

Indicate requirement: New Application
 Ownership Change

Return with Payment:
Mail To: Service Nova Scotia & Municipal Relations
Nova Scotia Business Registry
P.O. Box 1529
Halifax NS B3J 2Y4
Or FAX To: (902) 424 – 0602
Or Drop Off: Access Nova Scotia Centres

Instructions:

In order to comply with the provision of the Tourist Accommodations Act and Regulations, all fields must be completed and the application signed.

Please note that all fees are non-refundable.

Payment Type: Cheque Money Order Visa MasterCard American Express

_____ (credit card account number)

_____ (card holder's name)

_____ (expiry date)

_____ (card holder's signature)

1. ACCOMMODATION INFORMATION

Location of Accommodation: _____

Name of Manager: _____

Winter Address of Manager: _____

Phone: _____

Phone (Winter): _____

Fax: _____

E-mail: _____

Website: _____

