

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  
 2<sup>nd</sup> 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

OR 235 Townsend Street  
 Sydney, N.S. B1P 5E7  
 Tel: (902) 563-3494  
 Fax: (902) 563-3430  
 agdlicense@gov.ns.ca

## PLACE OF AMUSEMENT LICENSE APPLICATION

**PLACE OF AMUSEMENT ( Check One )** FEE: \$ 273.99 for 3 year license term  
 \$91.33 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**

\$365.31 per film theatre  
 \$365.31 per live theatre  
 \$182.67 per drive in theatre

	THEATRE (Film/Live/Drive-In) 3 Year Term
--	---

**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