

# How to Fill Out Your LCBO Convenience Outlet Authorization Application Forms

## 1. Appendix B- Application Form

a. Below is an example of how to fill out Page 1.

**Proposed Manager:** You need to propose a retail manager. This is the person who carries out most of the day-to-day business. It could be an employee or an Owner, or Partner or a Director/Officer.

# LCBO

## LCBO Convenience Outlet Authorization Appendix B - Application Form

The Application must be completed in accordance with instructions provided in Part III of the RFP.

Please ensure that all information is typed or clearly printed.

R.F.P. No.:	2019-061
Community	Apple Hill
Location No.:	12055

### Part I – The Applicant

The applicant is:

Sole Proprietorship – Provide full name and address.

Name	Home Address

Partnership – Provide names and addresses of all partners.  
Attach a copy of the partnership agreement to the Application

Name of Partner	Home Address
John Michael Smith	25 Valley Rd, Apple Hill
Mary Jane Smith	25 Valley Rd, Apple Hill

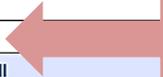
Corporation – Provide name of corporation as per Articles of Incorporation.  
Attach a copy of the Articles of Incorporation to the Application.  
Provide the address of the corporation and list names and addresses of all directors and officers and state position held by each (i.e. President, Vice President, Secretary).

Name of Corporation	Address of Corporation		
Name of Director/Officer	Home Address of Director/Officer	Position in Company	Percentage of Interest

Proposed Manager - provide full name and address.

Name	Home Address
John Michael Smith	25 Valley Rd, Apple Hill

Every application needs a Proposed Manager



Appendix C - LCO Personal History Form is required for each individual listed above.

b. Page 2 - Conflict of Interest

We require you to disclose any conflict of interest you might have. If you tick yes, you will have to write more details about the conflict of interest in Appendix C – Personal History Form.



**LCBO Convenience Outlet Authorization  
Appendix B - Application Form**

**Conflict of Interest**

For the purposes of this section, the term "Conflict of Interest" means any situation or circumstance where, in relation to the RFP, the RFP process, and/or Authorizations, the Respondent or any advisor, officer, director, shareholder or employee of the Respondent has:

- (1) other commitments, relationships or financial interests that:
  - i. could or could be seen to exercise an improper influence over the objective, unbiased and impartial exercise of independent judgment by any personnel of the LCBO or the LCBO's advisors; or
  - ii. could, or could be seen to compromise, impair or be incompatible with the effective performance of a Respondent's obligations under the Authorization if that Respondent was successful under this RFP process;
- (2) contractual or other obligations to the LCBO, Government of Ontario or the AGCO that could, or could be seen to have been compromised or impaired as a result of its participation in the RFP process or under an Authorization, including where such individuals; or
- (3) knowledge of confidential information of strategic and/or material relevance to the RFP process that is not available to other respondents and that could or could be seen to give the Respondent an unfair competitive advantage.

For further clarity, Respondents should disclose whether the Respondent or any advisor, officer, director, shareholder or employee of the Respondent is:

- (1) an employee or official of the Government of Ontario;
- (2) a member of the LCBO Board of Directors or an employee of the LCBO or the AGCO; or
- (3) a manufacturer, importer, distributor or bottler of beverage alcohol or has any direct or indirect interest in same.

Do any of the respondents have or perceive to have a conflict of interest?  Yes  No

If Yes, please describe and who has the conflict:

Mary Jane Smith is a part owner of a winery

c. Part II The Premises

The telephone and email address should belong to the person who the LCBO can contact regarding application questions and for booking a site visit.

