

Consent to Transfer

Application Information

Current Business/Operating Name of Licence Holder

Licence Number

File Number

Legal Name of Transfer Applicant

Legal Name of Current Licence Holder

(Provide name of sole proprietor, all partners or corporation)

- 1.
- 2.
- 3.
- 4.

If more space is required, please attach an additional sheet with the remaining names.

Attachment(s) No attachment(s)

Declaration

By signing below, I/we consent to transfer the licence described in the Application Information section.

Only individual(s) with binding authority may sign. If the licence is held by a Partnership/ Limited Partnership, <u>ALL</u> partners must sign below.

№ 1.	Name	Position/Title	Date (dd/mm/yyyy)	Signature
№ 2.	Name	Position/Title	Date (dd/mm/yyyy)	Signature
	I confirm that I have	authority to bind the	e entity.	

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N⁰	Name	Position/Title	Date (dd/mm/yyyy)	Signature				
3.								
	I confirm that I have authority to bind the entity.							
Nº 4.	Name	Position/Title	Date (dd/mm/yyyy)	Signature				
	I confirm that I have authority to bind the entity.							

If more space is required, please attach an additional sheet with each individual's name, position/title, signature, date of signature and whether the individual has authority to bind the entity.

Attachment(s) No attachment(s)

Notification

The information you submit is collected pursuant to the *Liquor Licence and Control Act*, 2019. The principal purpose of the collection is to determine eligibility for the transfer of a licence issued pursuant to the *Liquor Licence* and *Control Act*, 2019. The information may also be disclosed pursuant to the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, Chapter F. 31. For questions about the collection of this information, please contact Manager, Liquor Eligibility at: Alcohol and Gaming Commission of Ontario, 90 Sheppard Avenue East, Suite 200, Toronto, Ontario M2N 0A4 / Telephone: 416-326-8700 or 1-800-522-2876 (toll free in Ontario) / Inquiries: www.agco.ca/iAGCO.