

In keeping with the privacy provisions of the Nova Scotia Freedom of Information & Protection of Privacy Act, Alcohol and Gaming will only use personal information for the purpose for which the information was obtained or compiled, or for a use compatible with that purpose.



780 Windmill Road OR
2nd Floor
P.O. Box 545
Dartmouth, N.S. B2Y 3Y8
Tel: (902) 424-6160
Fax: (902) 424-4942
NS Toll Free: 1-877-565-0556

235 Townsend Street
Sydney, N.S. B1P 5E7
Tel: (902)563-3494
Fax: (902) 563-3430

agdlicense@gov.ns.ca

APPLICATION FOR FILM EXCHANGE LICENSE

- VIDEO OUTLET
- FILM EXCHANGE DISTRIBUTOR

License Fees	Video Outlet and/or Video Game Outlet	\$182.67 (3 year term)
	Film Distributors	\$1278.57(3 year term)
	Video Game Distributors	\$639.15 (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
Rev. Jan 2011

AUTHORIZED SIGNATURE