



TASTING APPLICATION

This form is used by organizations, such as schools, for fund raising events where a liquor representative is in attendance to promote their product. Liquor representatives must be registered with the NSLC. Operations are to comply with the Province of Nova Scotia LIQUOR CONTROL ACT, REGULATIONS and POLICY GUIDELINES.

INSTRUCTIONS: To apply, complete all applicable fields then submit with payment. **Forms can be returned by mail, fax at 450-6114 or e-mail to carol.andrews@mynslc.com.** If you have any questions about completing this application, please call Carol Andrews at the number noted below.

Part 1: Applicant Information

Name: _____

Title: _____

Date of Birth (MM/DD/YY): _____

Important Note: This information is collected under the authority of the Nova Scotia Liquor Control Act and Regulations. It is required only on first application. The information provided will be used only by NSLC Staff. If you have any questions about the collection, use or disclosure of this information, contact the Permit Office.

Part 2: Company Information

Company Name: _____

Business Address (Physical Location): _____

Mailing Address (if different from Business Address): _____

Business Telephone: _____

Business Cellular: _____

Fax: _____

Email: _____

NOVA SCOTIA LIQUOR CORPORATION
93 Chain Lake Drive, Halifax, Nova Scotia, B3S 1A3
Phone: 450-5914 Fax: 450-6114
www.myNSLC.com



Part 3: Event Information

Name or Type of Function: _____

Explain Function: _____

Location of Function (address/room/size): _____

Date(s) of Function: _____

Time(s) of Function: _____

List all Agencies scheduled to attend event (Agencies must be registered with the NSLC)

List of Products To Be Tasted

Name

Quantity



Part 4: Declaration of Applicant

My signature below indicates I understand and acknowledge that the information provided by me on this Application is true, complete and correct, to the best of my knowledge and belief. I understand that a false statement may be considered sufficient reason to withhold or cancel my registration.

I also understand that by issuance of this Permit, my responsibility and obligation to adhere to the Nova Scotia Liquor Control Act, Regulations, and Policies & Procedures as well as any special conditions and changes which may, from time to time, occur.

My signature below indicates I understand and acknowledge that the Company named in this application accepts full responsibility for its sales representatives and demonstrators for the NSLC In-Store Customer Tasting Program and has fully trained all participants involved in the tasting (demonstrators & representatives) on the NSLC's In-Store Customer Tasting Policy & Guidelines.

Applicant Signature: _____

Date: _____

Signed at: _____

Email Option: If you are returning this application by email, please check the box as your agreement and understanding of this Declaration of Applicant - .

Part 5: Application Fee – Payment Options

The \$15.00 application fee may be paid by cheque, money order, cash or credit card. Cash transactions can only be made in person at the Head Office.

Enclosed payment is by (check one):

- Cash
- Cheque or money order (payable to the Nova Scotia Liquor Corporation)
- Visa
- MasterCard
- American Express

Credit Card Number _____

Credit Card Issued to _____

Expiry date: _____

Signature of Card Holder: _____

This authorizes the Nova Scotia Liquor Corporation to process all Permit Fees required by the above mentioned Permit Holder through the credit card indicated and understands that the credit card slip may not be signed by the Card Holder.