

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: 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.		
☐ 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					
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 Accommodation: Name of Manager Winter Address 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

## Campground Accommodation Application and Ownership Change Page 3 of 3

#### **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:			