



## Corporate Information form

Please complete this form for each of the applicant companies, as well as all shareholding companies or trusts. As the information contained in this form will replace any previously held records, please ensure all information is accurate.

**Company name:** \_\_\_\_\_

**Establishment name:** \_\_\_\_\_

**Location:** \_\_\_\_\_  
Address City, town, village, hamlet, etc. Postal code

What type of entity are you? (Please check one)

<input type="checkbox"/> Co-operative	<input type="checkbox"/> Partnership of corporations	<input type="checkbox"/> Business corporation	<input type="checkbox"/> Partnership of individuals
<input type="checkbox"/> Municipality, Regional Park Authority or Federal Park Authority		<input type="checkbox"/> Trust	<input type="checkbox"/> Non-profit corporation

Please list all officers, directors, shareholders, partners, trustees, and/or beneficiaries:

Position held	Name (please print)	Home address	Percentage of shares held	Consent Form attached
President/Trustee				Yes <input type="checkbox"/> No <input type="checkbox"/>
Vice President				Yes <input type="checkbox"/> No <input type="checkbox"/>
Secretary				Yes <input type="checkbox"/> No <input type="checkbox"/>
Treasurer				Yes <input type="checkbox"/> No <input type="checkbox"/>
Director/Partner				Yes <input type="checkbox"/> No <input type="checkbox"/>
Director/Partner				Yes <input type="checkbox"/> No <input type="checkbox"/>
Director/Partner				Yes <input type="checkbox"/> No <input type="checkbox"/>
Director/Partner				Yes <input type="checkbox"/> No <input type="checkbox"/>
Shareholder/Beneficiary				Yes <input type="checkbox"/> No <input type="checkbox"/>
Shareholder/Beneficiary				Yes <input type="checkbox"/> No <input type="checkbox"/>
Shareholder/Beneficiary				Yes <input type="checkbox"/> No <input type="checkbox"/>
Shareholder/Beneficiary				Yes <input type="checkbox"/> No <input type="checkbox"/>

Please list who has financial and or legal signing authority on behalf of the company:

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is true:

\_\_\_\_\_  
 Applicant/permittee signature

\_\_\_\_\_  
 Printed name

\_\_\_\_\_  
 Date

**All officers, directors and shareholders (with 20% or more shares) are required to complete the Consent to Obtain and Release Information Form. If an officer, director or shareholder already has an association with an establishment that holds a current liquor permit, the Consent to Obtain and Release Information Form may or may not be required. Please contact SLGA Head Office for more information.**

**NOTE: SLGA will retain the personal information on these forms only as long as it is necessary to fulfill the purposes for which it was collected and in accordance with approved mandatory retention policies and schedules established with the cooperation of the Saskatchewan Archives Board under *The Saskatchewan Archives Act*.**

**SUBMIT APPLICATION**

This application must be submitted to SLGA for further processing. This can be done by either clicking the "Submit to SLGA" button or by manually attaching this completed for to an email and sending it to [LiquorLicensing@slga.gov.sk.ca](mailto:LiquorLicensing@slga.gov.sk.ca). If you have additional supporting documents that need to be sent along with your application then choose the manual email option and attach all of the required supporting documentation.