

P.O. Box 545, 780 Windmill Road, 2nd Floor, Dartmouth, N.S. B2Y 3Y8

Phone: 424-6258 FAX: 424-6313

www.gov.ns.ca/lwd/agd Toll Free # 1-877-565-0556

NOTIFICATION ENTERTAINMENT

	BLISHMENT NAME: BLISHMENT ADDRESS:										
1) Please give details of the type of entertainment proposed:											
TYPE OF ENTERTAINMENT No Yes			Details (Rock, Co	ountry, J	azz, Karac	oke, etc)					
Live Amplified Entertainment											
	NON - Amplified ertainment										
	olified <u>Background</u> ertainment										
Patron Dancing											
Adult Entertainment											
Additi	onal Information:										
,	2) Is your premises soundproofed (walls and ceiling) to prevent noise leakage to the exterior? □ Yes □ No										
3)	Are the windows able to be open?				Yes		No				
4)	Does your premises have air conditioning?				Yes		No				
5)	Size of Stage Area:										
6)	Size of Dance Floor (if applicable):										
7)	7) Copy of Floor Plan (To Scale) showing the stage and dance floor area if applicable.										
Signature of Licensee:						Date:					