



Change of Employer Notification Registered Representative Permit Information Sheet

The NSLC has an agreement with Service Nova Scotia and Municipal Relations to administer the Registered Representative Permit (RRP) 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 the NSLC that you have changed employers. It must be completed by an NSLC Registered Representative who currently holds an NSLC RRP, has changed employers, and requires a new Permit to carry out his/her responsibilities as specified in the Nova Scotia Liquor Control Act. This change of employer may be the result of a business ownership transaction such as a business amalgamation or business buyout, etc.

To successfully process your application and issue a Permit, the applicant must include:

- A completed form
- A payment of \$20 or your credit card information in the application
- A letter from your employer, on company letterhead, confirming your employment and including the employer's CRA Business Number

These must be submitted directly to SNSMR for processing. When processed, you will receive a new Permit with an expiry date of March 31st of the following year.

To complete the form:

- Enter your name and update other information that has changed on the Personal Applicant Profile Information section
- Complete the Payment Type Information
- Update the Other Registered Representative Permit Information
- Complete the Declaration of Applicant
- Update the Additional Change of Employer Information including New Employer Operating Name

Only complete the Business Applicant Profile Information section if you own your own company and require this Permit due to your duties as an owner of the company. This will be used for identification purposes at SNSMR only. It will not be used as an application for any other NSLC Permits.

If you have any questions about the attached form, please contact SNSMR at (902) 424-5200 or 1-800-670-4357.

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.

NOVA SCOTIA LIQUOR CORPORATION

93 Chain Lake Drive, Halifax, Nova Scotia, B3S 1A3

Phone: 450-5914 Fax: 450-6114

www.thenslc.com



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.



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

Fax: 902-424-0602

Business Applicant Profile Information

Business Name:

Legal Entity including Operating Name

Canada Revenue Agency BN #: _____

N.S. Registry of Joint Stock Companies #: _____

Business Civic Address: *(Not P.O. Box)*

Street #

Street Name

Unit/Suite/Apt#

City/Town/County

Province

Country

Postal Code

Business Mailing Address: *(If different from above)*

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

City/Town/County

Province

Country

Postal Code

Business Address in Nova Scotia:

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

City/Town/County

Province

Country

Postal Code

Business Contact Information:

Name

Title

Primary Phone #

Fax #



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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:



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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 #

Service Nova Scotia & Municipal Relations, PO Box 1529, Halifax, NS B3J 2Y4

Need help? Contact us at (902) 424-5200 (toll-free in Nova Scotia): 1-800-670-4357 or
at [http:// www.nsbr.ca](http://www.nsbr.ca)



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

Fax: 902-424-0602

Mail To: Service Nova Scotia & Municipal Relations
Nova Scotia Business Registry
PO Box 1529 Halifax, NS B3J 2Y4

Drop Off: Access Nova Scotia Centres

For your protection, this page containing financial information will be shredded once processed

Payment Type: Cheque Money Order Visa MasterCard American Express

(Credit Card Account Number)

(Card Holder's Name)

(Expiry Date mm/yy)

(Signature)

- This authorizes the Department of Service Nova Scotia & Municipal Relations to process all Permit Fees required by the above mentioned Applicant through the credit card indicated and understands that the credit card slip may not be signed by the Card Holder.
- All payments must be in Canadian funds and made payable to: **The Minister of Finance.**
- Post dated cheques will not be accepted.
- To obtain your new registration this application must be submitted with payment.