



To:

From: Permanent Liquor Licensing

Date: _____

Subject: Zoning Confirmation - Permanent Liquor License Applications

PID: _____

Civic Address of Premise: _____

Operating Name: _____

Type of Application: _____

Applicant Name: _____ Phone: _____

This request is for the following:

- | | | | |
|---|----------------------------------|---|-------------------------------|
| <input type="checkbox"/> Eating Establishment | <input type="checkbox"/> Lounge | <input type="checkbox"/> Beverage Room | <input type="checkbox"/> Club |
| <input type="checkbox"/> Special Premises | <input type="checkbox"/> Cabaret | <input type="checkbox"/> Hospitality Room | |
-

To be completed by the municipality:

Please indicate whether a permanent liquor license, pursuant to the Nova Scotia Liquor Control Act, or a Hospitality Room Permit, proposed for the above noted address meets all municipal zoning requirements and will not contravene municipal land use by-laws.

YES NO

Comments: _____

Please return this zoning confirmation form to Alcohol, Gaming, Fuel & Tobacco:

AGDPermLicense@novascotia.ca