

1. ORGANIZATION INFORMATION (if applicable):

Organization Name: _____
Address: _____
City/Town: _____ Province: _____ Postal Code: _____
Phone number: _____ Fax #: _____
Email address: _____

2. APPLICANT INFORMATION:

Name: _____
Position with organization (if applicable): _____
Address: _____
City/Town: _____ Province: _____ Postal Code: _____
Phone number: _____ Fax #: _____
Email address: _____
Name of person who will be present & responsible at the event: _____

3. LICENSE TYPE and PAYMENT:

- Class 1
\$12.45 per Day
 - Private event for invited guests
 - Liquor is provided free of charge.
 - Event cannot be advertised or open to the public.
 - There is no admission fee or cover charge.

- Class 2
\$24.95 per Day
 - Private event for invited guests.
 - Liquor is being sold.
 - Event cannot be advertised or open to the public.

- Class 3
\$62.30 per Day
 - Public event open to anyone who wishes to attend.
 - Liquor is being sold.
 - Admission fee or cover charge may be in effect.
 - Event can be advertised.
 - Only issued to recognized community or charitable organizations for community fundraising purposes.
 - May be issued to Athletic Organizations on a limited basis and a letter of support from a responsible official of the community must accompany the first application.

Total number of days that the Special Occasion Liquor License is required for this event: _____
Total license fees payable (Total Number of Days x License Class Fee per Day): _____
Visa/Mastercard #: _____ Expiry (mm/yy): _____ / _____

**Completed forms with Credit Card #'s cannot be submitted by email only by Fax, mail or in person
Cheques & Money Orders are payable to NS Alcohol, Gaming, Fuel & Tobacco**

4. LIQUOR INFORMATION:

Yes I understand that liquor must be purchased from the Nova Scotia Liquor Corporation, an Agency Store, Winery or Micro-Brewery under authority of the liquor license. Please ✓
Homemade alcoholic beverages or donated liquor is not permitted.

5. EVENT DETAILS:

Event description: _____
Dates: _____ Start time: _____ End time: _____
Estimated attendance: _____ Number of Security staff... Paid: _____ Volunteers: _____
Entertainment? Yes No Cover charge? Yes No Amount \$: _____

6. EVENT LOCATION:

Premises name: _____
Premises address: _____
Area(s), room(s) to be licensed: _____

Note: If the premises holds a Permanent Club/Special Premises license the manager must acknowledge in writing that their Liquor License will be suspended during your event. Managers Name Print: _____ Sign: _____

7. OUTDOOR LIQUOR LICENSED AREA(S):

Outdoor liquor licensed area(s)? Yes No
If Yes, will you be using: Tent Canopy Fenced area (4 ft high Minimum)
 Other enclosure (e.g., patio, gazebo, etc.)

Note: Additional documents must accompany this application, including:

- 1. A site plan of the area(s) to be licensed including: a) dimensions, b) area enclosures, and c) washroom locations.**
- 2. Fire Marshal approval: Provincial Fire Marshal (902-424-5721), Cape Breton Regional Municipality Fire (902-563-2180), or Halifax Regional Municipality Fire (902-490-5530) or hrmfire@halifax.ca .**
- 3. Security details, including: name of hired security company, number of security staff, and number of volunteers.**
- 4. If your outdoor event is in the Halifax Regional Municipality, provide a letter from Halifax Regional Police (902-490-5133 or 902-490-6866).**

8. READ AND SIGN THE DECLARATION:

I, _____ solemnly declare that:
(print name)

1. I am at least 19 years of age, and that the information contained in the foregoing is, to the best of my knowledge, true and accurate.
2. I hereby assume full responsibility for any prior costs or obligations incurred in the planning of this proposed licensed event and acknowledge that this is an application for licensing privileges only and does not in any way guarantee the granting of the Special Occasion Liquor License.
3. Permission to hold the event in the premises referred to above has been duly obtained from the appropriate authority. I understand that written authorization may be requested.
4. I hereby assume full responsibility to ensure that the fire safety measures and occupant load as determined by the Fire Marshal's office are adhered to.
5. I hereby assume full responsibility to ensure that the event referred to above is operated within the parameters of the Liquor Control Act and Liquor Licensing Regulations.
6. I hereby agree that Alcohol, Gaming, Fuel & Tobacco Division staff have the authority to enter and inspect premises at any time during the event.
7. I hereby acknowledge that the Special Occasion Liquor License is subject to terms and conditions that I must adhere to.

Signature

Date

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

9. PRINT THIS FORM, AND ANY SUPPORTING DOCUMENTS, MAIL, FAX OR IN PERSON TO :

Alcohol, Gaming, Fuel & Tobacco
Service Nova Scotia
780 Windmill Road, 2nd Floor
PO Box 545
Dartmouth NS B2Y 3Y8

-- OR --

Alcohol, Gaming, Fuel & Tobacco
Service Nova Scotia
1030 Upper Prince Street, Suite #1
Sydney NS B1P 5P6

Fax: 902-424-4942

Fax: 902-563-3430

10. QUESTIONS OR CONCERNS?

Phone: 1-877-565-0556 - toll-free within Nova Scotia
902-424-6160 - Halifax Regional Municipality
902-563-3495 - Cape Breton Regional Municipality

E-mail: AGDLicense@novascotia.ca

Webiste: <https://novascotia.ca/sns/access/alcohol-gaming.asp>

ALLOW AT LEAST 10 BUSINESS DAYS FOR PROCESSING