

Nova Scotia Business Registry Submit Online at: <u>http://www.nsbr.ca/</u> 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 Con     | npanies #:                |             |                  |
| Business Civic Address (Not PO       | Box):                     |             |                  |
| Street # Street Name                 |                           |             | Unit/Suite/Apt # |
| City/Town/County                     | Province                  | Country     | Postal Code      |
| Business Mailing Address (If Diffe   | erent):                   |             |                  |
| 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 |                  |
| <b>Business Contact Information:</b> |                           |             |                  |
| Name                                 |                           | Title       |                  |
| Primary Phone #                      |                           | Fax #       |                  |

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



# Campground Accommodation Application and Ownership Change Page 2 of 3

| Indicate requirement:  New Application Change  |                      |             | Instructions:<br>In order to comply with the provision of the<br>Tourist Accommodations Act and<br>Regulations, all fields must be completed and<br>the application signed.<br>Please note that all fees are non-refundable. |                        |                  |
|--|----------------------|-------------|--|------------------------|------------------|
| ☐ Ownership Change<br>Return with Payment:<br>Mail To: Service Nova Scotia & Municipal Relations<br>Nova Scotia Business Registry<br>P.O. Box 1529<br>Halifax NS B3J 2Y4<br>Or FAX To: (902) 424 – 0602<br>Or Drop Off: Access Nova Scotia Centres |                      |             |  |                        |                  |
| Payment Type:  | Cheque               | Money Order | Visa   | MasterCard             | American Express |
| (cre   | edit card account nu | umber)      |  | (card holder's         | name)            |
|  | (expiry date)        |             |  | (card holder's si      | gnature)         |
| Location of<br>Accommodation:<br>Name of Manager<br>Winter Address<br>of Manager:  |                      |             |  |                        |                  |
| Phone:   |                      |             |  |                        |                  |
| Phone (Winter):  |                      |             |  |                        |                  |
| Fax:   |                      |             |  |                        |                  |
| E-mail:  |                      |             |  |                        |                  |
| Website:   |                      |             |  | x 1529 Halifax NS B312 |                  |

Service Nova Scotia & Municipal Relations, PO Box 1529, Halitax NS B3J 2Y4 For information visit us at <u>http://www.gov.ns.ca/dtc/tourism/</u> or <u>http://www.novascotia.com</u> Need help? Contact us at (902) 424-3940



Tourism, Culture & Heritage Tourism Division

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#### **2.** ACCOMMODATION INFORMATION

| A. Accommodation is operated    | □ Seasonally Open Date   | /mm/yyyy Closed Dated     | d/mm/yyyy             |
|---------------------------------|--------------------------|---------------------------|-----------------------|
| B. Site Information:            |                          |                           |                       |
| Number of Sites                 | Number of Washrooms      | <u>Number of Hook-Ups</u> | <u>Number of Amps</u> |
| Serviced                        | No. of Flush Toilets     | No. of Water              | No. of 15             |
| Unserviced                      | No. of Non-Flush Toilets | No. of Electric           | No. of 20             |
| Camping Cabins                  | No. of Showers           | No. of Sewage             | No. of 30             |
| Camping Trailers                |                          |                           | No. of 50             |
| Seasonal                        |                          |                           |                       |
| Total                           |                          |                           |                       |
|                                 |                          |                           |                       |
| C. Meals provided: $\Box$ Break | kfast 🗌 Lunch 🗌 Dinner   | Canteen                   |                       |

### **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 ch | harge with signing power for the place of accommodation. (Please sign in ink.) |  |  |
| Title:                            |   |  |  |  |
| Date of Application (dd/mm/yyyy): |   |  |  |  |
|                                   |   |  |  |  |
| INTERNAL                          | USE ONLY - Approvals  |  |  |  |
| Fire Marsha                       | l:  | Construction:  |  |  |
| Water Suppl                       | ly / Sewage:  | Food Service:  |  |  |
| Municipal R                       | equirements:  |  |  |  |