

APPLICATION TO RELOCATE LICENSED PREMISES

PLEASE PRINT CLEARLY

Establishment Name:		
Licensee/Applicant:		
Company <input type="checkbox"/>	Registered Partnership <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>
License Number(s):	Type of License(s):	
Licensee/Contact Name: (must be on file at this office)		
Mailing Address:		
Telephone:	Fax:	E-Mail:
Expected Start Date:	Expected End Date:	

PRESENT LOCATION OF LICENSED PREMISES:
PROPOSED / NEW LOCATION OF LICENSED PREMISES:

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION:

- Confirmation of Zoning Clearance for the new location. This must be specific to the type of license, i.e. "Licensed Restaurant", "Lounge", "Beverage Room", is a permitted use.
- Two copies of floor plans (to scale) of the new location.
- Copy of the Purchase or Proposed Purchase Agreement (if purchasing property, equipment, etc.)
- Copy of the Lease or Proposed Lease Agreement (if leasing the new space or taking over existing lease) If submitting a non-executed lease, a letter signed by applicable parties confirming their intent to sign the lease once the license has been granted.
- Completed Financial Disclosure Form.

Note: If under construction/renovation, the relocation may be approved but the license cannot be issued prior to receipt of the following documents:

- Copy of Food Establishment (Health) Permit. Department of Agriculture: (1-855-893-5309).
- Copy of Fire Marshal's clearance for the premises (or Halifax Regional Municipal Fire Services).

Signature _____ Date _____

CURRENT STATUS FORM

1. What is (or will be) the name of the Premises / Business: (restaurant name, lounge name)

2. What is the current status of the premises?

Operational. For how long? _____

Existing and under renovation. Proposed completion date: _____

Existing with cosmetic changes only (painting, flooring, décor changes) . Proposed completion date. _____

Not yet constructed. Proposed completion date. _____

NOTIFICATION OF ENTERTAINMENT

ESTABLISHMENT NAME:

ESTABLISHMENT ADDRESS:

1) Please give details of the type of entertainment proposed:

TYPE OF ENTERTAINMENT	No	Yes	Details (Rock, Country, Jazz, Karaoke, etc)
Live Amplified Entertainment			
Live <u>NON</u> - Amplified Entertainment			
Amplified <u>Background</u> Entertainment			
Patron Dancing			
Adult Entertainment			

Additional Information

2) Is premises soundproofed (walls and ceiling) to prevent noise leakage to exterior? Yes No

3) Are the windows able to be open? Yes No

4) Does your premises have air conditioning? Yes No

5) Size of Stage Area: _____

6) Size of Dance Floor (if applicable): _____

7) Your Floor Plan must show the stage and dance floor area if applicable.

Signature of Licensee: _____ **Date:** _____

FINANCIAL DISCLOSURE FORM:

Provide details on funding for this project.

1. Did you borrow money? (loan, mortgage, etc.)

Details and amount(s):

2. Were personal funds invested by owner or shareholders?

Details and

amount(s):

3. Did you receive Government financial assistance or grants?

Details and Amount(s):

4. Other sources of funding:

Attach supporting documents:

5. Provide proof of the financing noted above (attach copies of loan agreements, letter from your bank(s), etc).

All applications are subject to the Freedom of Information and Protection of Privacy Act. Should you wish to request that personal and/or financial information be filed in confidence, this request must be made in writing and be submitted with this application.