



Provide Comment on Change to Hours of Liquor Service (outside Service Hours) Application

Licensees may apply to revise hours of liquor service, subject to any restrictions within the Liquor Control and Licensing Act, Regulations, branch policies and/or original terms and conditions of licensing.

The application fee is \$330.

If you leave this page, the information you input will be saved. You can continue later from the dashboard.

BEFORE STARTING THE APPLICATION

This application is to request a change to the hours of service **outside the hours currently approved** for your licensed establishment. To make a change within the hours currently approved must submit a different application.

If an LG/IN is the applicant, the Branch will gather community input and consider the regulatory criteria; the LG/IN is not permitted to conduct public input or provide comments on their own application. This is to prevent conflicts of interest. The applicant must pay any costs incurred to obtain the views of residents.

If you have any questions about this application, contact the Liquor and Cannabis Regulation Branch (LCRB) at LCRB.Liquor@gov.bc.ca (<mailto:LCRB.Liquor@gov.bc.ca>)

ESTABLISHMENT DETAILS

Establishment Name

Turtle Bay Marine Pub

LIQUOR PRIMARY LOCATION ADDRESS

The establishment is currently located at the following address:

Address

2850 Woodside Rd

City

Lake Country

Province

British Columbia

Postal Code

V4V1Y1

Country

Canada

Parcel Identifier (PID)

023-817-933

ESTABLISHMENT CONTACT DETAILS

The phone and email address used to contact your establishment:

Establishment Email

Chat with us

anne@turtlebaypub.com

Establishment Phone

(778) 214-5731

HOURS OF SALE

Indicate the proposed hours of sales below.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open	09:00 ▼	09:00 ▼	09:00 ▼	09:00 ▼	09:00 ▼	09:00 ▼	09:00 ▼
Close	02:00 ▼	02:00 ▼	02:00 ▼	02:00 ▼	02:00 ▼	02:00 ▼	02:00 ▼

APPLICATION CONTACT DETAILS*Please provide contact information for the contact that the LCRB should communicate with regarding this application.***First Name ***

Anne

Last Name *

Stewart

Title/Position**Phone Number (main) ***

[REDACTED]

Email **By submitting the email address, you agree that the Liquor and Cannabis Regulation Branch can use it to communicate with you about this application.*

[REDACTED]

DECLARATIONS

The application must only be submitted by an individual with the authority to bind the applicant. The branch relies on the applicant to ensure that the individual who submits this application is authorized to do so. Typically, an appropriate individual in a corporation will be a duly authorized signatory who will usually be an officer or, in some cases, a director

Note: A lawyer or consultant, may NOT submit this application on behalf of the applicant.

☐ * I understand and affirm that I am authorized to submit the application

Section 20 (1) of the Liquor Control and Licensing Act states: "The general manager may refuse to issue, renew, transfer or amend a licence if the applicant fails to disclose a material fact required by the application or makes a false or misleading statement in the application."

☐ * I understand and affirm that all of the information provided for this application is true and complete

LOCAL GOVERNMENT/INDIGENOUS NATION CONFIRMATION OF RECEIPT OF APPLICATION**LG/IN**

Lake Country

Name of Official

[REDACTED]

Title/Position

[REDACTED]

Phone

(000) 000-0000

Email

This application serves as notice from the Liquor and Cannabis Regulation Branch (LCRB) that an application for a change to hours of liquor service for a Food Primary, Liquor Primary or Liquor Primary Club has been made within your community.

TO UPLOAD DOCUMENTS, DRAG FILES HERE OR [BROWSE](#).
FILES MUST BE IN PDF, JPEG, OR PNG FORMAT.
MAX FILE SIZE: 25MB.

Opt Out of Comment

Reject Application

Accept Application

