



Service Nova Scotia  
and Municipal Relations

Alcohol and Gaming Division *Licensing and Registration*

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## APPLICATION FOR CATERER EXTENSION

Restaurant Name: \_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Liquor License #: \_\_\_\_\_

Name & Civic Address where the event will be held: \_\_\_\_\_

\_\_\_\_\_

Date of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Nature and purpose of event: \_\_\_\_\_

\_\_\_\_\_

Number of guests attending event: \_\_\_\_\_

***I understand that a caterer extension is an extension of my eating establishment liquor license and that all conditions and regulations pertaining to my eating establishment liquor license must be adhered to.***

Signature of Licensee/Manager \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE SUBMIT THIS APPLICATION AT LEAST ONE WEEK PRIOR TO THE EVENT.**

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