## **BAND LIQUOR CONSUMPTION FEE RETURN**

PO Box 200, Regina, Saskatchewan, S4P 2Z6

**DO NOT use Staples or Paperclips** 

If no BLCE is due, a return must still be filed.							1	
Please keep a copy of your return for your records.  Please keep a copy of your return for your records.  Penalty and interest are applied to returns filed and paid after the due date.  A BLCF Collected on Sales for On-Site Consumption First the total BLCF collected on restaurant, tavern, manufacturer and brew-pub sales for the reporting period.  B BLCF no Own Consumption First the total BLCF collected on Sales for Oh-Site Consumption First the total BLCF payable on the cost of liquor taken from stock or purchased for own use for the reporting period.  C Net BLCF Payable BLCF Collected on Sales flow Al) plus BLCF on Own Consumption (box B).  C Net BLCF Payable BLCF Collected on Sales flow Al) plus BLCF on Own Consumption (box B).  C Net BLCF Payable BLCF Collected on Sales flow Al) plus BLCF on Own Consumption (box B).  C C J J J J J J J J J J J J J J J J J	Account Number	Business Number	EFILE Code	Return Period	Due Date	Last Payment Received	Last Return Processed:	
LCF 1 8 01 99999999 00000000  Amended Return This tow must be checked to among the return producing filed. The amonded return must be a complete return identifying the lotal revised amonat, ror just the amended files.  A. BLCF Collected on Sales for On-Site Consumption Enter the total BLCF collected on restaurant, towern, manufecturer and brew pub sales for the reporting period.  B. BLCF on Own Consumption Total BLCF payable on the cost of liquor taken from stock or purchased for own use for the reporting period.  C. Net BLCF payable BLCF collected on Sales (box 2) plus BLCF on Own Consumption (box II).  C. Account Balance As of . See attached Period Balance Statement for details if balance exists.  D. Account Balance If no BLCF is payable, a "Nii" return must be filed by entering a zero in the Net BLCF Payable (box C).  E. Remittance Enclosed If no BLCF is payable, a "Nii" return must be filed by entering a zero in the Net BLCF Payable (box C).  Change Notification  Business Closed: (Check the box & provide details below)  Mailing  Check the box & provide details below.  Parchaser None Remide:  Street or Pass Office Rox  Chyclaser None Remide:  Street or Pass Office Rox  Chyclaser None Remide:  Parchaser None Remide:  Parchaser None Remide:  Street or Pass Office Rox  Chyclaser None Remide:  Parchaser None Remide:  Parchaser None Remide:  Parchaser None Remide:  Parchaser None Remide:  Street or Pass Office Rox  Chyclaser None Remide:  Parchaser	Legal Name:				<ul><li>Please</li><li>Please</li><li>Penalt</li></ul>	<ul> <li>Please print in blue or black ink.</li> <li>Please keep a copy of your return for your records.</li> <li>Penalty and interest are applied to returns filed and paid</li> </ul>		
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B. BLCF on Own Consumption Total BLCF Collected on Sales (box A) plus BLCF on Own Consumption (box B).  C. Net BLCF Payable BLCF Collected on Sales (box A) plus BLCF on Own Consumption (box B).  D. Account Balance As of . See attached Period Balance Statement for details if balance exists.  D. Account Blance if no BLCF is payable, a "Nii" return must be filled by entering a zero in the Net BLCF Payable (box C).  E. Remittance Enclosed if no BLCF is payable, a "Nii" return must be filled by entering a zero in the Net BLCF Payable (box C).  E. Address / Name Change:  Change Notification  Address / Name Change:  Check the box & provide details below)  Date of Gouve: "YYYMMOD  Resean for Closure:  If business was sold, please provide details below.  Furchaser Rame:  Furchaser Rame:						A		
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E. Remittance Enclosed If no BLCF is payable, a "Nil" return must be filed by entering a zero in the Net BLCF Payable (box C).  E. Remittance Enclosed If no BLCF is payable, a "Nil" return must be filed by entering a zero in the Net BLCF Payable (box C).  E. Detatch at the perforation and return the stub below with your new information.   Change Notification  Business Closed: (Check the box & provide details below)  Date of Closure: "YYYYMMDD  Teason for Closure: "Street or Post Office Box  Furchaser Name: Street or Post Office Box  City: Province: Postal Code: "Province: Pos	BLCF Collected on Sales (box A) plus BLCF on Own Consumption (box B).					c,		
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Change Notification  Business Closed: (Check the box & provide details below)  Date of Closure: YYYYMMDD  Resson for Closure:  If business was sold, please provide details below.  Purchaser Name:  Detatch at the perforation and return the stub below with your new information.  Address /Name Change: (Check the box & provide details below)  Mailing  Location  Business Name  Business Name  City: Province: Postal Code:			il" return must h	e filed by entering a zero in the Net F	BLCE Payable (box C)	E	-	
Reason for Closure:    Business Name (If Applicable):				provide details below)		·	<del>-</del>	
Figure 1 Street or Post Office Box  Suite Number: Street or Post Office Box  City: Province: Postal Code:	Date of Closure	e: YYYYMMDD			Maili	ng Loc	ation Business Name	
Purchaser Phone Number:    City:   Province:   Postal Code:	Reason for Clo	sure:			Business Name (If	Applicable):		
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	Burchasor Bho	na Number:	1		City:	Pr	ovince: Postal Code:	
	i dichasel rilo	Number.			Phone Number:			

**WEBSITE:** www.saskatchewan.ca

**EFILE:** www.sets.gov.sk.ca

**INQUIRIES:** (306) 787-6645 or 1-800-667-6102

EMAIL:

SaskTaxInfo@gov.sk.ca