In keeping with the privacy provisions of the Nova Scotia Freedom of Information & Protection of Privacy Act, Environment and Labour will only use personal information for the purpose for which the information was obtained or compiled, or for a use compatible with that purpose.



ARCADE

3 Year Term

EMAIL ADDRESS

IF YES, PLEASE PROVIDE BUSINESS NAME:_

P.O. Box 545
40 Alderney Drive
5th Floor, Alderney Gate
Dartmouth, NS B2Y 3Y8
Tel: (902) 424-6160
Fax: (902) 424-4942

Fax: (902) 424-4942 Toll Free: 1-877-565-0556

PARK *

3 Year Term

PLACE OF AMUSEMENT LICENSE APPLICATION

PLACE OF AMUSEMENT (Check One) FEE: \$ 255.92 for 3	vear license term

Track) *

\$79.88 for 1 year license term

RACETRACK (includes Horse Race Track and Stock Car Race

		3 Year Term			
	ARENA	FESTIVAL/CONCERT *			
	3 Year Term	1 Year Term			
	HALL(includes Bowling	ITINERANT *			
	Alleys, Pool Halls, Bingo Halls) 3 Year Term	1 Year Term			
lt i	s the responsibility of the applica	ant to ensure that they have acquired	appropri	ate liability insurance	e.
PLA	CE OF AMUSEMENT – THEA	TRE FEES			
341	.23 per film theatre				
341	.23 per live theatre				
5170	.61 per drive in theatre				
	THEATRE (Film/Live/Drive-In)				
	3 Year Term				
REG	SISTRY OF JOINT STOCK CO	MPANIES & SECURITIES REGIST	RATION	NUMBER	
	NAME UNDER WHICH PREMISES	WILL BE OPERATED			
	BUSINESS MAILING ADDRESS				
	COUNTY	PROVINCE		POSTAL CODE	BUSINESS PHONE
	BUSINESS CIVIC ADDRESS IN NO	VA SCOTIA (STREET & SUITE NUMBER)			
	COUNTY	PROVINCE		POSTAL CODE	BUSINESS PHONE

WAS THIS LOCATION PREVIOUSLY LICENSED UNDER THE THEATRES AND AMUSEMENTS ACT.

IF APPLICATION IS FOR A FESTIVAL/CONCERT, PLEASE PROVIDE DATE(S) OF EVENT: _

ENTER NAME OF INDIVIDUAL DESIGNATED AS CONTACT FOR LICENSE CORRESPONDENCE

SURNAME	FIRST NAME GIVEN	INITIALS
POSITION HELD (TITLE)	CON	TACT PHONE NUMBER
EMAIL ADDRESS		
APACITY OF PREMISES:		
NTER DATE LAST INSPECTED BY FIRE MAI	RSHAL:	
(A copy of the most recent F	ire Inspection must be filed with this	application)
Ias the applicant (or any Partner, in the ca Corporation) been convicted (or Pardoned isciplined by any Professional/Occupation) of an offence under any country, or	
	$\square_{ m YES}$	\square NO
IF YES, GIVE FULL PARTICULARS:		
***********	***********	********
HEREBY AUTHORIZE THE ALCOHOL &		
APPROPRIATE SOURCES ANY INFORMA		
APPLICATION. I UNDERSTAND THAT C		PLIED TO A THREE
YEAR LICENSING TERM WITH RESPECT	Γ TO ANNUAL REQUIREMENTS.	
DATE OF APPLICATION	AUTHORIZ	ED SIGNATURE
	ACTIONIZ	5.5
	NAME (PLE	EASE PRINT)