

Manufacturer Offsite Retail Permit Application

Please Indicate:

- ☐ Offsite Retail Store (Single event \$50.00)
- ☐ Offsite Retail Store (Annual Permit \$250.00)
- ☐ Offsite Retail Store – Prepaid (Enter your Annual Permit Number)
- _____

Note: All Manufacturers present are required to have an Onsite Retail Store Permit to be eligible for a Manufacturers Offsite Retail Store Permit. These permits do not authorize the sale of product for consumption at the event, only free sampling as per NSLC regulations.

1. Applicant Information

Applicant Name: _____

Position: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone#: _____ Fax #: _____

Email: _____

2. Manufacturer Information

Manufacturer Name: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone#: _____ Fax #: _____

Email: _____

3. Event Information

Important Note: Please obtain Owner/Manager permission for the sale and/or Sampling of alcohol products at their site. All products sold in the temporary location are not to be opened and consumed at the function site. Products are not to be sold to AGFT licensee holders.

Copy of Site Owner permission to accompany application ☐

Event Organizer Name: Lisa Sampsoon

Organizer contact info: lsampson@saltscapes.com

Number of attendees: _____ Event title: _____

Event Description: _____

Event Location: _____

Start Date/Time _____ End Date/Time: _____

The Annual Permit option is for manufacturers who intend to participate in recurring events, such as a farmer's market, and are at a minimum of five events per year. Should additional events be requested that were not noted in the original application, the manufacturer should complete this application and choose the option prepaid and provide their current annual permit number.

4. Products (List all products to be sampled or sold at the event)

5. Event Location (Please provide a description of your location at the event i.e. Floor plan or Booth number etc.)

- The **Permit Fee** must be received prior to issuance.
 - Credit Card Payment: Visa/MasterCard # & Expiry (mm/yy) – This information is only permitted if your application is faxed, mailed, or dropped off to our office or you can provide this via phone. **Please do not include via email.**

Visa/MC# _____ Exp. Date: _____

- Cheque payable to: **NS Alcohol and Gaming, Fuel & Tobacco Division**

STATUTORY DECLARATION

I (we) print name(s)_____do solemnly declare:

THAT I (we) hereby apply for the type of Permit noted above pursuant to the Liquor Control Act and Nova Scotia Liquor Corporation Regulations.

AND THAT I(we) am nineteen years of age or over:

AND THAT I (we) am authorized to carry on business in the Province whose officer, agent or manager in charge of the manufacturer for which the Permit is issued is personally qualified as provided in clause 48 (3) (a) of the Act;

AND THAT the particulars furnished by me and forming the application for a permit and all subsequent documents submitted in support of this application are true and correct statements of fact and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Applicant(s) Signature: _____

Province of Nova Scotia this_____ **day of**_____ **A.D. 20** _____

EACH STATEMENT MADE IN THIS APPLICATION IS SUBJECT TO VERIFICATION: *IT IS A SERIOUS OFFENCE TO KNOWINGLY PROVIDE FALSE INFORMATION IN ANY PART OF THIS APPLICATION.*

- **ALL QUESTIONS AND COMPLETE APPLICATIONS CAN BE DIRECTED TO:**

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

PHONE: 1-877-565-0556 or 902-424-6160

Fax: 902-424-6313

Email: AGDlicense@novascotia.ca

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