



Service Nova Scotia
Alcohol, Gaming, Fuel and Tobacco

Torrington Place
2nd Floor
780 Windmill Road
PO Box 545
Dartmouth, NS
B2Y3Y8

902.424.6160 T
TOLL FREE IN NS
1.877.565.0556
902.424.6313 F
agdpermlicense@novascotia.ca

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:

- Zoning Confirmation Letter: In HRM, additional \$150 fee must be included with this application or contact HRM directly to purchase; outside HRM, contact the Permanent Licensing Division to see if our office can obtain this (for a fee) or if you must contact your local municipality.
- 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 submitting a non-executed lease, a letter signed by applicable parties confirming their intent to sign the lease.

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 _____



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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. _____



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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 9 No 9

3) Are the windows able to be open? 9 Yes 9 No

4) Does your premises have air conditioning? 9 Yes 9 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:** _____