



**Liquor Board**  
 Employees Division  
 Division des employés  
 de la régie des alcools

**LIQUOR BOARD EMPLOYEES DIVISION (LBED)  
 “ DIVISIONAL EMERGENCY FUND” APPLICATION  
 PAGE ONE**

**CONFIDENTIAL**

Name of Applicant (please print Last name, First name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, Postal Code: \_\_\_\_\_

Preferred Phone #: (     ) \_\_\_\_\_ Alternate: (     ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Local #: \_\_\_\_\_

Please state the amount of your request from the Emergency Fund \$ \_\_\_\_\_

**Reason for applying:**

*Please give us a full explanation (you can continue on a separate page if required.)*

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The Divisional Emergency Fund Committee may contact you where necessary receipts, invoices or proof of need may be required.

To the best of my knowledge, all the information given in this form is true.

\_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_  
 Date signed (day/month/year)

By signing this application you give consent of your personal information to be discussed with all members of the Divisional Emergency Fund Committee.



**LIQUOR BOARD EMPLOYEES DIVISION (LBED)  
“EMERGENCY FUND” APPLICATION  
PAGE TWO**

**CONFIDENTIAL**

NOTE: THE APPLICATION FORM MUST BE COMPLETED.  
ANY INCOMPLETE APPLICATION WILL BE RETURNED TO YOU.

CHECKLIST BEFORE MAILING APPLICATION FORM:

- Please ensure the application form is signed.
- You have indicated your reason for applying.
- You have ensured all your contact information is correct.
- You have included all documents that support your application.
- Please mark your envelope private and confidential.

**PLEASE MAIL THE COMPLETED FORM AND ALL SUPPORTING DOCUMENTS TO:**

**LBED EMERGENCY FUND, ATTN: NEGOTIATOR FOR LBED  
OPSEU 100 LESMILL ROAD  
NORTH YORK, ON  
M3B 3P8**

For Emergency Fund Committee use only

Committee’s Decision:

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Signature

Date

Signature

Date

Signature

Date