Part II – The Premises	
Provide the complete mailing address of business (include Lot #, Concession, County Rd., Postal code, etc.) applying to host a LCBO Convenience Outlet.	
Complete the business name, e-mail and telephone number.	
Business Name:	John's Variety Store
Business Premise Address:	11 Main st, Apple Hill
Business Mailing Address:	same as above
Telephone:	519-123-1234
E-mail:	john_smith215@gmail.com
Kilometre distance from the RFP Intersection:	4.2
Kilometre distance from the nearest LCBO:	7.8
Kilometre distance from the nearest TBS:	8.5
Are there any local Municipal laws that would prohibit the sale of beverage alcohol at your retail business? If no, give full particulars.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the Business Premises have all Fixtures and Shelving installed as described in Section 3.2(a)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any part of the building currently licensed under the <i>Liquor Licence Act</i> ? If yes, provide the following details:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name of licence holder:	
Details of your connection to the licence holder:	
Location of the licensed premises:	
Do you work in the licensed premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the license be surrendered if a LCO Authorization is awarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No

- d. Page 3 - The Floor Plan
- e. If you tick “No” for any questions in this section and you don’t specify how you plan to meet the requirement, then your application will not pass Stage III.

<b>Floor Plan</b>		
Total square footage of the business retail space		
<ul style="list-style-type: none"> <li>space used for the selling of goods to consumers (excluding storage, employee lounge areas, washrooms, utility rooms)</li> </ul>		
Total square footage of the proposed area where beverage alcohol would be displayed (including beer coolers and walk in coolers if applicable)		
The proposed beverage alcohol display area meets the minimum requirement of 80 linear feet of shelving (including walk in coolers and beer coolers)	<input type="checkbox"/> Yes	Shelving length: _____
	<input type="checkbox"/> No	Number of shelving units: _____
Number of tiers: _____		
If No, please specify your plans to meet the minimum requirement of 80 linear feet of shelving:		
The proposed storage area for empty beverage alcohol containers meets the minimum requirement of 100 sq feet		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please specify your plans for storage to meet the 100 sq ft of the empty container storage space:		
The proposed beverage alcohol display area can accommodate the Additional Space Requirement for the seasonal product display (4x4 square foot space)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please specify your plans for the 4x4 additional space requirement:		
Attach a detailed floor plan that identifies:		
<input type="checkbox"/> Measurements and floor plan for the <u>entire</u> existing premises in which the business is located;		
<input type="checkbox"/> Location of all entrances and exits;		
<input type="checkbox"/> Location and measurements of the available area in the existing business premises where beverage alcohol would be displayed;		
<input type="checkbox"/> Location and measurements of shelving for beverage alcohol;		
<input type="checkbox"/> For beer, identify space on the floor that would be allocated;		
<input type="checkbox"/> Location and measurements for the proposed storage area(s) for inventory;		
<input type="checkbox"/> Location and measurements for the proposed storage area for empty beverage alcohol containers; and		
<input type="checkbox"/> Location and measurement of the proposed location of the Additional Space Requirement for seasonal product display.		

- f. Part III – The Business
- Your type of retail business is what takes up most of the retail space. For example, if you sell bait and fishing supplies and convenience goods, and the bait and fishing supplies take up more of the retail space, you would type in “Bait and Fishing supplies store”.

**Part III – The Business**

What is the type of Retail business (i.e. Grocery, Convenience, etc.) Convenience Store

What are the days and hours of operation of the business? If the hours of operation are seasonal, please list the hours for each season.

Year Round Hours		Seasonal			
		Summer Hours	Spring Hours	Fall Hours	Winter Hours
Monday	8:30 am to 7:00 pm				
Tuesday	8:30 am to 7:00 pm				
Wednesday	8:30 am to 7:00 pm				
Thursday	8:30 am to 7:00 pm				
Friday	8:30 am to 7:00 pm				
Saturday	8:30 am to 7:00 pm				
Sunday	9:00 am to 6:00 pm				

Describe how your existing cash register system would be able to separate beverage alcohol sales from all other sales. Please indicate if you currently have a separate cash register you would allocate to beverage alcohol sales and describe how you propose to track and account for beverage alcohol sales.

Our cash register system has two integrated point of sales with a separate category for beer, wine and spirits.

**g. Digital Signature**

This form allows for a digital signature to be inserted. To use a digital signature, click in the signature box and instructions will appear on how to insert a digital signature.

If you don't have a digital signature, print out this application form and with the Personal History Forms of all required people, get all signatures, and scan all signed forms back into the computer.

