ᓄᓇᕗᑦ ᐃᒥᐊᓗᓕᕆᔨᒃᑯᑦ
ᐱᔪᓐᓇᐅᑎᑖᖅᑎᑦᓯᓂᕐᒧᑦ ᑲᑎᒪᔨᖏᑦ
Nunavut Liquor Licensing Board
Nunavunmi Taan'ngaliqinirmut Laisaliqiyit Katimayiit
Commission des licences d'alcool du Nunavut

Application no ___ of 20__

Nunavut Liquor Licensing Board

Request for Board or Executive Secretary Approval

Name of applicant / licence holder: _____

Contact information (email/fax number where result to be sent) _____

Nunavut Liquor licence number (if applicable): _____

Type of decision requested (see attached table and include description and section number):

Circumstances of request (explain in as much detail as possible what exactly is being applied for and why, including any relevant dates that apply):

_____

_____

Date of application: _____

Signature of applicant / licence holder:

_____

Mail or fax completed application to:

Executive Secretary
Liquor Licensing Board
P.O. Box 1000, Station 330
Iqaluit, Nunavut X0A 0H0
(P) 867-975-5875
(F) 867-975-5805