

LIQUOR LICENSING

CRIMINAL HISTORY APPLICATION

INSTRUCTIONS AND CHECKLIST (Read Carefully)

The following application is designed for those who intend to seek licensing approval with Alcohol, Gaming, Fuel & Tobacco (AGFT). The Director of Licensing and Registration, herein after referred to as the "Director", may, at his/her discretion, grant approval and renewal of registration/licensing based on the information obtained in this application and subsequent background checks conducted by the AGFT and other law enforcement agencies. If the Director determines that more information is required from an applicant in order to render a decision concerning licensing, the applicant will be required to file further information which the Director may deem necessary; this may include a personal interview with the applicant.

The purpose of this application is to assess the good character and reputation of the applicant. All questions must be answered in a forthright manner with full disclosure of all details. Failure to disclose all information required may result in a denial of the application, as per the Liquor Control Act & Regulations. <u>As an alternative to this process, the applicant has the discretion to submit a current Police/Criminal System Checks "PSC" to AGFT from the primary policing agency in the applicants' respective jurisdiction, (PSC older than 6 months old will not be accepted).</u>

- PLEASE PRINT OR TYPE YOUR RESPONSES.
- EVERY QUESTION ON THE APPLICATION FORM MUST BE COMPLETED.
- INCOMPLETE OR IMPROPERLY COMPLETED FORMS MAY DELAY PROCESSING OF THE APPLICATION.
- IF SPACE PROVIDED ON THE FORM IS INSUFFICIENT, PLEASE USE A SEPARATE PIECE OF PAPER TITLED AND NUMBERED APPROPRIATELY.
- ALL APPLICATION FORMS MUST BE ACCOMPANIED BY A COMPLETED STATUTORY DECLARATION AND NOTICE AND CONSENT FORM.
- EACH STATEMENT MADE IN THIS APPLICATION IS SUBJECT TO VERIFICATION.
- IT IS A SERIOUS OFFENCE TO KNOWINGLY PROVIDE FALSE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENTS.
- THE COMPLETE APPLICATION AND ATTACHMENTS MUST BE DELIVERED TO:

Director of Licensing and Registration Alcohol, Gaming, Fuel & Tobacco Division Torrington Place, 780 Windmill Road PO Box 545 Dartmouth NS B2Y 3Y8

> Telephone: 902-424-6160 Fax: 902-424-6313

PLEASE BE ADVISED ANY NOTED CONCERNS ARISING FROM THE APPLICATION PROCESS WILL RESULT IN FURTHER INVESTIGATION

LIQUOR LICENSING CRIMINAL HISTORY APPLICATION			
1. <u>Reason for Submitting Application</u>	<u>:</u>		
 Permanent Liquor Licensee Manager of Licensed Premise Board Executive (Provide Minutes of Meeting Approving 	g the Executive) Manufacturer Delivery Person License (Disregard 3(b) & (c)) Security Personnel		
2. Identification Data:			
Company Name:	Position:		
Last Name:	Maiden Name:		
First Name:			
Previous Names & Aliases you have used or by which	n you have been known:		
Gender: Male Female Other			
Date of Birth (YYYY/MM/DD):	Place of Birth:		
Height: Hair Colour:	Eye Colour:		
Current Address:			
	Province: Postal Code:		
Phone Number:	Email Address:		
for an offence for which a pardon has been granted has been charged with or found guilty of an offence	wer all questions: ninal Records Act provides protection with respect to convictions d. In addition, the Young Offenders Act also protects a person who e in respect of which he/she has, under the Act, been discharged her of these situations apply, the applicant is under no obligation to		
(a) Have you ever been Charged or Convicted of a Cr which you applied for and successfully received a pa	riminal Offence in any jurisdiction, other than a conviction for ardon?		
Yes No History No History If yes, what was the court outcome of any charges the (1) Found Guilty (3) Dismissed (2) Not Guilty (4) Pending	nat you have not received a pardon for: d/Withdrawn		
(b) Will you take part in the Daily operations of the b Yes No	usiness for which this application is made?		
(c) Have you any interest, direct or indirectly, in any Yes No (If yes please provide details)	business where alcoholic beverages are manufactured or dispensed?		

LIQUOR LICENSING

Statutory Declaration and Notice and Consent

I,______(Printed Name of Applicant), swear/solemnly declare that all of the answers provided in this application, as well as all of the information contained in the documents and materials submitted with it are, to the best of my knowledge and belief, true and complete.

