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APPLICATION FOR FILM EXCHANGE LICENSE

VIDEO OUTLET

FILM EXCHANGE DISTRIBUTOR

License Fees
Video Outlet and/or Video Game Outlet \$179.07 (3 year term)
Film Distributors \$1253.49(3 year term)
Video Game Distributors \$626.61 (3 year term)

REGISTRY OF JOINT STOCK COMPANIES & SECURITIES REGISTRATION NUMBER: _____

NAME UNDER WHICH BUSINESS 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 ____ YES ____ NO
IF YES, PLEASE PROVIDE BUSINESS NAME: _____

IF APPLYING FOR A VIDEO OUTLET LICENSE PLEASE INDICATE THE TYPE OF MOVIES YOU WILL BE PROVIDING AND THE NAME OF THE DISTRIBUTOR:

- REGULAR MATERIAL
- EXPLICIT MATERIAL
- BOTH

NAME OF DISTRIBUTOR: _____

ENTER NAME OF INDIVIDUAL DESIGNATED AS CONTACT FOR LICENSE CORRESPONDENCE (Please print)

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

Applicants for Film Distributor License must provide name and address of the Registered Agent(s) in the Province of Nova Scotia

AGENT NAME	ADDRESS
PHONE NUMBER(S)	EMAIL ADDRESS

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.

DATE OF APPLICATION
Revised April 2009

AUTHORIZED SIGNATURE