



Important Information

- The Tribunal can only consider requests as set out in subsection 14(2) of the *Liquor Licence Act*. Requests outside of the parameters of subsection 14(2) cannot be considered.
- You must complete all sections of this form and attach additional information and/or documents as required. This is a written process and you must include all documents you wish the Tribunal to consider.
- The processing of your application could be delayed if information or documents are missing.
- There is a non-refundable fee of \$106 to file this request.
- You have the right to a representative. If you have a representative, have them complete the Tribunal's '[Declaration of Representative](#)' form and attach it to this form.

Establishment Information:

Establishment name

Liquor Licence Number

Exact Address of Establishment (*not mailing address*)

Unit Number

City, Town or Village

Postal Code

Phone No.

Fax No.

Mailing Address of Establishment (*if different from above*)

City, Town or Village

Postal Code

Contact Person (*for processing this application*)

Last Name

First Name

Middle Initial

Mailing Address

City, Town or Village

Postal Code

Phone No.

Fax No.

As required, I have attached a copy of the liquor licence which contains the conditions I am requesting to remove.

The conditions I am requesting to remove were imposed at a public interest hearing held by the AGCO or Tribunal.

Yes* No

*If yes, I have attached a copy of the order which imposed the conditions as required.

Yes No

List the exact conditions you wish to have removed and any replacement conditions.

Provide details of the change(s) in circumstances that support your request. Attach any documentation which verifies the change in circumstances. (Attach additional pages if you need more space)

Acknowledgment

Read the following carefully, check each box to confirm the statement, then sign and date the form.

- I have completed all pages of this form and attached all the required documentation, including a copy this establishment's current liquor licence. I understand that if I submit an incomplete form or do not attach required documents, my application may not be processed.

- I have completed the 'Payment Information' section on page 3 of this form and am submitting payment for my application in an acceptable format. (Do not serve a copy of the 'Payment Information' section with your disclosure documents to the Registrar of Alcohol and Gaming. Your payment information should only be provided to the Licence Appeal Tribunal.)

- I have served a copy of this form and all additional attached documents to the Registrar of the Alcohol and Gaming Commission of Ontario. I have attached a completed '[Certificate of Service](#)' to this form as proof of service of the documents on the Registrar. (Blank '[Certificate of Service](#)' forms are available on the Tribunal's website at tribunalsontario.ca/lat.)

Print Name

Signature

Date (yyyy/mm/dd)

The Licence Appeal Tribunal collects the personal information requested on this form under section 3 of the *Licence Appeal Tribunal Act, 1999*. This information will be used to determine applications under this Act. After an application is filed, all information may become available to the public. Any questions about this collection may be directed to the Licence Appeal Tribunal at 416-326-1356 or toll-free at 1-888-444-0240.

This page is not part of your disclosure to the other parties. **Submit this page to the Tribunal only.**

Payment Information:

- Payment of \$106 must be submitted with this form in one of the acceptable formats below.
- The filing fee is per licence. If you are filing an application about more than one licence, ensure you have submitted payment for each one.
- Money Orders, Bank Drafts and Certified Cheques must be made payable to the Minister of Finance.

Acceptable Methods of Payment:

If you are filing your application ...	You must pay by ...
by fax	credit card
by mail or courier	credit card, certified cheque, money order, bank draft

I am paying my \$106 filing fee by:

- Certified Cheque Money Order Bank Draft Credit Card*

* If you are paying by credit card, you must provide the following information:

- MasterCard Visa

Expiry Date (mm/yyyy)

Credit Card Number

Cardholder Name (as it appears on card)

Signature

For Licence Appeal Tribunal Office Use Only:

LAT File No. _____

Date Application and Fee Processed _____

The Licence Appeal Tribunal collects the personal information requested on this form under section 3 of the *Licence Appeal Tribunal Act, 1999*. This information will be used to determine applications under this Act. After an application is filed, all information may become available to the public. Any questions about this collection may be directed to the Licence Appeal Tribunal at 416-326-1356 or toll-free at 1-888-444-0240.