



PO Box 1749, Halifax, Nova Scotia
Canada B3J 3A5

AUTOMATIC MACHINE LICENSE APPLICATION

Applicant: _____

Home Address: _____

Business Name & Address: _____

Telephone Number: _____ Cell Phone Number: _____

Fax Number: _____ E-mail: _____

<u>Machine Type</u>	<u># of Units</u>	<u>Rate</u>	<u>Sub-Total</u>
Bulk	x	\$10.00	
Vending	x	\$55.00	
Amusement	x	\$35.00	
Washer / Dryer	x	\$25.00	
		<u>Total</u>	

If you have a machine list already prepared please attach it to this application.

Machine Type	Machine Location	Machine Serial #

Signature: _____ Date: _____

In accordance with Section 485 of the Municipal Government Act, the personal information collected on this form will only be used for the purpose of processing this Vending Application. If you have any questions about the collection and use of this information, please contact HRM's Access & Privacy Officer at 490-4390 or <http://www.halifax.ca/AccessPrivacy/index.php>