different from trade name						
Mailing address						
City or community		Postal or zip code				
Names of proprietor, partners o	or officers					
Telephone number		Fax number				
Business locations (owned by y	ou and located in the Yukon)					
• Trade name if different from	above					
Physical address						
Type of outlet						
• Trade name if different from	above					
Physical address						
Type of outlet						
• Trade name if different from	above					
Physical address						
Type of outlet						
	licence under Section 6 of the E ect the beverage container surch	Beverage Container Regulation to supply beverage in a narge.				
The following questions must be	e answered.					
1. Do you supply beverage at w	rholesale? □ yes □ no					
2. Do you supply beverage at re	etail? □ yes □ no					
3. How often do you take a phys	sical count of inventory? 🗆 dail	ly \square weekly \square monthly \square yearly				
		continued				
	For office use only					
YG(4162EQ)F2 Rev.08/2003	Licence number	Date				

What is your fiscal year and date?				
. What is your fiscal year end date?	day	month	year	
. Who are your normal suppliers of be	everages?			
Name and location				
Name and location				
Name and location				
Name and location				
. Dealer's monthly returns are require containers are distributed.	ed to be file	ed by the 30	Oth day after th	the end of the month in which beverage
It is understood that a person(s) auth and inspect any place or vehicle used containers and inspect any books of	d in the ha	ndling, trans or records k	sportation, se ept at any pla	gulations may, at any reasonable time, enter elling, or recycling of beverages or beverage ace or in any vehicle relating to the handling, or to the payment of refunds or deposits.
CERTIFICATION				
I hereby certify that the above statem with the provisions of the Environmen			•	owledge and belief, and I undertake to comply r Regulation made thereunder.
SIGNATURE			_	DATE
NAME (please print)			_	TITLE

Mail this application to:

Department of Finance Government of the Yukon P.O. Box 2703 Whitehorse, Yukon Y1A 2C6 phone (867) 667-5345, toll free-1-800-661-0408 fax (867) 393-6217

NO FEE IS REQUIRED FOR A LICENCE