Reset

Nova Scotia Business Registry
Submit Online at:
http://www.nsbr.ca/
Or by Mail to: PO Box 1529
Halifax, NS B3J 2Y4

Business Applicant Profile Information:

Business Name:

Operating Name

Canada Revenue Agency BN #: _____

N.S. Registry Of Joint Stock Companies #: _____

Business Civic Address *(Not PO Box)*:

Street # Street Name Unit/Suite/Apt #

City/Town/County Province Country Postal Code

Business Mailing Address *(If Different)*:

Street, P.O. Box, RR #, Site #, etc.

City/Town/County Province Country Postal Code

Business Address in Nova Scotia *(If Different than above)*:

Street, P.O. Box, RR #, Site #, etc.

City/Town/County Postal Code

Business Contact Information:

Name Title

Primary Phone # Fax #

Please Note: The submission of an application with payment does not guarantee application approval.

NOVA SCOTIA

Campground Accommodation Application and Ownership Change

Indicate requirement: ☐ New Application
☐ Ownership Change

Return with Payment:
Mail To: Service Nova Scotia
Nova Scotia Business Registry
P.O. Box 1529
Halifax NS B3J 2Y4
Or FAX To: 902-424 – 0602
Or Drop Off: Access Nova Scotia Centres

Instructions:
In order to comply with the provision of the Tourist Accommodations Act and Regulations, all fields must be completed and the application signed. Please note that all fees are non-refundable.

Payment Type: ☐ Cheque ☐ Money Order ☐ Visa ☐ MasterCard ☐ American Express

_____ (credit card account number)

_____ (card holder's name)

_____ (expiry date)

_____ (card holder's signature)

1. ACCOMMODATION INFORMATION

Location of Accommodation: _____

_____

Name of Manager: _____

Winter Address of Manager: _____

_____

Phone: _____

Phone (Winter): _____

Fax: _____

E-mail: _____

Website: _____

2. ACCOMMODATION INFORMATION

A. Accommodation is operated: ☐ Year-round

☐ Seasonally Open Date dd/mm/yyyy Closed Date dd/mm/yyyy

B. Site Information:

Number of Sites		Number of Washrooms		Number of Hook-Ups		Number of Amps	
Serviced	____	No. of Flush Toilets	____	No. of Water	____	No. of 15	____
Unserviced	____	No. of Non-Flush Toilets	____	No. of Electric	____	No. of 20	____
Camping Cabins	____	No. of Showers	____	No. of Sewage	____	No. of 30	____
Camping Trailers	____					No. of 50	____
Seasonal	____						
Total Sites	____						

C. Meals provided: ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Canteen

3. SIGNATURE

Please sign and date this application

I hereby certify that the statements made in the foregoing application are, to the best of my knowledge, true and correct and that I have signing power for the establishment above mentioned. I undertake that the establishment will be maintained and operated in accordance with the regulations made under the Tourist Accommodations Act and that all new construction will conform with the requirements of the regulations. I undertake that on change of ownership, the current licence will be returned for cancellation and the new owner advised to apply for a new licence.

Name (*Please Print)*: _____

Signature: _____

Signature of Manager, Owner, Lessee, Operator or person in charge with signing power for the place of accommodation. (Please sign in ink.)

Title: _____

Date of Application (dd/mm/yyyy): _____