

In keeping with the privacy provisions of the Nova Scotia Freedom of Information & Protection of Privacy Act, Alcohol and Gaming will only use personal information for the purpose for which the information was obtained or compiled, or for a use compatible with that purpose.



780 Windmill Road
2nd Floor
P.O. Box 545
Dartmouth, N.S. B2Y 3Y8
Tel: (902) 424-6160
Fax: (902) 424-4942
NS Toll Free 1-877-565-0556

OR 1030 Upper Prince St.
Suite 1
Sydney, N.S. B1P 5P6
Tel: (902) 563-3494
Fax: (902) 563-3430
agdlicense@gov.ns.ca

PLACE OF AMUSEMENT LICENSE APPLICATION

Film Theatre (3 year term)	\$398.10
Per Drive in theatre (3 Year term)	\$198.90

* It is the responsibility of the applicant to ensure that they have acquired appropriate liability insurance.

Registry of Joint Stock Companies & Securities Registration number

Name under which the premises will be operated		Owners name
business mailing address(street/box/city/province/postal code)		
Business phone number	Residence Phone number	Email address

Business civic address in Nova Scotia (street & suite number)		
City	Province	Postal code
Business Phone Number	Email address	

Was this location previously licensed under the theatres and Amusements Act?

If yes please provide Business name: _____

Enter the name of the individual designated as contact for license correspondence

Surname	First name given	Initial(s)
Position held (title)		
Contact Phone number	Email address	

Capacity of premises: _____

Enter date last inspected by Fire Marshall: _____

(A copy of the most recent Fire Inspection must be filed with this application)

Has the applicant (or any Partner, in the case of a Partnership, or any Officer, in the case of a Corporation) been convicted (or Pardoned) of an offence under any country, or state, or province; or disciplined by any Professional/Occupational Association or Society?

YES NO

IF YES, GIVE FULL PARTICULARS:

I HEREBY AUTHORIZE THE ALCOHOL & GAMING DIVISION TO VERIFY WITH THE APPROPRIATE SOURCES ANY INFORMATION GIVEN OR SUPPLIED AS PART OF THE APPLICATION. I UNDERSTAND THAT CERTAIN CONDITIONS MAY BE APPLIED TO A THREE YEAR LICENSING TERM WITH RESPECT TO ANNUAL REQUIREMENTS.

DATE OF APPLICATION

AUTHORIZED SIGNATURE

NAME (PLEASE PRINT)

TITLE