

## LIQUOR LICENSING CRIMINAL HISTORY APPLICATION

### INSTRUCTIONS AND CHECKLIST (Read Carefully)

The following application is designed for those who intend to seek licensing approval with the 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 1 year 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 RESULT IN DELAY OF PROCESSING 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: 902-424-6023  
Fax: 902-424-0684

**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

- Permanent Liquor Licensee Applicant
- Board Executive (PLEASE PROVIDE MINUTES OF THE MEETING APPROVING THE EXECUTIVE)
- Manager of a Licensed Premises  
Premises Operating Name: \_\_\_\_\_

## 2. Identification Data

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_  
(please note if operating name is different than the company name) (if applicable)

Please provide previous names & aliases you have used of by which you have been known: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
(if applicable)

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
(Not initials)

Gender: Male \_\_\_\_ Female \_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(YYYY/MM/DD) (City and Province)

Height: \_\_\_\_\_ Hair Colour: \_\_\_\_\_

Weight: \_\_\_\_\_ Eye Colour: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_

Province, Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address  
(Daytime & Evening) and/or Fax #:

## 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 convicted or charged with a Criminal Offence in any jurisdiction (other than a conviction for which you applied for and successfully received a pardon for) since the time of your last licensing application or renewal of registration application?

Yes  No

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

- (1) Found Guilty
- (2) Not Guilty
- (3) Dismissed/Withdrawn

(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: 902-424-6023**  
**Fax: 902-424-0684**

SWORN/SOLEMNLy DECLARED BEFORE ME at

(City/Town) \_\_\_\_\_

(Municipality) \_\_\_\_\_

(State/Province) \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant – (In presence of Official)  
(Please use stamp or seal)

\_\_\_\_\_  
A Barrister, Solicitor, Commissioner of Oaths or Notary Public