



# BEST BAR NONE Ontario

## BBN Application Renewal Form

Name of establishment

Address

Liquor sales licence number

Key contact name within the establishment

Position

Phone

Email

Establishment category (choose one only)

Club

Restaurant

Bar / Lounge

Hotel / Lounge

Pub

Members' Club

**1** Were you accredited last year with Best Bar None?  Yes  No

If NO, please proceed to <http://www.bbnontario.ca/> to fill out an application form.

If yes, please answer the following:

**2** Have you reviewed your BBN application from last year to ensure it remains accurate?  Yes  No

**3** Do you agree with all of its contents as determined at that time?  Yes  No

**4** In order to receive any additional points towards the annual award categories, is there anything new under any of the questions that you would like to identify as improvements to your policies and procedures for consideration? If so, please note the question and the details.  Yes  No

**5** Have you maintained a clean compliance record with the Alcohol and Gaming Commission of Ontario for the last year?  Yes  No

Please note that this form does not preclude you from filling out a new application if your policies have substantially changed.

An Assessor will contact you for the actual assessment. As a result of the assessment at the time of the accreditation and awards presentation, Best Bar None Ontario acknowledges that the premises have reached the agreed standards. If at any time during the accreditation period your premises fall below these standards, the accreditation and/or award may be withdrawn.

All Best Bar None Ontario signage, certificate(s) and/or awards shall remain the sole property of Best Bar None Ontario.

### Declaration

By signing this form, I solemnly declare that all of the information provided in this application is true and correct.

Name

Signature

Date

YYYY

MM

DD

## Form Submission:

**Mailing Address:** Best Bar None Ontario  
Suite 8 - 201, 2600 Skymark Avenue  
Mississauga, ON L4W 5B2

**Fax:** 1 (888) 359 - 5588  
**Email:** [BBN@orhma.com](mailto:BBN@orhma.com)

## Booking Your Assessor's Visit:

In general, which of the following times are you available for an onsite visit? Select all that apply.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Weekday morning | <input type="checkbox"/> Weekday afternoon | <input type="checkbox"/> Weekday evening |
| <input type="checkbox"/> Weekend morning | <input type="checkbox"/> Weekend afternoon | <input type="checkbox"/> Weekend evening |

## Questions?

Contact BBN Ontario at 1 (855) BBN - 9500 / 1 (855) 226 - 9500 or email [BBN@orhma.com](mailto:BBN@orhma.com)