



Service Nova Scotia and
Internal Services
Alcohol, Gaming, Fuel & Tobacco

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CATERER EXTENSION APPLICATION

Establishment Name: _____

Contact person: _____

Telephone: _____ Fax: _____

E-mail: _____

Liquor License #: _____

PREMISES/BUILDING NAME & Civic Address where the event will be held:

Date of Event: _____ Start Time: _____ End Time: _____

Nature and purpose of event: _____

Number of guests attending event: _____

I understand that a caterer extension is an extension of my eating establishment liquor license and that all conditions and regulations pertaining to my eating establishment liquor license must be adhered to.

Signature of Licensee/Manager _____

Date _____

PLEASE SUBMIT THIS APPLICATION AT LEAST ONE WEEK PRIOR TO THE EVENT.