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Alcohol and Gaming Division

PLACE OF AMUSEMENT LICENSE APPLICATION

PLACE OF AMUSEMENT (Check One) FEE: \$ 268.62 for 3 year license term

\$89.54 for 1 year license term

ARCADE 3 Year Term	RACETRACK (includes Horse Race Track and Stock Car Race Track) * 3 Year Term	PARK * 3 Year Term
ARENA 3 Year Term	FESTIVAL/CONCERT * 1 Year Term	
HALL(includes Bowling Alleys, Pool Halls, Bingo Halls) 3 Year Term	ITINERANT * 1 Year Term	

*** It is the responsibility of the applicant to ensure that they have acquired appropriate liability insurance.**

PLACE OF AMUSEMENT – THEATRE FEES

\$358.14 per film theatre

\$358.14 per live theatre

\$179.07 per drive in theatre

	THEATRE (Film/Live/Drive-In) 3 Year Term
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REGISTRY OF JOINT STOCK COMPANIES & SECURITIES REGISTRATION NUMBER

NAME UNDER WHICH PREMISES WILL BE OPERATED	OWNERS NAME	
BUSINESS MAILING ADDRESS(STREET/BOX/CITY/PROVINCE/POSTAL CODE)		
BUSINESS PHONE NUMBER	RESIDENCE PHONE NUMBER	EMAIL ADDRESS

BUSINESS CIVIC ADDRESS IN NOVA SCOTIA (STREET & SUITE NUMBER)		
CITY	PROVINCE	POSTAL CODE
BUSINESS PHONE NUMBER	EMAIL ADDRESS	

WAS THIS LOCATION PREVIOUSLY LICENSED UNDER THE THEATRES AND AMUSEMENTS ACT.

IF YES, PLEASE PROVIDE BUSINESS NAME: _____

IF APPLICATION IS FOR A FESTIVAL/CONCERT, PLEASE PROVIDE DATE(S) OF EVENT: _____

ENTER NAME OF INDIVIDUAL DESIGNATED AS CONTACT FOR LICENSE CORRESPONDENCE

SURNAME	FIRST NAME GIVEN	INITIALS
POSITION HELD (TITLE)		
CONTACT PHONE NUMBER	EMAIL ADDRESS	

CAPACITY OF PREMISES: _____

ENTER DATE LAST INSPECTED BY FIRE MARSHAL: _____

(A copy of the most recent Fire Inspection must be filed with this application)

Has the applicant (or any Partner, in the case of a Partnership, or any Officer, in the case of a Corporation) been convicted (or Pardoned) of an offence under any country, or state, or province; or disciplined by any Professional/Occupational Association or Society ?

YES NO

IF YES, GIVE FULL PARTICULARS:

I HEREBY AUTHORIZE THE *ALCOHOL & GAMING DIVISION* TO VERIFY WITH THE APPROPRIATE SOURCES ANY INFORMATION GIVEN OR SUPPLIED AS PART OF THE APPLICATION. I UNDERSTAND THAT CERTAIN CONDITIONS MAY BE APPLIED TO A THREE YEAR LICENSING TERM WITH RESPECT TO ANNUAL REQUIREMENTS.

DATE OF APPLICATION

AUTHORIZED SIGNATURE

NAME (PLEASE PRINT)

TITLE