Application for Seasonal Tourist Business Designation

This program is administered by PVSC on behalf of the Nova Scotia government.

All sections of this form must be completed.
Applications must be received by September 1st each year. A new application must be submitted every year.

Property / Business Information

Assessed property owner's name: _____

Assessment Account Number: _____

Business name: _____

Principal business type:

- Restaurant* ☐
- Camping establishment ☐
- Roofed accommodation* ☐

*Note: if any part of the premises is licensed under the *Liquor Control Act* as a cabaret, tavern, or beverage room, that part of the business is not eligible for designation as a Seasonal Tourist Business.

Tourist Accommodation registration number: _____

Civic address: _____

_____

_____

Mailing address: _____

_____

_____

Square footage of property used for business: _____

Business Ownership

Does the assessed property owner manage the business? YES ☐ NO ☐

If NO, is the business managed by a family member of the assessed owner? YES ☐ NO ☐
(e.g. parent, sibling, child, grandparent, grandchild or spouse)

If YES, what is the manager's relationship to the assessed owner? _____

What is the name of the business manager? _____

Does the assessed owner, or the assessed owner's relative, own at least 50% of the business or at least 50% of the voting shares of the company/business? YES ☐ NO ☐

Business Operations

Is the business closed for at least four months in the taxation year (April 1st to March 31st)? YES ☐ NO ☐

What date does the business intend to open? _____ *(dd/mm/yy)*

What date does the business intend to close? _____ *(dd/mm/yy)*

Do any other seasonal businesses operate on the same property? YES ☐ NO ☐

Updated June 2026

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If YES, what business types:

Restaurant ☐ Open: _____ *(dd/mm/yy)* Closed: _____ *(dd/mm/yy)*

Camping establishment ☐ Open: _____ *(dd/mm/yy)* Closed: _____ *(dd/mm/yy)*

Roofed accommodation ☐ Open: _____ *(dd/mm/yy)* Closed: _____ *(dd/mm/yy)*

What is the main business on the property? _____

Do any other businesses operate on the same property? YES ☐ NO ☐

If YES, what other businesses operate on the same property?

Business name: _____ Business type: _____ Open: _____ *(dd/mm/yy)* Closed: _____ *(dd/mm/yy)*

Business name: _____ Business type: _____ Open: _____ *(dd/mm/yy)* Closed: _____ *(dd/mm/yy)*

Business name: _____ Business type: _____ Open: _____ *(dd/mm/yy)* Closed: _____ *(dd/mm/yy)*

Main Contact for Property

Name: _____ Mail: _____

Email: _____ _____

Phone: _____ _____

Fax: _____ _____

Signature

I, the undersigned, confirm the information presented in this application is correct to the best of my knowledge.

Signature of assessed property owner: _____ Date: _____

Submit completed forms to PVSC by:		Questions? Contact PVSC:
Mail:	6 – 15 Arlington Place, Truro NS, B2N 0G9	**1-800-380-7775** (within North America)
Fax:	1-888-339-4555 (within North America)	**1-902-893-5800** (outside North America)
	1-902-893-6101 (outside North America)	www.pvsc.ca
Email:	inquiry@pvsc.ca	

Please call PVSC or check www.pvsc.ca to confirm office locations and hours of operation.

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