



Provide Comment on Temporary Extension of Licensed Area (LP) Application

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

BEFORE STARTING THE APPLICATION

Your complete application, including any necessary supporting documents, **must be submitted at least three weeks in advance** of your event to allow sufficient processing time. Late applications will not be processed.

Licensees may apply for a temporary extension of their licensed areas for a limited period, subject to any restrictions within the Liquor Control and Licensing Act, Regulations, branch policies and /or original terms and conditions of licensing. Approval of this temporary change request permits the licensee to operate at the capacity on the face of their current licence plus the capacity of the extension area.

If in doubt, consult with licensing staff at LCRB, toll-free at: 1 866 209-2111.

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 LCRBLiquor@gov.bc.ca (<mailto:LCRBLiquor@gov.bc.ca>)

ESTABLISHMENT DETAILS

Establishment Name

LIQUOR PRIMARY LOCATION ADDRESS

The establishment is currently located at the following address:

Address

City

Province

Postal Code

Country

Parcel Identifier (PID)

LOCAL GOVERNMENT/INDIGENOUS NATION AND POLICE JURISDICTION

Enter the local government or Indigenous Nation (<https://www2.gov.bc.ca/gov/content?id=B5744089A70F428FA189E5FF5CAE4E4A>) and police jurisdiction where the establishment will be located. Suggestions will be provided after you type the first three characters of the name.

Local Government/Indigenous Nation

Fraser Valley Regional District

Selected Local Government/Indigenous Nation**Name:** Fraser Valley Regional District

Please ensure you have made yourself familiar with the application requirements for this local government (or Indigenous Nation) prior to submitting your application. You may need to contact them prior to submitting to ensure your successful submission.

Police Jurisdiction

Agassiz RCMP

Selected Police Jurisdiction**Name:** Agassiz RCMP

ESTABLISHMENT CONTACT DETAILS

The phone and email address used to contact your establishment:

Establishment Email

sasquatchinn@shaw.ca

Establishment Phone

(604) 796-2730

APPLICATION DETAILS

Describe event details including who is holding the event, the date and hours of the event, and its purpose:

26th Annual Jim & Dorothy Maclean Memorial Golf Tournament
 Saturday, May 31, 2025 4:30pm-11pm
 Fundraiser for the Heart & Stroke Foundation. Hosted by the Sasquatch Inn
 Current seating capacity 147. see attachment - wish to make extended area licensed for 100

Date From: *

5/31/2025

Date To: *

5/31/2025

Floor Plan

Provide a floor plan of the extended area(s) showing how perimeter is defined, dimensions and its physical relationship to existing licensed areas:

- Floor plan must have occupant load of the extended area marked/stamped on the plans by provincial fire or building authority (or designate) where the extension is indoors or within a permanent structure.
- Provide proposed person capacity of extended area(s) if extension is outside

Where the proposed area is not on property owned or controlled by the licensee, provide written approval for such use from the property owner.

Floor Plan 1.pdf (api/file/ce78ba82-c0d2-ef11-b851-005056836bf0/download-file/application/Floor Plan 1.pdf?serverRelativeUrl=%2Fadoxio_application%2F121208_CE78BA82C0D2EF11B851005056836BF0%2FFloor%20Plan_1.pdf&documentType=Floorkb Plan)

5869

Enter the total occupant load as indicated by your local government. This number can be either the total stamped on the floor plan or the sum of occupant loads across all service areas, as listed in the occupant load stamp.

Total occupant load *

SERVICE AREAS

Please identify the additional temporary service areas:

Total Requested Capacity:

APPLICATION CONTACT DETAILS

Please provide contact information for the contact that the LCRB should communicate with regarding this application.

First Name *

Last Name *

Title/Position

Phone Number (main) *

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.

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 COMMENTS

LG/IN

Name of Official

Title/Position

Phone

Email

Please upload a document that provides comment on the Temporary Extension application. If you do not object to it proceeding, please click the checkbox:

* No objection to this application

Reject Application

Accept Application