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RENOVATION APPLICATION

For Licensed Premises & NSLC Hospitality Rooms

Establishment Name:	
Establishment Address:	
Licensee/Permit Holder (Company/Partnership name):	
License(s) / Permit #:	
Applicant Name: (must be on file at our office)	
Phone:	
E-mail:	
Expected start date of renovations:	
Expected end date of renovations:	
Description of proposed changes:	
Unless otherwise advised, the following documents must be submitted with this application.	
☐ A proposed replacement Floor Plan including any patio or outdoor space to be licensed.	
☐ Copy of the Building Permit (if applicable).	
☐ Copy of Fire Official Clearance with Occupancy upon completion of the renovations.	
Signature: Date:	