In conformity with the <u>Nova Scotia Liguor Control Act, s. 48(3)(a)</u>, in order to verify the information on this application form and to determine eligibility for licensing, it may be necessary for the Nova Scotia Alcohol, Gaming, Fuel & Tobacco Division (the "Division") to collect and receive additional information from some or all of the following sources: federal, provincial, state and/or municipal licensing bodies; police services; other law enforcement agencies; professional and industry associations; and/or any government Department, Agency, Board or Division. The Division is required, under the <u>Freedom of Information</u> <u>and Protection of Privacy Act</u>, to obtain and protect the confidentiality of such information in its possession; and control and use the information only for the purposes for which it is collected.

Information collected may be used and disclosed as follows:

- 1. To evaluate the applicant, individuals and corporations identified in connection with the applicant, regarding their person, business and criminal history, good character and reputation;
- 2. Information on the applicant, and on individuals and corporations identified in connection with the applicant, may be shared with Government officials who are assisting the Division in the evaluation of applicants for registration;
- 3. The Division may share information on the applicant, and on individuals and corporations identified in connection with the applicant, with other jurisdictions with which it makes formal agreements;
- 4. The Division may share information on the applicant, and on individuals and corporations identified in connection with the applicant, with law enforcement agencies for the purposes of licensing; and
- 5. To conduct ongoing personal history investigations, including checks for criminal charges outstanding and past criminal convictions or criminal records, during the entire course of the applicant's registration with the Division.

I agree to give the Division, when requested, any additional or written authorization that is required for the purposes of this application. I have read and understand the above notice, I hereby consent as or on behalf of the applicant to the direct and indirect collection of information by the Division and consent to the use and disclosure of this information as described in the above notice.

A public official who can answer questions about the collection and disclosure of information is:

Director of Licensing and Registration Alcohol, Gaming, Fuel & Tobacco Division Torrington Place, 780 Windmill Road PO Box 545 Dartmouth NS B2Y 3Y8 Telephone: 902-424-6160 Fax: 902-424-6313

SWORN/SOLEMNLY DECLARED BEFORE ME at

(City/Town)

(Municipality)

State/Province)

This

_______day of

20

Signature of Applicant – (In presence of Official)

A Barrister, Solicitor, Commissioner of Oaths or Notary Public (Please use stamp)



Torrington Place, 2nd Floor 780 Windmill Road PO Box 545 Dartmouth, NS B2Y 3Y8 BUS: 902.424.6160 FAX: 902.424.6313 TOLL FREE IN NS 1-877-565-0556 AGDPermLicense@NovaScotia.ca

DELIVERY PERSON LICENSE

APPLICATION GUIDE

STEP 1

Complete the Third-Party Delivery of Alcohol Training.

- This training can be found at: <u>https://nsvs.ednet.ns.ca/nse/nse40/my/</u>
- Keep a copy of your Certificate of Completion from the Third-Party Delivery of Alcohol training.

STEP 2

Complete the Criminal History Application Form (attached):

Complete Sections 1, 2 & 3(a). Sections 3(b) and (c) are not required.

Last Page: Statutory Declaration: (please read this page carefully)

This must be signed by the applicant <u>and</u> notarized by a Justice of the Peace, Commissioner of Oaths or Notary Public. There are Commissioners of Oaths at both AGFT Offices located in Dartmouth, N.S. and Sydney, N.S. You will need to present your valid Photo I.D. to have your application notarized.

<u>STEP 3</u>

Submit the Completed Criminal History Application Form to:

By Regular Mail Or In Person:	Alcohol, Gaming, Fuel & Tobacco Division P.O. Box 545 780 Windmill Road, 2 nd Floor Dartmouth, NS B2Y 3Y8	Alcohol, Gaming, Fuel & Tobacco Division 1030 Upper Prince Street, Suite #1 Sydney, NS B1P 5P6
By E-Mail:	AGDPermLicense@NovaScotia.ca	
By Fax:	902-424-6313	

Fees:

There are no fees related to this application or the renewal.

How long before the license is approved:

Upon receipt of a <u>completed</u> application, your submission will be reviewed by the Licensing Department. It may take 2 to 3 weeks before your license is approved. Your license will be e-mailed unless e-mail is unavailable, then the license will be mailed.