



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 or officers _____

Name of contact person _____

Telephone number _____ Fax number _____

Business locations (owned by you 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 _____

I hereby make application for a licence under Section 6 of the Beverage Container Regulation to supply beverage in a beverage container and to collect the beverage container surcharge.

The following questions must be answered.

1. Do you supply beverage at wholesale? yes no

2. Do you supply beverage at retail? yes no

3. How often do you take a physical count of inventory? daily weekly monthly yearly

continued.....

For office use only

Licence number _____ Date _____

