



1505 Barrington Street
 6th Fl. North
 Halifax, NS B3J 3K5
 902- 424-4821

Mailing Address
 Hunting & Fishing Licence Division
 PO Box 1529
 Halifax, NS B3J 2Y4

2022 ARCHERY AND MUZZLELOADER LICENCE ACCOUNT SALES

| Total Number Licences Sold | Licence Fee | Total | Vendor Commission (HST Included) |
|--|-------------|-------|----------------------------------|
| Resident Archery & Muzzleloader Hunting Licence | | | |
| | | | |
| Resident Archery & Muzzleloader Hunting Licence Issued to Seniors | | | |
| | No Fee | | |
| Non-Resident Archery & Muzzleloader Hunting Licences | | | |
| | | | |

| | | | | | |
|---|---------------|--|----------|--|----------|
| | Totals | | \$ _____ | | \$ _____ |
| Less: Commission | - | | \$ _____ | | |
| Net Amount Received For Licences Sold | | | \$ _____ | | |
| Less: Actual Postage Paid (receipts required over \$5.00) | | | \$ _____ | | |
| Less: Actual Cost of Money Order or Cheques (allow \$1.00) | | | \$ _____ | | |
| BALANCE DUE TO DEPARTMENT OF LANDS AND FORESTRY | | | \$ _____ | | |

DO NOT SEND CASH THROUGH THE MAIL. Payment can be made by cheque or money order, **made payable** to the **Minister of Finance**, and mailed to Department of Service Nova Scotia & Internal Services P.O. Box 1529, Halifax NS, B3J 2Y4.

Please make sure you **enclose the covers of all sold licences** with your remittance, and send your parcels containing returns by Priority Post.

| | | | |
|---------------------|--------------------------------------|---------------------------------|--------------------------------------|
| Payment Enclosed \$ | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Cheque | <input type="checkbox"/> Money Order |
|---------------------|--------------------------------------|---------------------------------|--------------------------------------|

If paying by credit card, please provide your credit card information below.

| | |
|----------------------|----------------------|
| Vendor Name: _____ | Vendor Number: _____ |
| Phone Number: _____ | Date: _____ |
| Credit Card #: _____ | Expiry Date: _____ |