NOVA SCOTIA
Service Nova Scotia and Internal Services
Alcohol, Gaming, Fuel & Tobacco

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AGDPermLicense@NovaScotia.ca

# REQUEST FOR UNDERAGE PERFORMER

**(A separate form is required for each performer)**

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

**PLEASE SUBMIT 5 BUSINESS DAYS IN ADVANCE**

PREMISES NAME:_____ **LICENSE #:** _____

ADDRESS:_____ POSTAL CODE: _____

PHONE #:_____ FAX #:_____ E-mail:_____

NAME OF UNDERAGE INDIVIDUAL:_____

DATE OF PERFORMANCE: _____TIME- From:_____ To:_____

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

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

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

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**PARENTAL CONSENT FOR UNDERAGE ENTERTAINER:**

I ,_____ OF _____
(Name of parent or guardian) **PRINT CLEARLY** (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.