

Business Applicant Profile Application
Nova Scotia Business Registry



Business Name (*Operating name*) _____

Canada Revenue Agency BN # _____

Nova Scotia 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 than above*)

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

City/Town/County	Province	Country	Postal Code
_____	_____	_____	_____

Business Contact Information _____

Name	Title
_____	_____
Primary Phone #	Fax #
_____	_____

Note: The submission of an application with payment does not guarantee application approval.

Mail to Nova Scotia Business Registry
P.O. Box 1529
Halifax, NS B3J 2Y4

Check the appropriate category.

Business Type/Activity
<input type="checkbox"/> Funeral Home License
<input type="checkbox"/> Crematorium
<input type="checkbox"/> Funeral Home and Crematorium

For the following 10 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).

1. Provide name of individual designated as the contact person for license correspondence.

Name _____ Date of Birth (dd/mm/yyyy) _____

Phone Number _____ Email _____

2. Provide the name of funeral director in charge designated as Manager.

Name _____ Date of Birth (dd/mm/yyyy) _____

3. Has the applicant ever had any license 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

5. Does the applicant have any unpaid judgements outstanding?

No Yes

If yes, give full particulars _____

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

No Yes

If yes, give full particulars _____

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

No Yes

If yes, give full particulars _____

8. Will the applicant be employed in any other business, or profession?

No Yes

If yes, give full particulars _____

9. List all corporation officers, partners of a partnership, or applicants.

_____	_____	_____	_____
Last Name	First Name	Middle Name	Birth Date
_____		_____	_____
Residence Address		Position Held	Telephone
_____	_____	_____	_____
Last Name	First Name	Middle Name	Birth Date
_____		_____	_____
Residence Address		Position Held	Telephone
_____	_____	_____	_____
Last Name	First Name	Middle Name	Birth Date
_____		_____	_____
Residence Address		Position Held	Telephone

10. 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.

Name of Individual Applicant, Partner or Officer	Name and Address of Employer	Type of Business of Employer	Nature of Employment	Period of Employment (DD/MM/YYYY)
_____	_____	_____	_____	From _____ To _____
_____	_____	_____	_____	From _____ To _____
_____	_____	_____	_____	From _____ To _____
_____	_____	_____	_____	From _____ To _____
_____	_____	_____	_____	From _____ To _____
_____	_____	_____	_____	From _____ To _____

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 Licence / Registration being applied for, and authorizes Service Nova Scotia to verify the information given or supplied as part of this application with the appropriate sources.

Authorized Signature

Signature of Authorized Officer

Date of Application

Name of Officer (*Please print*)

Title

Return this bill with method of payment checked

Business Name _____

Return To Service Nova Scotia
PO Box 1529
Halifax, NS B3J 2Y4

Fax To (902) 424-0602

Drop off Access Nova Scotia Centres

Courier 1505 Barrington Street, 9 North Halifax NS B3J 2M4

Total Amount paid \$ _____

Payment Type Cheque Money Order Visa MasterCard American Express

Credit card account number

Card holder's name

Expiry date

Signature

- All payments must be in **CANADIAN** funds and made payable to: **The Minister of Finance**
- Postdated cheques will not be accepted.
- To obtain your new license this application must be submitted with payment
- The submission of an application with payment does not guarantee application approval or license issuance.

Note: For your protection, this page containing financial information will be shredded once processed.