

NSLC Manufacturer Offsite Retail Store Permit Application

Please Indicate:		Office use only Permit #:
☐ Offsite Retail Store (Single	e event \$50.00)	
☐ Offsite Retail Store (Annua☐ Offsite Retail Store – Prepa	al Permit \$250.00) expires De	ecember 31
are at a minimum of five events per year. Add Permit expires December 31 each year.	litional prepaid events must be a	ecurring events, such as a farmer's market, and applied for separately. mit to allow free sampling and retail sales at the
Manufacturer Information		
Manufacturer Name:		
Address:		
City/Town:	Province:	Postal Code:
Phone#:	Fax #:	
Email:		
Applicant Name:	Pos	sition:
Products to be sampled or sold: Event Information		
Important Note: Owner/manager permission r	emoved from premises with seal	d/or sampling of alcohol products at their site. intact. This permit does not allow for retail sal
Event Organizer Name:	•	
Organizer contact info:		
Event Title:		
Event Description:		
Event Location:		
What Area / Room / Booth:		
Start Date:	End Date:	
Start Time:	End Time:	
We will be offering: Retail Sales	Samples	

Samples may be provided to customers at no cost in the following sizes:

BEVERAGE ALCOHOL TYPE	MAXIMUM SAMPLE SIZE
Beer	2oz
Cider	2oz
Wine	1oz
Mead (ABV<10%)	2oz
Mead (ABV>10%)	1oz
Spirits	0.5oz
Cocktails	0.5oz
RTD (any base alcohol)	2oz

3.	Pax	ment	Ω r	stion	
5.	rav	ment	VI	JUOL	15:

1.	By Phone: Contact our office at: (902) 424-6160 or toll free 1-877-565-0556.	
2.	By Mail or Fax:	
-	Credit Card #_ By Fax 902-424-6313 or Regular Mail Do not e-mail your credit card #_ Charge or Manage Order republicates N.S. Alcabel, Carring Finel & Tabassa	Expiry:

- Cheque or Money Order payable to: **N.S. Alcohol, Gaming, Fuel & Tobacco** 780 Windmill Road, 2nd Fl, Dartmouth, NS B2Y 3Y8

4.	Statutory	Decl	laration
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I (we) print name(s	do solemnly declare:
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THAT I (we) hereby apply for the type of Permit noted above pursuant to the Liquor Control Actand Nova Scotia Liquor Corporation Regulations.

AND THAT I(we) am nineteen years of age or over:

AND THAT I (we) am authorized to carry on business in the Province whose officer, agent or manager in charge of the manufacturer for which the Permit is issued is personally qualified asprovided in clause 48 (3) (a) of the Act;

AND THAT the particulars furnished by me and forming the application for a permit and all subsequent documents submitted in support of this application are true and correct statements of fact and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada EvidenceAct.

Applicant(s) Signature:			
Province of Nova Scotia this	day of	A.D. 20	

EACH STATEMENT MADE IN THIS APPLICATION IS SUBJECT TO VERIFICATION: *IT IS A SERIOUS OFFENCE TOKNOWINGLY PROVIDE FALSE INFORMATION IN ANY PART OF THIS APPLICATION*. ALL QUESTIONS AND COMPLETE APPLICATIONS CAN BE DIRECTED TO:

Alcohol, Gaming, Fuel & Tobacco Division Service Nova Scotia and Internal Services 780 Windmill Road, 2nd Floor PO Box 545 Dartmouth NS B2Y 3Y8

PHONE: 1-877-565-0556 or 902-424-6160 **Fax:** 902-424-6313

Email: AGDlicense@novascotia.ca Website: https://novascotia.ca/sns/access/alcohol-gaming.asp