NOVA SCOTIA
Department of Labour and Workforce Development
Alcohol and Gaming

Torrington Place, 2nd Floor
780 Windmill Road
PO Box 545
Dartmouth, NS B2Y 3Y8
Phone: (902)424-6160 Fax: (902)424-6313

Applications which are not signed by the Manager/License Holder will be Denied
Parents may be contacted to verify appointed responsible person

REQUEST FOR UNDERAGE PERFORMER

(A Separate Form for each performer is required)

LICENSED PREMISES NAME:_____

ADDRESS:_____ POSTAL CODE: _____

PHONE #:_____FAX #:_____E-mail:_____

NAME OF UNDERAGE INDIVIDUAL:_____

DATE OF PERFORMANCE: _____TIMES:_____

TYPE OF PERFORMANCE (i.e. singing, dancing, guitar):_____

I ACKNOWLEDGE THAT I UNDERSTAND THE REGULATIONS, OBLIGATIONS AND RESPONSIBLITIES PERTAINING TO UNDERAGE PERFORMERS.

_____	_____	_____
MANAGER / LICENSEE (PLEASE PRINT)	DATE	MANAGER / LICENSEE/SIGNATURE

PARENTAL CONSENT FOR UNDERAGE ENTERTAINER:

I ,_____ OF _____
(Name of parent or guardian) (Address)

PHONE #:_____, am the parent/legal guardian of _____
(circle appropriate designation)

whose date of birth is ____/____ /____ I hereby consent to my child performing at the above noted premises.
day month year

I will be present for the duration of my child's performance.

_____
Signature of parent / legal guardian

OR I hereby appoint _____ of _____
(Address)

Phone Number:_____ Age (or Approximate Age):_____
Occupation (if applicable)_____
as the individual who will be present in the licensed establishment responsible for my child during the performance. (band members, their associates or premises staff will not be approved).

Signature of parent / legal guardian: _____

Please Note - the Licensee / Manager will be notified of approval or non-approval of this request.
Please submit 5 days in advance