

Alcohol and Gaming Commission of Ontario 90 Sheppard Avenue East, Suite 200 Toronto ON M2N 0A4

Tel.: 416-326-8700

Toll free in Ontario: 1-800-522-2876

Inquiries: www.agco.ca/iagco • Website: www.agco.ca

Authorization to Contract Out

Legal name of current licence h	older					
I/we,						
Legal name of transfer applicant						
allow the transfer applicant						
	Licence number of current	licence holder				
to contract out the operation of the business under:						
Doing Business As / Premises Name (as indicated on the licence - if any)						
Address (as indicated on the licence)						
City/Town	Province	Postal Code				
Phone Number (including area code)	Email Address					

Reminder

The transfer applicant may not operate the business under the current licence until notification has been received from the Registrar indicating the requirements to contract out the operation of the business have been met.

Declaration

By signing this form, both the current licence holder and transfer applicant acknowledge responsibility for the operation of the business. Any violation of the *Liquor Licence and Control Act, 2019* and Regulations may result in the suspension/revocation of the licence or refusal of the transfer by the Registrar.

The current licence holder shall remain liable under the current licence during the period for which the operation of the business has been contracted out.

The ability to contract out the operation of the business expires upon:

- · issuance of a Notice of Proposal to Refuse the transfer; or
- transfer of the licence to the transfer applicant; or
- · expiry of the licence.

Signatures

Current Licence Holder

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		
	I confirm that I have authority to bind the entity.					
№ 2.	Name	Position/Title	Date (dd/mm/yyyy) 	Signature		
	I confirm that I have authority to bind the entity.					
№ 3.	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 labelled "Current Licence Holder" with each individual's name, position/title, signature, date of signature and whether the individual has authority to bind the entity.

Attachment No attachment

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Signatures

Transfer Applicants

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		
	I confirm that I hav	e authority to bind the ent	iity.			
№ 2.	Name	Position/Title	Date (dd/mm/yyyy) ——	Signature		
I confirm that I have authority to bind the entity.						
Nº 3.	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 labelled "Transfer Applicant(s)" with each individual's name, position/title, signature, date of signature and whether the individual has authority to bind the entity.

Attachment No attachment

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 ON M2N 0A4 / Telephone: 416-326-8700 or 1-800-522-2876 (toll free in Ontario) / Inquiries: www.agco.ca/iAGCO.

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