Following the LCBO's selection of the successful applicant, the LCBO may be required to share information with Brewers Retail Inc. By signing this form, I/we authorize the LCBO to collect additional personal information about me/us indirectly through reference checks and police checks to verify the information contained on this form. I/We consent to the Ministry of Finance disclosing taxpayer information relating to the applicant(s) to the LCBO for the purposes of verifying compliance. I/We hereby declare that the information provided by me/us on this form is true, complete and correct. I/We understand that a false statement may be considered sufficient reason for the LCBO to reject the application in its entirety, or to cancel or suspend any authorization to establish and operate a government store if granted.

DATED at Apple Hill this 28th day of September 2019.

<div style="border: 1px solid red; border-radius: 50%; padding: 5px; margin-bottom: 5px;">  </div> <p style="text-align: center; margin: 0;">Applicant's Signature</p> <p>Name: <span style="border: 1px solid red; padding: 2px;">John Michael Smith</span></p> <p>Title: <span style="border: 1px solid red; padding: 2px;">Partner/Store Manager</span></p>	<div style="border: 1px solid red; border-radius: 50%; padding: 5px; margin-bottom: 5px;">  </div> <p style="text-align: center; margin: 0;">Applicant's Signature</p> <p>Name: <span style="border: 1px solid red; padding: 2px;">Mary Jane Smith</span></p> <p>Title: <span style="border: 1px solid red; padding: 2px;">Partner</span></p>
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## 2. Appendix C - Personal History Form

Below is an example of the Personal History form. If you answer “yes” to any of the questions, you must provide an explanation. If you require more space to provide details, please attach another page to your submission.

In the example below, the respondent answered yes to two questions. He added an extra page where he provided details for question 14.



### LCBO Convenience Outlet Authorization Appendix C – Personal History Form

This Personal History Form to be completed in accordance with the instructions provided in Part III of the RFP.

- If the applicant is a Corporation, a separate Personal History Form must be submitted for each Director and Officer of the corporation.
- If the applicant is a Partnership, each partner must submit a separate Personal History Form.

Please ensure that all information is typed or clearly printed.

R.F.P. No.:	2019-069
Community	Apple Hill
Location No.:	12055

1.	Full Name:	John Michael Smith		
2.	Home Address:	25 Valley Rd, Apple Hill		
3.	Mailing Address:	same as above		
4.	Telephone:	519-123-1234		
5.	Have you ever had a LCBO Convenience Outlet (formerly Agency Store) authorization cancelled or suspended?		<input type="radio"/> Yes	<input checked="" type="radio"/> No
6.	Have you ever been refused a liquor licence from the Alcohol and Gaming Commission of Ontario (formerly the Liquor Board of Ontario) or had such liquor licence cancelled or suspended?		<input type="radio"/> Yes	<input checked="" type="radio"/> No
7.	Do you have any connection, financial or otherwise, with any manufacturer, distributor, bottler or importer of liquor?		<input type="radio"/> Yes	<input checked="" type="radio"/> No
8.	Have you any interest in or connection with any person or business which holds a liquor licence?		<input checked="" type="radio"/> Yes	<input type="radio"/> No
9.	Are you a registered agent or representative of any manufacturer, distributor, bottler or importer of liquor?		<input type="radio"/> Yes	<input checked="" type="radio"/> No
10.	Are you or is any member of your family employed by the Liquor Control Board of Ontario or the Alcohol and Gaming Commission of Ontario?		<input type="radio"/> Yes	<input checked="" type="radio"/> No
11.	Are you a member of the Board of Directors of the Liquor Control Board of Ontario or the Alcohol and Gaming Commission of Ontario?		<input type="radio"/> Yes	<input checked="" type="radio"/> No
12.	Are you a member of the Legislature of Ontario, the Parliament of Canada or an employee or official of the Government of Ontario or Canada?		<input type="radio"/> Yes	<input checked="" type="radio"/> No
13.	Are there any civil court judgments, executions, liens or similar obligations outstanding against you at present?		<input type="radio"/> Yes	<input checked="" type="radio"/> No
14.	Have you ever been convicted of any criminal offences including absolute and conditional discharges and are there any outstanding charges against you in any jurisdiction?		<input checked="" type="radio"/> Yes	<input type="radio"/> No

If the answer to any of questions 5 through 14 inclusive is “Yes”, please provide full details.

