

Department of Public Safety  
Compliance & Regulatory  
Services Branch  
P. O. Box 6000  
Fredericton, NB E3B 5H1  
Telephone: (506) 453-7472  
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78-9267 (11/06)

Ministère de la Sécurité publique  
Direction du contrôle de la  
conformité et de la réglementation  
Case postale 6000  
Fredericton, NB E3B 5H1  
Téléphone : (506) 453-7472  
Télécopieur : (506) 453-3044

Special Permit Application

Special Permit Renewal

**Section A**

Language Preference  English  French

Business Number: \_\_\_\_\_

**Section B**

- Pharmacist, Medical Practitioner, Dentist or Veterinary  Hospital, Sanatorium or Home for Aged People
- Engaged in mechanical or manufacturing business or scientific pursuits  Food preparation

**Section C**

- Individual (Sole Proprietorship)  Corporation (Attach name and address of directors and officers)
- Partnership (Attach name and address of partners)

**Section D**

Legal Name \_\_\_\_\_

Trade or Operating Name (if different from above): \_\_\_\_\_

Mailing Address \_\_\_\_\_

City

Postal Code

Physical Location of Business (If more than one, attach list) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Business Telephone Number

(\_\_\_\_\_) \_\_\_\_\_  
Business Fax Number

**1st Contact Person**

(Last Name)

(First Name)

(\_\_\_\_\_) \_\_\_\_\_  
Business Telephone Number

(\_\_\_\_\_) \_\_\_\_\_  
Business Fax Number

(\_\_\_\_\_) \_\_\_\_\_  
Home Telephone Number

**2nd Contact Person**

(Last Name)

(First Name)

(\_\_\_\_\_) \_\_\_\_\_  
Business Telephone Number

(\_\_\_\_\_) \_\_\_\_\_  
Business Fax Number

(\_\_\_\_\_) \_\_\_\_\_  
Home Telephone Number

**A fee of \$50, made payable to the Minister of Finance, must be enclosed.**

**Declaration**

Please be advised that certain information obtained on this application form will be sent to Canada Customs & Revenue Agency and Service New Brunswick pursuant to the provisions of the *Common Business Number Identifier Act*. Also, please be advised that Service New Brunswick may share such information with other public bodies for certain purposes pursuant to the provisions of the *Common Business Identifier Act*.

I hereby make application for a special permit to purchase liquor for use in accordance with the provisions of the Liquor Control Act, and any regulations made thereunder.

- I am the official in charge and hereby make application for the special permit to purchase liquor for the purpose of \_\_\_\_\_

- I am at least nineteen years of age and engaged in the business.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_