



Nova Scotia Business Registry
Submit Online at:
<http://www.nsbr.ca/>
Or by Mail to: PO Box 1529
Halifax, NS B3J 2Y4

Business Applicant Profile Information:

Business Name:

Operating Name

Canada Revenue Agency BN #: _____

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

Business Civic Address (Not PO Box):

Street # Street Name Unit/Suite/Apt #

City/Town/County Province Country Postal Code

Business Mailing Address (If Different):

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

City/Town/County Province Country Postal Code

Business Address in Nova Scotia (If Different than above):

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

City/Town/County Postal Code

Business Contact Information:

Name Title

Primary Phone # Fax #

Please Note: The submission of an application with payment does not guarantee application approval.



Tourism, Culture & Heritage
Tourism Division

**Fixed Roof Accommodation Application
and Ownership Change** **Page 2 of 4**

Indicate requirement: New Application
 Ownership Change

Return with Payment:
Mail To: Service Nova Scotia & Municipal Relations
Nova Scotia Business Registry
P.O. Box 1529
Halifax NS B3J 2Y4
Or FAX To: (902) 424 – 0602
Or Drop Off: Access Nova Scotia Centres

Instructions:

In order to comply with the provision of the Tourist Accommodations Act and Regulations, all fields must be completed and the application signed.

Please note that all fees are non-refundable.

Payment Type: Cheque Money Order Visa MasterCard American Express

_____ (credit card account number)

_____ (card holder's name)

_____ (expiry date)

_____ (card holder's signature)

1. ACCOMMODATION INFORMATION

Location of Accommodation: _____

Name of Manager: _____

Winter Address of Manager: _____

Phone: _____

Phone (Winter): _____

Fax: _____

E-mail: _____

Website: _____

2. ACCOMMODATION INFORMATION

Type of Fixed Roof Accommodation(s):

(When listing the accommodation services you offer, you must use one or more of the following terms: Apartment, Bed & Breakfast, Bed & Breakfast Inn, Cottage/Cabin/Chalet, Country Inn, Tourist/Guest/Vacation Home, Hostel, Hotel, Hunting/Fishing Lodge, Inn, Motels, Resorts, University and Other.

These terms cannot be combined. i.e. If you offer both hotel and motel accommodations they must be listed separately and not as Hotel/Motel).

Accommodation Type:

Accommodation is Operated:	<input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonally	Open Date _____ <small>(dd/mm/yyyy)</small>	Closed Date _____ <small>(dd/mm/yyyy)</small>
Unit Information:	Number of units _____	Number of private baths _____	Number of ensuite baths _____
	Number of shared baths _____		
Meals Provided:	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Continental	<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner

Accommodation Type:

Accommodation is Operated:	<input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonally	Open Date _____ <small>(dd/mm/yyyy)</small>	Closed Date _____ <small>(dd/mm/yyyy)</small>
Unit Information:	Number of units _____	Number of private baths _____	Number of ensuite baths _____
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Meals Provided:	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Continental	<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner

Accommodation Type:

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Accommodation Type:

Accommodation is Operated:	<input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonally	Open Date _____ <small>(dd/mm/yyyy)</small>	Closed Date _____ <small>(dd/mm/yyyy)</small>
Unit Information:	Number of units _____	Number of private baths _____	Number of ensuite baths _____
	Number of shared baths _____		
Meals Provided:	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Continental	<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner

3. SIGNATURE

Please sign and date this application

I hereby certify that the statements made in the foregoing application are, to the best of my knowledge, true and correct and that I have signing power for the establishment above mentioned. I undertake that the establishment will be maintained and operated in accordance with the regulations made under the Tourist Accommodations Act and that all new construction will conform with the requirements of the regulations. I undertake that on change of ownership, the current licence will be returned for cancellation and the new owner advised to apply for a new licence.

Name (*Please Print*): _____

Signature: _____
Signature of Manager, Owner, Lessee, Operator or person in charge with signing power for the place of accommodation. (Please sign in ink.)

Title: _____

Date of Application (dd/mm/yyyy): _____

INTERNAL USE ONLY - Approvals

Fire Marshal: _____ Construction: _____

Water Supply / Sewage: _____ Food Service: _____

Municipal Requirements: _____