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APPLICATION FOR FILM EXCHANGE LICENSE

FILM EXCHANGE DISTRIBUTOR

License Fees Film Distributors..... \$1393.20(3 year term)
Video Game Distributors..... \$696.45 (3 year term)

REGISTRY OF JOINT STOCK COMPANIES & SECURITIES REGISTRATION NUMBER: _____

| | | |
|--|------------------------|---------------|
| NAME UNDER WHICH BUSINESS 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: _____ YES _____ NO

IF YES, PLEASE PROVIDE BUSINESS NAME: _____

ENTER NAME OF INDIVIDUAL DESIGNATED AS CONTACT FOR LICENSE CORRESPONDENCE (Please print)

| | | |
|-----------------------|------------------|---------------|
| SURNAME | FIRST NAME GIVEN | INITIALS |
| POSITION HELD (TITLE) | PHONE NUMBER | EMAIL ADDRESS |

Applicants for Film Distributor License must provide name and address of the Registered Agent(s) in the Province of Nova Scotia

| | |
|-----------------|---------------|
| AGENT NAME | ADDRESS |
| PHONE NUMBER(S) | EMAIL ADDRESS |

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, FUEL AND TOBACCO DIVISION** TO VERIFY WITH THE APPROPRIATE SOURCES ANY INFORMATION GIVEN OR SUPPLIED AS PART OF THE APPLICATION.

DATE OF APPLICATION
Rev. January 30, 2017

AUTHORIZED SIGNATURE