



Planning Department  
474 South Fletcher Road, Box 340, Gibsons, BC V0N 1V0  
Phone 604-886-2274, Fax: 604-886-9735

[www.gibsons.ca](http://www.gibsons.ca)

## LIQUOR / CANNABIS LICENCE APPLICATION FORM

Please read the Liquor / Cannabis Licence Application Guide before filling out this application form. If you have any questions or require assistance in filling out this form, contact the Planning Department. The processing of your application will be delayed if it is incomplete. Mail or deliver the completed application form, fee, plans and supporting material to the Town of Gibsons Planning Department and make your fee payable to the Town of Gibsons. Contact the Town of Gibsons Planning staff for the current fee prior to submitting your application as fees may change annually or consult the Development Procedures and Fees Bylaw.

### SECTION 1: DESCRIPTION OF PROPERTY

Lot/Parcel Plan Block

District Lot/Section Range

Other Description

Street Address

Jurisdiction and Folio Number (From Property Assessment/Tax Notice)

Parcel Identifier (PID) (From State of Title Certificate)

### SECTION 2: OWNER INFORMATION (ADD PAGES IF MORE THAN TWO OWNERS)

Name Name

Address Address

City City

Province/State Province/State

Telephone Telephone

Email Email

### **SECTION 3: APPLICANT INFORMATION (IF DIFFERENT THAN OWNER)**

Name

Address

City

State/Province

Postal/Zip

Telephone

Fax

Cell

Email

This information is collected in compliance with the Freedom of Information and Protection of Privacy Act (FOIPPA). If you require further information regarding the FOIPPA please contact the FOI Coordinator at 604-886-2274 or the Information and Privacy Commissioner at 1-800-663-7867.

### **SECTION 4: PLANS AND SUPPORTING MATERIAL CHECKLIST**

A Certificate of Title dated within 30 days of application. The Town can obtain this for a fee;

Owner's signature or written authorization from the registered owner(s) for an agent to act on their behalf;

Proposal Summary outlining the nature of the proposed changes and should also include:

- The proximity of the establishment to other social or recreational facilities;
- Occupant load and hours of liquor service;
- The number of other liquor primary establishments within a reasonable distance; and,
- The impact on the community if the application is approved.

A copy of the completed Liquor and Cannabis Regulation Branch application.

### **ADDITIONAL INFORMATION**

If the space provided below for each section is not sufficient, please attach additional information using a Microsoft Word, Microsoft Excel, Text or a separate PDF Document.

### **SECTION 5: DESCRIBE THE PROPOSED CHANGE(S) AND OUTLINE THE REASON FOR THE PROPOSED CHANGE(S):**

## SECTION 6: APPLICATION COMPLETION

Initial or check each of the following:

- I have completed all sections of this application form
- I have included the documents and reports as required in Section 4 of this application form
- I have included recent State of Title Certificate (not more than 30 days old). The Town can obtain this for a fee.
- All owners listed on the title have signed the application
- I have verified as to whether my property falls within a Development Permit Area
- I have included the correct fee
- I have included the application to the Liquor and Cannabis Regulation Branch

Please Note: Your application will not be considered complete and cannot be processed unless it contains all of the information above. Please also review all relevant bylaws including the Official Community Plan (Bylaw 1339, 2025 and associated amendments), and the Development Procedures and Fees Bylaw.

## SECTION 7: OWNER'S CONSENT AND AUTHORIZATION

To process the application the signature of all registered owners is required. For additional owners, including Strata Corporations, attach a separate sheet.

In order to assist the Town of Gibsons in the review and evaluation of my application, by signing below, I authorize the Planner(s) assigned to this application to enter onto the land at reasonable times, after making reasonable efforts to arrange to schedule a convenient time for such a visit, to inspect the land. I acknowledge a right, if a convenient time can be scheduled, to accompany the Planner on the site visit.

By signing below, I authorize the Applicant named in Section 2 of this application to represent this application:

\_\_\_\_\_  
Owner One, Full Name

\_\_\_\_\_  
Owner Two, Full Name

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date