

Information

Please type or print.

Business name: _____

Business location in Nova Scotia: _____
(civic number and street) *(apt / suite / unit)*

_____ **NS** _____
(town or municipality) *(province)* *(postal code)*

Mailing address (if different from above): _____
(number and street, PO box, etc.) *(apt / suite / unit)*

_____ *(town or municipality)* _____ *(province or state)* _____ *(postal code)*

Attention: _____
(first name and middle initial) *(last name)*

Clearly describe your business activities: _____

This business name has been in use by the owners since: _____
(year / month / day)

The information in this box will not be made available to the public.

Do you already have a Business Number (HST/GST number or payroll number) from the Canada Revenue Agency (CRA)? If yes, check box

If you know what the number is, enter it here: _____
(CRA number)

Please provide contact information where you can be reached during business hours: _____
(telephone number)

_____ *(fax number)* _____ *(E-mail address)*

Recognized Agent

Sole proprietors who live in Nova Scotia are not required to have an agent. All others must appoint an agent. If a business has a Recognized Agent, all correspondence from the Registry will go to that agent unless the Registry is given written instructions to the contrary.

The Recognized Agent must be resident in Nova Scotia. Service upon the Recognized Agent of any writ, summons, process, notice or other document shall be deemed to be sufficient upon the company, and this appointment shall remain in force until notice in writing by the company that the individual has ceased to be the Recognized Agent is filed with the Registry.

Recognized agent:

_____ (first name and middle initial) _____ (last name)

Civic address
 in Nova Scotia:

_____ (civic number and street) _____ (apt / suite / unit)

_____ (town or municipality) _____ NS _____ (postal code)

Mailing address
 (if different
 from above):

_____ (number and street, PO box, etc.) _____ (apt / suite / unit)

_____ (town or municipality) _____ (province) _____ (postal code)

Proprietor /Partners

All partners in a partnership must be listed.

If you are under 19, enter your birthdate

Proprietor or partner:

_____ (first name and middle initial) _____ (last name) _____ (year / month / day)

Residential
 address:

_____ (civic number and street) _____ (apt / suite / unit)

_____ (town or municipality) _____ (province or state) _____ (postal code)

If you are under 19, enter your birthdate

Partner:

_____ (first name and middle initial) _____ (last name) _____ (year / month / day)

Residential
 address:

_____ (civic number and street) _____ (apt / suite / unit)

_____ (town or municipality) _____ (province or state) _____ (postal code)

Proprietor /Partners	All partners in a partnership must be listed.		
			<i>If you are under 19, enter your birthdate</i>
Proprietor or partner:	<i>(first name and middle initial)</i>	<i>(last name)</i>	<i>(year / month / day)</i>
Residential address:	<i>(civic number and street)</i> <i>(apt / suite / unit)</i>		
	<i>(town or municipality)</i>	<i>(province or state)</i>	<i>(postal code)</i>
			<i>If you are under 19, enter your birthdate</i>
Partner:	<i>(first name and middle initial)</i>	<i>(last name)</i>	<i>(year / month / day)</i>
Residential address:	<i>(civic number and street)</i> <i>(apt / suite / unit)</i>		
	<i>(town or municipality)</i>	<i>(province or state)</i>	<i>(postal code)</i>
			<i>If you are under 19, enter your birthdate</i>
Proprietor or partner:	<i>(first name and middle initial)</i>	<i>(last name)</i>	<i>(year / month / day)</i>
Residential address:	<i>(civic number and street)</i> <i>(apt / suite / unit)</i>		
	<i>(town or municipality)</i>	<i>(province or state)</i>	<i>(postal code)</i>
			<i>If you are under 19, enter your birthdate</i>
Partner:	<i>(first name and middle initial)</i>	<i>(last name)</i>	<i>(year / month / day)</i>
Residential address:	<i>(civic number and street)</i> <i>(apt / suite / unit)</i>		
	<i>(town or municipality)</i>	<i>(province or state)</i>	<i>(postal code)</i>



Incorporated Partners Fill in this section if one or more of the partners is an incorporated company.

Every company listed here must be registered with the Nova Scotia Registry of Joint Stock Companies.

Incorporated partner: _____
(name of company) *(Registry of Joint Stock Companies number)*

Name of person signing for the company: * _____
(type or print)

(position held in company)

* Only a Director or an Officer on file with the Registry can sign for a Nova Scotia company. If an Officer, state the position (for example, Treasurer); if not, put Director.

Declaration All partners in the business (or the proprietor) must sign this declaration.

I claim that the information on this form is true and authorize any of the government departments and agencies using the Nova Scotia Business Registry system to access and use the information on this form for program purposes.

Signatures of proprietor or partners: _____ Date signed: _____

(print or type name) *(signatures)* *(year / month / day)*

For office use only

Registry #:

Date filed: