INSTRUCTIONS

THE NOVA SCOTIA ALCOHOL, GAMING, FUEL & TOBACCO DIVISION REQUIRES THE FOLLOWING WITH EACH APPLICATION:

☐ Organizational Chart
☐ Liquor Licensing Personal History Applications(s)
☐ Deed or Lease
☐ Purchase Agreements
☐ Floor Plan, if renovating
☐ Menu
☐ Health Permit
☐ Fire Official Approval with Occupancy, if renovating
☐ Letter of Good Standing from ALC

• SEE APPLICATION GUIDE FOR DETAILS OF THE REQUIREMENTS NOTED ABOVE.
• INCOMPLETE OR IMPROPERLY COMPLETED FORMS MAY RESULT IN DELAY OF PROCESSING.
• EACH STATEMENT MADE IN THIS APPLICATION IS SUBJECT TO VERIFICATION: IT IS A SERIOUS OFFENCE TO KNOWINGLY PROVIDE FALSE INFORMATION IN ANY PART OF THIS APPLICATION.
• PLEASE NOTE: ADDITIONAL ZONING CONFIRMATION FEES WILL BE APPLIED IN HRM ($100.00).
• ALL QUESTIONS AND COMPLETE APPLICATIONS CAN BE DIRECTED TO:

Alcohol, Gaming, Fuel & Tobacco Division
Service Nova Scotia
780 Windmill Road, 2nd Floor
PO Box 545
Dartmouth NS
B2Y 3Y8

PHONE: 1-877-565-0556 or 902-424-6160
Fax: 902-424-6313

Email: AGDLicense@novascotia.ca

Website: https://novascotia.ca/sns/access/alcohol-gaming.asp
1. Applicant Information

Business Name:

Type □ Company □ Partnership □ Sole Proprietor RJSC ID#:

Name.......: ________________________________________________________________
Position ....: ______________________________________________________________
Address ....: ______________________________________________________________
City/Town.: ____________________________ Province: _____ Postal Code: ________
Phone# .....: ____________________________ Fax # ....: _________________________
Email........: ______________________________________________________________

License Number(s) to be Transferred ....: ______________________________________
Name of Current Owner......................: ______________________________________
Signature of Current Owner ...............: ______________________________________

2. Premises

Operating Name: ____________________________________________________________

Expected opening date: ______________________________________________________

Civic Address of Premises
________________________________
________________________________
________________________________

MAILING ADDRESS, if different from civic
________________________________
________________________________
________________________________
Postal Code: ____________________________ Postal Code:_____________________

3. Transfer Fees

<table>
<thead>
<tr>
<th>Fee</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer Fee per License</td>
<td>$124.25</td>
</tr>
</tbody>
</table>

- Credit Card Payment: Visa/MasterCard # & Expiry (mm/yy) – This information is only permitted if your application is faxed to our office or you can provide this via phone. **Please do not include via email.**
- Cheque payable to: **NS Alcohol and Gaming Division**
4. **Entertainment**

☐ No ☐ Yes  If yes, Details:

Will Adult Entertainment be offered?

☐ No ☐ Yes

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**STATUTORY DECLARATION (Form must be notarized)**

I (we) print name(s) ___________________________________________ do solemnly declare:

THAT I (we) hereby apply for the type of license noted above pursuant to the Liquor Control Act and Liquor Licensing Regulations;

AND THAT I (we) am nineteen years of age or over:

AND THAT I (we) am authorized to carry on business in the Province whose officer, agent or manager in charge of the premises for which the license is issued is personally qualified as provided in clause 48 (3) (a) of the Act;

AND THAT the particulars furnished by me and forming the application for a liquor license and all subsequent documents submitted in support of this application are true and correct statements of fact and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Applicant(s) Signature: ___________________________________________

SWORN before me at ___________________________________________ in the Province of Nova Scotia this __________ day of ____________________ A.D. 20 _____

Signature & Stamp: Justice of the Peace, Commissioner of Oaths, Notary or Lawyer