



Mail this form to:  
 P.O. Box 1529  
 Halifax NS B3J 2Y4

**Business Applicant Profile Information:**

**Business Name:**

\_\_\_\_\_

Canada Revenue Agency BN #: \_\_\_\_\_

N.S. Registry Of Joint Stock Companies #: \_\_\_\_\_

**Business Civic Address (*Not PO Box*):**

_____	_____	_____
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Street #	Street Name	Unit/Suite/Apt #
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**Business Mailing Address (*If Different*):**

\_\_\_\_\_

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

**Business Civic Address in Nova Scotia:**

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_____	_____	_____	_____
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**Business Contact Information:**

_____	_____
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Name	Title
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**Please Note:** The submission of an application with payment does not guarantee application approval



**Service Nova Scotia and Municipal Relations  
Business Licensing and Registration**

**Business Application:**

*Please check the appropriate item(s)*

<b>Business Type/Activity</b>	<b>Governing Legislation</b>
<input type="checkbox"/> Lender <input type="checkbox"/> Agent of Lender	<b>Consumer Protection Act</b>
<input type="checkbox"/> Mortgage Broker <input type="checkbox"/> Mortgage Lender	<b>Mortgage Brokers' &amp; Lenders' Registration Act</b>
<input type="checkbox"/> Collection Agency	<b>Collection Agencies Act</b>
<input type="checkbox"/> Consumer Reporting Agency	<b>Consumer Reporting Act</b>
<input type="checkbox"/> Direct Seller Company <input type="checkbox"/> Hearing Aid Dealer	<b>Direct Sellers' Regulation Act</b>
<input type="checkbox"/> Cemetery Lot Company <input type="checkbox"/> Pre-arranged Funeral Company <input type="checkbox"/> Pre-need Cemetery Plan Company	<b>Cemetery and Funeral Services Act</b>
<input type="checkbox"/> Funeral Home <input type="checkbox"/> Crematorium	<b>Embalmers' and Funeral Directors' Act</b>

*For the following 11 questions please respond for either the individual applicant or each partner (in the case of a Partnership applicant), or each Officer (in the case of a Corporation applicant). Please use the addendum if additional space is required.*

**1. Provide name of individual designated as contact person for license correspondence. Funeral Homes enter name of funeral director designated as manager:**

Contact Name: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Position Held: \_\_\_\_\_

**2. Has the applicant previously been licensed or registered under any provincial or federal statute?**

No \_\_\_ Yes \_\_\_

If yes, give full particulars: \_\_\_\_\_

**3. Has the applicant ever had any licence refused, suspended or revoked?**

No \_\_\_ Yes \_\_\_

If yes, give full particulars: \_\_\_\_\_

**4. Has the applicant been involved in a personal or corporate bankruptcy?** No \_\_\_ Yes \_\_\_

If yes, give full particulars including, the date of discharge, and the trustee's name and phone number: \_\_\_\_\_

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**5. Does the applicant have any unpaid judgements outstanding?** No \_\_\_ Yes \_\_\_

If yes, give full particulars: \_\_\_\_\_

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**6. Has the applicant ever been convicted of an offence under the law and not been pardoned?**

No \_\_\_ Yes \_\_\_

If yes, give full particulars: \_\_\_\_\_

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**7. Has the applicant ever been disciplined by a professional/occupation organization?**

No \_\_\_ Yes \_\_\_

If yes, give full particulars: \_\_\_\_\_

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**8. Will the applicant be employed in any other business, or profession?** No \_\_\_ Yes \_\_\_

If yes, give full particulars: \_\_\_\_\_

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**9. Name and Address of Institution housing the applicant's Trust Account (if applicable):**

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**10 List all corporation officers, partners of a partnership, or applicants:**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Birth Date</b>
<b>Address of Residence</b>	<b>Position Held</b>	<b>Telephone</b>	<b>Active?</b> __ Y __ N
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Birth Date</b>
<b>Address of Residence</b>	<b>Position Held</b>	<b>Telephone</b>	<b>Active?</b> __ Y __ N
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Birth Date</b>
<b>Address of Residence</b>	<b>Position Held</b>	<b>Telephone</b>	<b>Active?</b> __ Y __ N
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Birth Date</b>
<b>Address of Residence</b>		<b>Telephone</b>	<b>Active?</b> __ Y __ N

**11. Employment history of the applicant, each partner (in the case of a partnership), and each officer (in the case of a corporation) during the past 3 years:**

<b>Name of Individual Applicant, Partner or Officer</b>	<b>Name &amp; Address of Employer</b>	<b>Type of Business of Employer</b>	<b>Nature of Employment</b>	<b>Period of Employment (Give Dates) DD/MM/YYYY: From: To:</b>
				<b>Fr:</b> <b>To:</b>
				<b>Fr:</b> <b>To:</b>
				<b>Fr:</b> <b>To:</b>
				<b>Fr:</b> <b>To:</b>
				<b>Fr:</b> <b>To:</b>
				<b>Fr:</b> <b>To:</b>

**12. All applicants: Provide branch information, including the number of branches in Nova Scotia, civic addresses, telephone numbers, and manager/contact person (attach a separate sheet, if necessary).**

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**The undersigned hereby confirms the information presented to be correct to the best of his/her knowledge, agrees to abide by the Acts and Regulations governing the License / Registration being applied for, and authorizes Service Nova Scotia and Municipal Relations to verify the information given or supplied as part of this application with the appropriate sources.**

**Authorized Signature:**

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Signature of Applicant/Authorized Officer

Date of Application

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Name of Applicant/Officer (Please Print)

Title

