



Service Nova Scotia
Alcohol, Gaming, Fuel &
Tobacco Division

Torrington Place, 2nd Floor
780 Windmill Road
PO Box 545
Dartmouth, NS B2Y 3Y8

BUS: 902.424.6160
FAX: 902.424.6313
TOLL FREE IN NS 1-877-565-0556
AGDPermLicense@NovaScotia.ca

SECURITY PERSONNEL APPLICATION GUIDE

1. COMPLETE THE CRIMINAL HISTORY APPLICATION FORM (attached):

Complete Sections 1, 2 & 3.

Last Page: Statutory Declaration: (please read this page carefully)

This must be signed by the applicant and notarized by a Justice of the Peace, Commissioner of Oaths or Notary Public.

There are Commissioners of Oaths at both AGFT Offices located in Dartmouth, N.S. and Sydney, N.S.

You will need to present your valid Photo I.D. to have your application notarized.

2. COMPLETE THE APPROVED RESPONSIBLE BEVERAGE SERVICE TRAINING COURSE:

<https://tourismhrc.online-compliance.com/PreRegister.php>

<https://www.safecheck1.com/product-category/responsible-alcohol-service/>

3. COMPLETE THE BEST SECURITY STAFF TRAINING PROGRAM: (Free)

<https://nsvs.ednet.ns.ca/nse>

4. SUBMIT THE FOLLOWING TO OUR OFFICE:

- Completed Criminal History Application Form
- Serve Right course- Certificate of Completion
- AGFT Approved Security Staff Training Program - Certificate of Completion

By Regular Mail Or In Person:	Alcohol, Gaming, Fuel & Tobacco Division P.O. Box 545 780 Windmill Road, 2 nd Floor Dartmouth, NS B2Y 3Y8	Alcohol, Gaming, Fuel & Tobacco Division 1030 Upper Prince Street, Suite #1 Sydney, NS B1P 5P6
By E-Mail:	AGDPermLicense@NovaScotia.ca	
By Fax:	902-424-6313	

How long before applications are approved:

It may take 2 to 3 weeks before your application is approved.

Your approval will be e-mailed unless e-mail is unavailable, then the approval will be mailed.

Questions? Please contact 902-424-6160 or AGDPermLicense@NovaScotia.ca

**LIQUOR LICENSING
CRIMINAL HISTORY APPLICATION**

INSTRUCTIONS AND CHECKLIST (Read Carefully)

The following application is designed for those who intend to seek licensing approval with Alcohol, Gaming, Fuel & Tobacco (AGFT). The Director of Licensing and Registration, herein after referred to as the "Director", may, at his/her discretion, grant approval and renewal of registration/licensing based on the information obtained in this application and subsequent background checks conducted by the AGFT and other law enforcement agencies. If the Director determines that more information is required from an applicant in order to render a decision concerning licensing, the applicant will be required to file further information which the Director may deem necessary; this may include a personal interview with the applicant.

The purpose of this application is to assess the good character and reputation of the applicant. All questions must be answered in a forthright manner with full disclosure of all details. Failure to disclose all information required may result in a denial of the application, as per the Liquor Control Act & Regulations. As an alternative to this process, the applicant has the discretion to submit a current Police/Criminal System Checks "PSC" to AGFT from the primary policing agency in the applicants' respective jurisdiction, (PSC older than 6 months old will not be accepted).

- PLEASE PRINT OR TYPE YOUR RESPONSES.
- EVERY QUESTION ON THE APPLICATION FORM MUST BE COMPLETED.
- INCOMPLETE OR IMPROPERLY COMPLETED FORMS MAY DELAY PROCESSING OF THE APPLICATION.
- IF SPACE PROVIDED ON THE FORM IS INSUFFICIENT, PLEASE USE A SEPARATE PIECE OF PAPER TITLED AND NUMBERED APPROPRIATELY.
- ALL APPLICATION FORMS MUST BE ACCOMPANIED BY A COMPLETED STATUTORY DECLARATION AND NOTICE AND CONSENT FORM.
- EACH STATEMENT MADE IN THIS APPLICATION IS SUBJECT TO VERIFICATION.
- IT IS A SERIOUS OFFENCE TO KNOWINGLY PROVIDE FALSE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENTS.
- THE COMPLETE APPLICATION AND ATTACHMENTS MUST BE DELIVERED TO:

Director of Licensing and Registration
Alcohol, Gaming, Fuel & Tobacco Division
Torrington Place, 780 Windmill Road
PO Box 545
Dartmouth NS B2Y 3Y8

