

Personal Disclosure

We use the information in this application to assess a business's eligibility for a licence. Each principal must be approved as part of a business's application.

NOTE: Attach a separate sheet if you need additional space for any responses.

SECTION A: Principal

1. Identification:

LAST NAME	FIRST NAME	MIDDLE NAME

LIST OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN (e.g. maiden name, birth name, nickname)	DATE OF BIRTH (MM/DD/YYYY)

NOTE: We reserve the right to request additional pieces of information that prove your identity.

2. Home Address and Contact Information:

# AND STREET	CITY/TOWN	PROVINCE	POSTALCODE

HOME PHONE	MOBILE PHONE	EMAIL

3. Mailing Address (if different from home address):

# AND STREET/P.O. BOX #	CITY/TOWN	PROVINCE	POSTALCODE

SECTION B: Relationship to Business Applicant

4. Legal Business Name:

5. Position/Title/Relationship to Business (eg. director, officer, shareholder):



SECTION C: Ownership and Licensing

6. Do you hold, or have you ever held, a 10% or greater ownership in a partnership, corporation or other business involved with liquor, gaming or cannabis in any jurisdiction? YES NO

If yes, provide details: _____

7. Do you, or does any business in which you have an ownership interest, presently hold or have pending an application for a liquor, gaming or cannabis licence or registration in any jurisdiction? YES NO

If yes, provide details: _____

8. Have you, or has any business in which you have or have had an ownership interest, ever had a liquor, gaming or cannabis permit, licence or registration suspended, revoked, withdrawn, or had an application or a renewal denied? YES NO

If yes, provide details: _____

SECTION D: Charges and Offences under the Law

9. Unless you have received a pardon, you must list all charges you have had since the age of 18, regardless of the outcome. This includes charges that were stayed, dropped, withdrawn and even if you were advised by a lawyer that you would not have a criminal record. Failure to thoroughly and honestly disclose such history may result in the business's licence being denied.

Have you, in any jurisdiction, been:

- Yes No Arrested
 Yes No Charged with any criminal offence, whether found guilty or not
 Yes No Convicted of any criminal offence, regardless of the sentence

If yes, provide details:

DATE	CHARGE	DISPOSITION (e.g. conviction, stay of proceedings, withdrawn)

SECTION E: Civil Proceedings

10. Have you ever been involved in any civil proceedings? YES NO

If yes, provide details: _____



SECTION F: Authorization

It may be necessary for the LGCA to share some of the personal information you have provided with entities and organizations outside of the LGCA, and/or to collect additional information about you from outside entities and organizations, to assess your eligibility to be granted a licence, or to continue being licensed, under The Liquor, Gaming and Cannabis Control Act. The LGCA will use the results of background investigations to complete or verify the information you provided in this application.

The LGCA will conduct background investigations when you first apply for a licence under The Liquor, Gaming and Cannabis Control Act and periodically during the term of your licence.

Your consent is required so that personal information about you can be indirectly collected and disclosed by the LGCA under the authority of The Freedom of Information and Protection of Privacy Act and The Liquor, Gaming and Cannabis Control Act, including:

- name;
- home address;
- telephone number;
- current and previous employment information;
- credit history;
- criminal background; and
- licensing or registration history.

CONSENT

I consent and authorize the entities and organizations below to disclose personal information about me to the LGCA for the purposes of conducting background investigations:

- law enforcement agencies;
- credit bureaus;
- industry associations;
- former or current employers; and
- federal, provincial and municipal government departments and agencies.

I consent to the LGCA collecting my personal information from these entities and organizations, and to the LGCA disclosing my personal information to these entities and organizations as may be necessary to obtain the information the LGCA requires to conduct background investigations for licensing purposes under The Liquor, Gaming and Cannabis Control Act.

I consent to the LGCA disclosing my personal information contained in this application or collected during the course of its investigations to law enforcement agencies, or to liquor, gaming and/or cannabis regulators for liquor-, gaming- and/or cannabis-related investigations.

UNDERSTANDING

I understand that:

- I have the right to withdraw my consent at any time by notifying the LGCA. My consent cannot be withdrawn retroactively;
- I cannot provide partial consent or withdraw part of my consent to the disclosure and collection of my personal information;
- my consent is voluntary; however refusal to provide consent may be grounds for the denial of my application, or revocation or suspension of any licence(s) granted by the LGCA;
- my consent continues until I notify the LGCA that I withdraw my consent;
- the outside entities and organizations referred to above that will collect and disclose my personal information will be instructed not to use or disclose the information, except for the purposes noted above. The LGCA will disclose only as much information about me to these entities and organizations as is necessary; and



- the personal information received by the LGCA will be kept in a confidential file and access to the information will be limited to individuals conducting the LGCA's background investigations.

DECLARATION

I certify that all of the information provided in this application is true and complete. I understand that any false or inaccurate statements or omissions made in this application may disqualify me, or the business applicant, from receiving a licence under The Liquor, Gaming and Cannabis Control Act.

Print Name

Position/Title

Signature of Applicant

Date (MM/DD/YYYY)

SUBMISSION INSTRUCTIONS

Please email, fax or mail this application to:

Email: licence@LGCAmb.ca Fax: 204-927-5385 or 1-866-999-6688 (Manitoba only toll-free fax)

Mailing address: LGCA - Commercial Licensing Department
1055 Milt Stegall Drive, Winnipeg, Manitoba R3G 0Z6

PRIVACY NOTICE

The LGCA is collecting your personal information to conduct investigations for the purposes of licensing prospective and current licensees in Manitoba under The Liquor, Gaming and Cannabis Control Act (C.C.S.M. c. L153).

The LGCA is authorized to collect your personal information under subsections 36(1)(a) and (b) of The Freedom of Information and Protection of Privacy Act (C.C.S.M. c. F175), because the collection is authorized by The Liquor, Gaming and Cannabis Control Act and your personal information relates to and is necessary for the LGCA's background investigations. Your personal information will only be used by the LGCA to process your application, to assess your eligibility to receive and maintain a licence, and for enforcement purposes under The Liquor, Gaming and Cannabis Control Act.

Your personal information is protected by The Freedom of Information and Protection of Privacy Act. The LGCA cannot use or disclose your personal information for other purposes, unless you consent or the LGCA is authorized to do so by The Freedom of Information and Protection of Privacy Act.

If you have any questions or concerns about the LGCA's collection of your personal information, please contact the LGCA's Freedom of Information and Privacy Protection Coordinator at FIPPAcoordinator@LGCAmb.ca or 204-927-5300 or 1-800-782-0363 (Manitoba only toll-free telephone).

Available in alternate formats, upon request.

