

LCRB issued License Number:

Establishment Phone Number:

Contact Name:

Establishment Name:

Establishment Email:

(604) 775-0535

Hospitality Customer Information Update

Please email a copy of the completed form to <u>LDBPAP@bcldb.com</u>

LDB Office hours: Monday to Friday 8am – 4pm.

Please fill out your contact details. To be completed by the authorized Hospitality Customer:*

formation to update (five possible fie	elds):	
	Information to Add:	Information to Remove:
Authorized Signers (maximum 10)	Last, First Name:	Last, First Name:
Note: Please ensure you inform LDB with any changes to your authorized signers.		
2 Establishment Email		
Primary contact's name (i.e. establishment owner, General Manager)		
Primary contact's phone number		
PST Registration #		

To make changes to your information, email <u>LDBPAP@bcldb.com</u>. Questions? Please contact the LDB at