Qu. 8 - My sister owns a restaurant in Apple Hill with a liquor licence. I don't have any financial interest in her restaurant.

Personal information on this form is collected under the authority of the *Liquor Control Act*, Sec. 3(1)(j), R.S.O. 1990 CL.18 for purposes of assessing the suitability of the applicant(s) to establish a LCBO Convenience Outlet. Information collected on this form may be verified through credit bureaus, banks, the Ministry of Finance and reference checks. For questions on the collection, use and disclosure of this personal information, please contact the Manager, LCBO Convenience Outlets, 55 Lake Shore Blvd. E., Toronto, Ontario M5E 1A4 (Tel.: 416-365-5942).

Page 2 of Appendix C – Personal History Form

Details for Question 14 regarding Conviction of Offences

In 2007 I was charged with simple assault after a fight in a bar. I received an absolute discharge.

John Smith

b. Like Appendix B – Application Form, the Personal History Form can accept a digital signature. Refer to Part 1, subsection f. of this document on how to insert a digital signature.

If you don't have a digital signature, print out this Personal History Form, sign it and scan it back in, along with all other forms.

I hereby declare that the information provided by me on this form is true, complete and correct, to the best of my knowledge and belief. I understand that a false statement may be considered sufficient reason to withhold the authorization of the respondent named in the attached Application to establish and operate a government store or to cancel or suspend any such authorization if granted.

DATED at Apple Hill this 28th day of Sept 20 19 .

*John Smith*

Signature

John Michael Smith

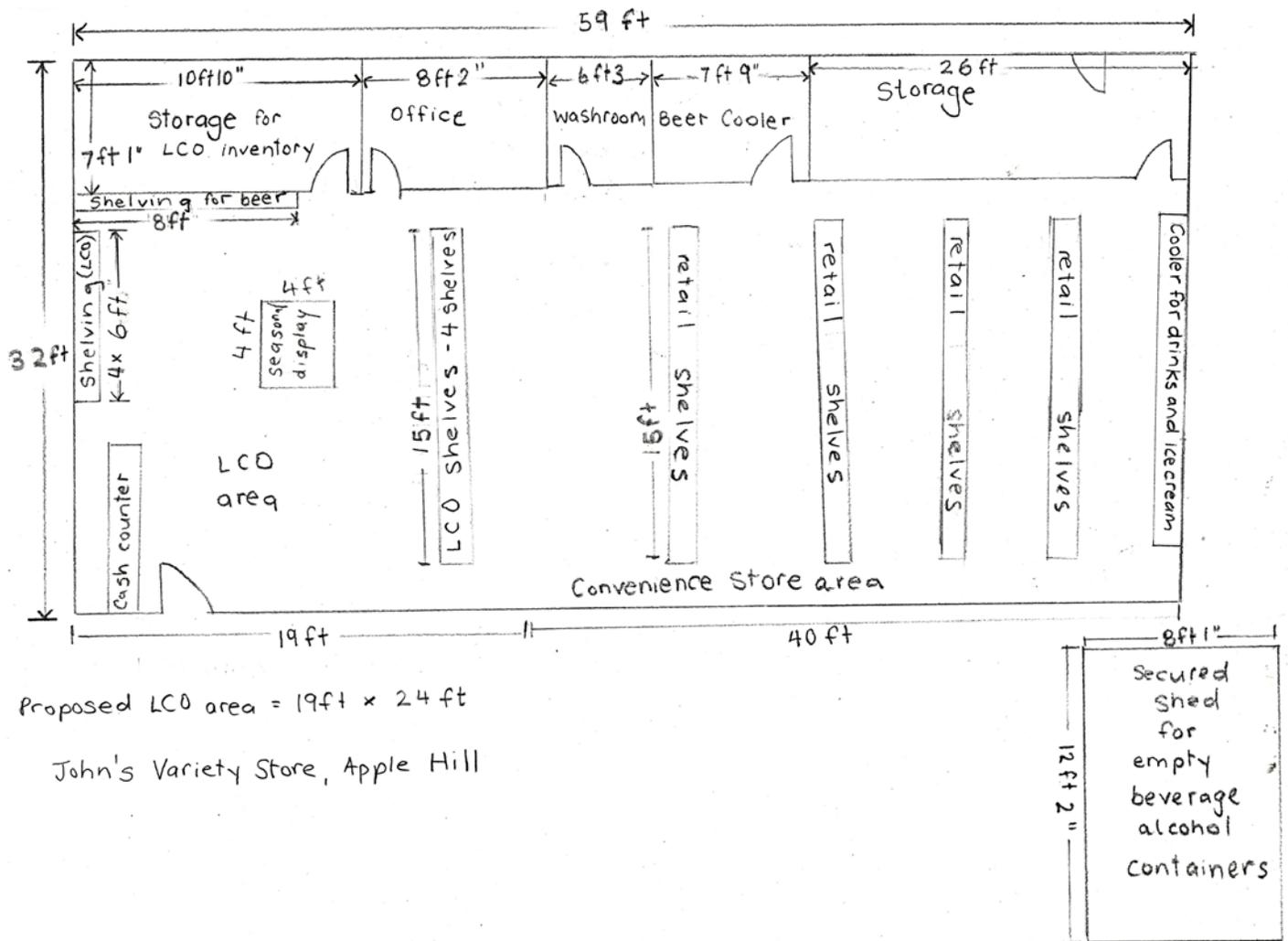
Name (please print)

