

1. Application is on behalf of:

- Company: _____
- Partnership: _____
- Sole Proprietor: _____

2. Applicant Information:

Name: _____ Position / title: _____

Address: _____

Phone: _____ Mobile: _____ Fax #: _____

Email: _____

3. Civic address of premises to be licensed including postal code:

Premises information:

4. What is (or will be) the name of the Premises / Business:

5. What is the current status of the premises?

- Operational? _____
- Existing and under renovations. Proposed completion date. _____
- Not yet constructed. Proposed completion date. _____

8. Provide a copy of confirmation that notification of address change has been provided to the Canadian Revenue Agency pursuant to the Excise Act (Canada).

<http://www.cra-arc.gc.ca/E/pub/em/edm4-1-3/edm4-1-3-e.html>

Return the form to:

Attention: Manager of Licensing
Alcohol & Gaming Division
780 Windmill Road, 2nd Floor
P.O. Box 545

Dartmouth, NS B2Y 3Y8
FAX: 902-424-6313
Questions? 902-424-6160 or Toll Free 1-877-565-0556
E-mail: AGDLicense@gov.ns.ca

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| Office Use Only: Ref #: |
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