

# APPLICATION FOR NEW TOURISM OPERATOR LICENCE UNDER THE *TOURISM ACT*

- Ensure that you are familiar with the *Tourism Act* and *Tourism Regulations* for details of eligibility, compliance, consultation, and terms and conditions related to this application or renewal.
- Ensure that each section is completed and that all information is clearly printed or typed.
- Ensure the application or renewal is signed and dated.
- Ensure that all attachments are included with the application or renewal.
  - Proof of Liability Insurance**
  - Proof of Incorporation (if applicable)**
- Ensure the application fee is submitted with the application. Payment options are cash, credit card, cheque or money order.  
(*Make cheque or money order payable to the Government of the Northwest Territories.*)
- Ensure the activities are listed and identified by primary activity and season.  
(i.e. Fishing - Summer, and Dog sledding - Winter)

## TOURISM OFFICE USE ONLY

Applicant		
Date Application Received - YY/MM/DD		All Necessary information provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information Required		
Licensing fee of	Licence #	Licence Expiry Date - YY/MM/DD
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Money Order # _____		
<input type="checkbox"/> Credit Card # _____                      CVC (3 digits on back of card) _____                      Expiry Date ____ / ____		
Conditions imposed (other than those detailed in the <i>Tourism Act</i> and <i>Tourism Regulations</i> ): <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		

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## APPLICANT INFORMATION

Registered Company Name			
Trade Names			
Contact Name			
Business Address	City	Province	Postal Code
Location of NWT Business Office			
Business phone	Fax	E-Mail	Website

## CORPORATE OR BUSINESS INFORMATION

Please indicate the tourism activities that you intend to provide. (check all that apply)

Type of Incorporation:

- Incorporation under the *Business Act*
- Extra-territorial registration under the *Business Corporations Act*
- Registration under the *Partnership Act*
- Sole Proprietorship
- Other \_\_\_\_\_

Jurisdiction of Incorporation Registration: \_\_\_\_\_

## PROOF OF INSURANCE

You must have valid insurance in place for the time period during which you are offering tourism activities. Attach a copy of your coverage or a certificate of insurance.

Public Liability Insurance for not less than \$1 million (Canadian) held with:

Expiry \_\_\_\_\_  
Y/M/D

**I have the following additional licences required for this tourism business:**

- Outfitter Licence (*Wildlife Act*)       Other (please state): \_\_\_\_\_

## TOURISM ACTIVITY

Please indicate the tourism activities that you intend to provide. (check all that apply)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Aurora Viewing       | <input type="checkbox"/> Flight-seeing        | <input type="checkbox"/> Mountain Biking         | <input type="checkbox"/> Snowshoeing   |
| <input type="checkbox"/> Canoeing             | <input type="checkbox"/> Hiking/Backpacking   | <input type="checkbox"/> Nature/Wildlife Viewing | <input type="checkbox"/> Sport Fishing |
| <input type="checkbox"/> Community Tours      | <input type="checkbox"/> Horseback Riding     | <input type="checkbox"/> Photographic Tours      | <input type="checkbox"/> Tobogganing   |
| <input type="checkbox"/> Cross Country Skiing | <input type="checkbox"/> Hunting              | <input type="checkbox"/> River Rafting           | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Cultural Tours       | <input type="checkbox"/> Kayaking             | <input type="checkbox"/> Rock Climbing           | (please describe below)                |
| <input type="checkbox"/> Dog Sled Tours       | <input type="checkbox"/> Motorized Boat Tours | <input type="checkbox"/> Snowmobile Tours        |  |

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**Please indicate the location(s) in which each activity will be offered and the time period (i.e. Sept 01 – April 31) during which activities will be offered. Attach map if applicable. If the applicant operates under more than one trade name, identify the activities and area for each.**

Activity Name(s)	Activity Priority	When Offered
_____	_ 1st _ 2nd _ 3rd _ Other (_ Winter or _ Summer)	From ____ / ____ To ____ / ____
Lat ____° ____' ____" N	Lon - ____° ____' ____" W	
Community/Area of Operation: _____		

**Please list any equipment to be supplied for use by clients:**

Equipment Type: _____	How Many: _____
Equipment Type: _____	How Many: _____
Equipment Type: _____	How Many: _____
Equipment Type: _____	How Many: _____

*For any additional equipment, attach information on separate sheet using similar format.*

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Lat ____° ____' ____" N	Lon - ____° ____' ____" W	
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Activity Name(s) \_\_\_\_\_ Activity Priority \_\_\_\_\_ When Offered \_\_\_\_\_  
 \_\_\_\_\_ \_1st \_2nd \_3rd \_Other (\_Winter or \_Summer) From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Lat \_\_\_\_° \_\_\_\_' \_\_\_\_" N Lon - \_\_\_\_° \_\_\_\_' \_\_\_\_" W

Community/Area of Operation: \_\_\_\_\_

**Please list any equipment to be supplied for use by clients:**

Equipment Type: _____	How Many: _____
Equipment Type: _____	How Many: _____
Equipment Type: _____	How Many: _____
Equipment Type: _____	How Many: _____

*For any additional equipment, attach information on separate sheet using similar format.*

*For any additional activities, attach information on separate sheet using similar format.*

Please indicate safety procedures that are in place to ensure the safety of clients and personnel while participating in tourism activities.

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Please indicate what arrangements have been made for the transportation and accommodation of clients.

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Please list all guides and other field employees. *List only guides and field employees working in the NWT.*

Full Name: _____	Full Name: _____
Full Name: _____	Full Name: _____
Full Name: _____	Full Name: _____
Full Name: _____	Full Name: _____

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**Note:** *Please be aware that under the Tourism Regulations, if you or your employees have been convicted of an offence under any law of Canada respecting the use or possession of firearms, or governing fish, wildlife, the environment, or a species at risk within the last five (5) years, your licence may not be issued by the Licence Administrator. If you become aware of any such convictions, you must inform the Licence Administrator immediately.*

The Licence Administrator may request additional information upon receipt of this application. The Licence Administrator reserves the right to reject any application for reasons of insufficient or incomplete information.

Should any of the above information change, licence holders are required to notify the Licence Administrator within sixty (60) days of the change. Changes to activities, areas of operation and/or terms and conditions of the licence require an application and may involve a consultation process and additional fees.

**Confidentiality:** This information is being collected under the authority of the *Tourism Act* and will be used only for the purpose of licensing, enforcement, consultation, research, statistical and marketing purposes. Data will be collected and used in accordance with the GNWT's obligations under the *NWT Access to Information and Protection of Privacy Act*.

I understand that the foregoing information is being collected under the authority of the *Tourism Act* and is subject to the *NWT Access to Information and Protection of Privacy Act*.

I declare that all of the information provided on this Tourism Operator Licence application is true and correct to the best of my knowledge, and I hereby consent to the reasonable use and disclosure of this information by the Government of the Northwest Territories (GNWT) and its agents for the purposes of licensing, enforcement, consultation, research and statistical purposes, as well as for the marketing of tourism in the Northwest Territories to the public at large.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

YY/MM/DD