Example of Appendix C form that has been printed out, manually signed and scanned.

## How To Draw a Floor Plan

The floor plan can be hand drawn or an architectural drawing. The drawing should include:

- (i) The measurements of the proposed LCO area and of the total business retail area in order to illustrate that the proposed LCO area is 50% or less of the total selling area;
- (ii) 16 foot shelves or any combination of shelving that totals to representing 80 linear feet;
- (iii) Number of tiers of shelves in a shelving area, e.g. four tiers of shelves;
- (iv) Identification of space on the floor that would be allocated for beer;
- (v) 4 foot x 4 foot floor area to be allocated for seasonal LCBO displays;
- (vi) Proposed storage area for inventory;
- (vii) Proposed area for the storage of empty beverage alcohol containers which must be segregated from the retail area and have a minimum size of 100 square feet;
- (viii) Refrigeration/coolers. Refrigeration is not mandatory but should be included on the floor plan if you propose to have them.



Example of a hand drawn floor plan.

## How to Submit your Application

All applications are to be submitted via email to [lcbosubmissions@lcbo.com](mailto:lcbosubmissions@lcbo.com)

In the subject line of the email, write LCO Application – Location number location name, followed by your business name.

### Attachments

Where possible, you can combine all the forms into one file. This is done by printing out and scanning all your forms, criminal checks, floor plan and Master Business Licence/partnership agreement/Articles of Incorporation together.

Name your file with the location name and number and the name of your business. See example below:

Send

From ▾ LCBOSubmissions@lcbo.com

To...

Cc...

Subject: LCO Application - 12055 Apple Hill - John's Variety Store

Attached:  LCO Application - 12055 Apple Hill- Johns Variety Store.pdf (56 KB)

Hi

Please find attached an application to location 12055 Apple Hill.

Regards

John Smith  
John's Variety Store  
Apple Hill

If this is not possible, name each separate file with the contents of the file such as “Appendix B” or “Floor Plan”. See example below:

 Send	From ▾	LCBOSubmissions@lcbo.com
	To...	
	Cc...	
	Subject:	LCO Application - 12055 Apple Hill - John's Variety Store
Attached:	 Appendix B.jpg (1 MB);  Appendix C- John Smith.jpg (1 MB);  Appendix C- Mary Smith.jpg (1 MB);  Criminal Check - John Smith.jpg (1 MB);  Criminal Check - Mary Smith.jpg (1 MB);  Floor Plan.jpg (1 MB);  Partnership Agreement.jpg (1 MB)	

Hi

Please find attached the application to location 12055 Apple Hill.

Regards

John Smith  
John's Variety Store  
Apple Hill