Telephone: 902-424-6160
Fax: 902-424-6313

**PLEASE BE ADVISED ANY NOTED CONCERNS ARISING FROM THE APPLICATION
PROCESS WILL RESULT IN FURTHER INVESTIGATION**

**LIQUOR LICENSING
CRIMINAL HISTORY APPLICATION**

1. Reason for Submitting Application:

- | | |
|---|---|
| <input type="checkbox"/> Permanent Liquor Licensee | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Manager of Licensed Premise | <input type="checkbox"/> Delivery Person License (Disregard 3(b) & (c)) |
| <input type="checkbox"/> Board Executive (Provide Minutes of Meeting Approving the Executive) | <input type="checkbox"/> Security Personnel |

2. Identification Data:

Company Name: _____ Position: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Previous Names & Aliases you have used or by which you have been known: _____

Gender: Male _____ Female _____ Other _____

Date of Birth (YYYY/MM/DD): _____ Place of Birth: _____

Height: _____ Hair Colour: _____ Eye Colour: _____

Current Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

3. Criminal Proceedings – Please answer all questions:

Note: The Canadian Human Rights Act and the Criminal Records Act provides protection with respect to convictions for an offence for which a pardon has been granted. In addition, the Young Offenders Act also protects a person who has been charged with or found guilty of an offence in respect of which he/she has, under the Act, been discharged absolutely or has completed all dispositions. If either of these situations apply, the applicant is under no obligation to disclose.

(a) Have you ever been Charged or Convicted of a Criminal Offence in any jurisdiction, other than a conviction for which you applied for and successfully received a pardon?

Yes No

If yes, what was the court outcome of any charges that you have not received a pardon for:

- | | |
|---|--|
| (1) Found Guilty <input type="checkbox"/> | (3) Dismissed/Withdrawn <input type="checkbox"/> |
| (2) Not Guilty <input type="checkbox"/> | (4) Pending <input type="checkbox"/> |

(b) Will you take part in the Daily operations of the business for which this application is made?

Yes No

(c) Have you any interest, direct or indirectly, in any business where alcoholic beverages are manufactured or dispensed?

Yes No (If yes please provide details)

LIQUOR LICENSING

Statutory Declaration and Notice and Consent

I, _____ (Printed Name of Applicant), **swear/solemnly declare that all of the answers provided in this application, as well as all of the information contained in the documents and materials submitted with it are, to the best of my knowledge and belief, true and complete.**

In conformity with the **Nova Scotia Liquor Control Act, s. 48(3)(a)**, in order to verify the information on this application form and to determine eligibility for licensing, it may be necessary for the Nova Scotia Alcohol, Gaming, Fuel & Tobacco Division (the "Division") to collect and receive additional information from some or all of the following sources: federal, provincial, state and/or municipal licensing bodies; police services; other law enforcement agencies; professional and industry associations; and/or any government Department, Agency, Board or Division. The Division is required, under the **Freedom of Information and Protection of Privacy Act**, to obtain and protect the confidentiality of such information in its possession; and control and use the information only for the purposes for which it is collected.

Information collected may be used and disclosed as follows:

1. To evaluate the applicant, individuals and corporations identified in connection with the applicant, regarding their person, business and criminal history, good character and reputation;
2. Information on the applicant, and on individuals and corporations identified in connection with the applicant, may be shared with Government officials who are assisting the Division in the evaluation of applicants for registration;
3. The Division may share information on the applicant, and on individuals and corporations identified in connection with the applicant, with other jurisdictions with which it makes formal agreements;
4. The Division may share information on the applicant, and on individuals and corporations identified in connection with the applicant, with law enforcement agencies for the purposes of licensing; and
5. To conduct ongoing personal history investigations, including checks for criminal charges outstanding and past criminal convictions or criminal records, during the entire course of the applicant's registration with the Division.

I agree to give the Division, when requested, any additional or written authorization that is required for the purposes of this application. I have read and understand the above notice, I hereby consent as or on behalf of the applicant to the direct and indirect collection of information by the Division and consent to the use and disclosure of this information as described in the above notice.

A public official who can answer questions about the collection and disclosure of information is:

**Director of Licensing and Registration
Alcohol, Gaming, Fuel & Tobacco Division
Torrington Place, 780 Windmill Road
PO Box 545
Dartmouth NS B2Y 3Y8
Telephone: 902-424-6160
Fax: 902-424-6313**

SWORN/SOLEMNLy DECLARED BEFORE ME at

(City/Town) _____

(Municipality) _____

State/Province) _____

This _____ day of _____ 20 _____

Signature of Applicant – (In presence of Official)

A Barrister, Solicitor, Commissioner of Oaths or Notary Public

(Please use stamp)