



Submit Online at: www.nsbr.ca

Or by Mail to: PO Box 1529
Halifax, NS B3J 2Y4

Fax: 902.424.0642

Business Applicant Profile Information

Business Name:

Legal Entity including Operating Name

Canada Revenue Agency BN #: _____

N.S. Registry of Joint Stock Companies #: _____

Business Civic Address: *(Not P.O. Box)*

Street #

Street Name

Unit/Suite/Apt#

City/Town/County

Province

Country

Postal Code

Business Mailing Address: *(If different from above)*

Street #, P.O. Box, RR#, Site #

City/Town/County

Province

Country

Postal Code

Business Address in Nova Scotia:

Street #, P.O. Box, RR#, Site #

City/Town/County

Province

Country

Postal Code

Business Contact Information:

Name

Title

Primary Phone #

Fax #

