



**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:

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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**

A. Accommodation is operated:  Year-round  
 Seasonally    Open Date           Closed Date         
dd/mm/yyyy    dd/mm/yyyy

B. Site Information:

<u>Number of Sites</u>	<u>Number of Washrooms</u>	<u>Number of Hook-Ups</u>	<u>Number of Amps</u>
Serviced <u>      </u>	No. of Flush Toilets <u>      </u>	No. of Water <u>      </u>	No. of 15 <u>      </u>
Unserviced <u>      </u>	No. of Non-Flush Toilets <u>      </u>	No. of Electric <u>      </u>	No. of 20 <u>      </u>
Camping Cabins <u>      </u>	No. of Showers <u>      </u>	No. of Sewage <u>      </u>	No. of 30 <u>      </u>
Camping Trailers <u>      </u>			No. of 50 <u>      </u>
Seasonal <u>      </u>			
Total <u>      </u>			

C. Meals provided:     Breakfast     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 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: _____	