



**CITY OF CHARLOTTETOWN**  
**LIQUOR LICENSE COMMENT FORM**

**PROPERTY INFORMATION**

NAME/ADDRESS PROPERTY OWNER: \_\_\_\_\_

NAME/ADDRESS TENANT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

BUILDING USE (MOTEL/RESTAURANT/COMM., ETC.): \_\_\_\_\_

TYPE OF LICENSE APPLIED FOR AT \_\_\_\_\_

**LIQUOR CONTROL COMMISSION:**

FLOOR PLANS SUPPLIED:	YES	NO	N/A
APPROVAL FROM PROVINCIAL DEPARTMENT OF HEALTH:	YES	NO	N/A

MAXIMUM SEATING CAPACITY: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

**FIRE DEPARTMENT**

CONFORMS TO FIRE PREVENTION BY-LAW:	YES	NO	N/A
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COMMENTS: \_\_\_\_\_

FIRE INSPECTOR \_\_\_\_\_

**PLANNING / INSPECTIONS DEPARTMENT**

CONFORMS TO ZONING BY-LAW:	YES	NO	N/A
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COMMENTS: \_\_\_\_\_

DEVELOPMENT OFFICER \_\_\_\_\_

CONFORMS TO NATIONAL BUILDING CODE:	YES	NO	N/A
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COMMENTS: \_\_\_\_\_

BUILDING INSPECTOR \_\_\_\_\_

**POLICE DEPARTMENT**

COMMENTS: \_\_\_\_\_

CHIEF OR DESIGNATE \_\_\_\_\_