



Change of Information Form Registered Representative Permit Information Sheet

The NSLC has an agreement with Service Nova Scotia and Municipal Relations to administer the Registered Representative Permit using the processes and technology of the Nova Scotia Business Registry. The NSLC will review and approve the applications, annual renewals and change of employer notifications.

This form is used to notify NSLC and SNSMR of changes to:

- Contact Information for Registered Representative Permit holders
- Other program specific information
- Changes of employment status, excluding employer change (see below)

If the Registered Representative Permit holder has changed employers, and continues to require a Permit, complete and submit the Change of Employer form, which can be download at www.gov.ns.ca/snsmr/forms.

This completed form can be mailed or faxed directly to SNSMR for processing. **For improved service, you can telephone SNSMR at (902) 424-5200 or 1-800-670-4357 and provide the information or discuss any of your questions about the program.**

To complete the form:

- Enter your name and update other information that has changed on the Personal Applicant Profile Information section
- Update the Other Registered Representative Permit Information
- Complete the Declaration of Applicant
- Update the Additional Applicant Information

Information on this form is collected under the authority of the *Nova Scotia Liquor Control Act* as designated in the *Business Electronic Filing Act* and may be subject to disclosure under the *Freedom of Information and Protection of Privacy Act*. It will be used by the Nova Scotia Liquor Corporation for administration under the Act; for development of policies and programs; and distribution of material to related businesses.



Or by Mail to: PO Box 1529
Halifax, NS B3J 2Y4

Fax: 902-424-0602

Personal Applicant Profile Information

Name:

Title	First Name and Middle Initial	Last Name
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Civic Address: *(Not P.O. Box)*

Street #	Street Name	Unit/Suite/Apt#
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City/Town/County	Province	Country	Postal Code
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Mailing Address: *(If different from above)*

Street #, P.O. Box, RR#, Site #

City/Town/County	Province	Country	Postal Code
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Contact Information:

Home Phone #	Work Phone #	Fax #
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Please Note: The submission of an application with payment does not guarantee application approval.



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Other Registered Representative Permit Information

All activities of Registered Representatives are to conform with and be guided by the Liquor Control Act, Regulations, NSLC Policy Guidelines and any other practice or standard set by the Nova Scotia Liquor Corporation.

Please answer the following question:

Does the applicant have any relationship or associations, financially or otherwise, with a liquor licensed establishment, Agency Store, Private Wine & Specialty Store or the NSLC? Yes No

If yes, provide details:



Submit Online at: www.nsbr.ca

Or by Mail to: PO Box 1529
Halifax, NS B3J 2Y4

Fax: 902-424-0602

Declaration of Applicant

I understand and acknowledge that the information provided by me on this Application is true, complete and correct, to the best of my knowledge and belief. I understand that a false statement may be considered sufficient reason to withhold or cancel my registration.

I also understand that by issuance of this Permit, my responsibility and obligation to adhere to the Nova Scotia Liquor Control Act, Regulations, and Policies & Procedures as well as any special conditions and changes which may, from time to time, occur.

I acknowledge and accept that the NSLC may choose to disseminate contact information contained here for business purposes.

My signature below indicates I understand and acknowledge NSLC's In-Store Customer Tasting Policy & Guidelines and that I have been fully trained in these guidelines by the company named in this application.

I declare that I am at least 19 years of age.

Applicant Signature: _____

Date: _____

Additional Applicant Information:

Title

Cell Phone #

Email Address

Employer Operating Name

Employer Contact Name

Employer Phone #