

Business Applicant Profile Information  
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
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Business Contact Information \_\_\_\_\_

Name	Title
Primary Phone #	Fax #

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

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

Check the appropriate category.

Direct Seller Category	Number of Salespeople	License Fee
<input type="checkbox"/> <b>P1</b> Sole Proprietor / Partnership	0	\$150.00
<input type="checkbox"/> <b>P2</b> Sole Proprietor / Partnership	1 – 10	\$150.00
<input type="checkbox"/> <b>P3</b> Sole Proprietor / Partnership	More than 10	\$150.00
<input type="checkbox"/> <b>C1A</b> Corporation / Business Name	Less than 11	\$150.00
<input type="checkbox"/> <b>C1B</b> Corporation / Business Name	11 or more	\$500.00

For the following 13 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. 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 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. State the civic address in Nova Scotia for the service of notices under the Direct Sellers Regulation Act (required by s. 11 of the Act)

\_\_\_\_\_

10. Consumers must be able to return goods to a permanent place of business in Nova Scotia **OR** free of charge to a mailing address.

a) If applicable, state the address of your permanent place of business in Nova Scotia (required by s. 6 of Regulations)

\_\_\_\_\_

b) For sellers without a permanent place of business in Nova Scotia, state the mailing address where consumers may return goods, and the method by which goods can be returned free of charge (required by s. 6A of the Regulations).

\_\_\_\_\_

\_\_\_\_\_

11. Bonding requirements (Check one)

Direct Seller Category	Average Sale Amount to Each Individual Purchaser	Bond Amount
<input type="checkbox"/> P1	Less than \$500	\$5,000
<input type="checkbox"/> P1	\$500 or greater	\$10,000
<input type="checkbox"/> P2	Any amount	\$10,000
<input type="checkbox"/> P3	Any amount	\$20,000
<input type="checkbox"/> C1A	Any amount	\$10,000
<input type="checkbox"/> C1B	Any amount	\$20,000
<input type="checkbox"/> *Home Installation (see list below)	Any amount	\$25,000

\*The amount of bond required by subsection (1) of the regulations is \$25,000 for any category of direct seller selling home renovations, siding, paving, roofing, heat pumps, heating systems, air conditioners, hot water heaters, furnaces, windows, doors, security alarms, medical alarms and systems, personal alarms or alarm monitoring services.

12. 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
_____	_____	_____	_____
Last Name	First Name	Middle Name	Birth Date
_____		_____	_____
Residence Address		Position Held	Telephone

13. 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

- Have you included a sample of your direct sales contract containing the buyer’s right to cancel.
- Have you included a copy of the product catalogue and price list.
- Have you included a copy of your Bond.

**Note: the original bond must be mailed or couriered to Business Licensing at the address below.**

**Submit to** Service Nova Scotia, Business Licensing  
8th Floor South, Maritime Centre  
1505 Barrington Street  
P.O. Box 2723  
Halifax NS B3J 3P7

**Return this bill with method of payment checked**

Business Name \_\_\_\_\_

**Return To** Service Nova Scotia and Municipal Relations  
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.**