



NEW MEMBER Application for Fruit Wine - 2021

Send Completed Form to info@bcvqa.ca

<u>Name of Winery:</u>			
<u>Mailing Address with Postal Code:</u>	Street:	PO Box:	
	City:	Province:	Postal Code:
<u>Physical Address of Winery:</u>	Street:	PO Box:	
	City:	Province:	Postal Code:
<u>Name of Principal, Owner(s)</u>	1.)	2.)	
<u>Name of First Contact</u>			
Position:			
E-mail Address:			
Phone Number:			
<u>Name of Alternate Contact:</u>			
Position:			
Phone Number:			
E-mail Address:			
Fax Number:			
LCLA Winery Licence Number:			
Licensee Name (as on LCLA Licence)			
Parent Company Name(if applicable):			

With this application to the British Columbia Wine Authority for a Practice Standards Certificate on behalf of the Winery named in the application, I certify that I am authorized to make this application on behalf of the winery.

I also certify that this winery:

- Is licensed as a winery under the Liquor Control and Licensing Act;
- Undertakes to comply with the standards under the New Wave Wine Society Quality Standards;
- Undertakes to create and maintain the records required under the Standards; and
- Agrees to the inspection of its records and facilities as required by the BC Wine Authority.

X

Signature

PRINT NAME

Date