

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	Cemetery and Funeral Services Act
<input type="checkbox"/> Sale of Cemetery Lots Only	
<input type="checkbox"/> Sale of Pre-Need Trust Plans and Lots	
<input type="checkbox"/> Sale of Pre-Need Insurance Plans and Lots	
<input type="checkbox"/> Sale of Pre-Need Trust Plans, Insurance Plans, and Lots	

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. Has the applicant ever had any license refused, suspended or revoked?

No  Yes

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

\_\_\_\_\_

3. 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

\_\_\_\_\_

\_\_\_\_\_

4. Does the applicant have any unpaid judgements outstanding?

No  Yes

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

\_\_\_\_\_



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

No  Yes

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

\_\_\_\_\_

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

No  Yes

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

\_\_\_\_\_

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

No  Yes

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

\_\_\_\_\_

8. Name and Address of Financial Institution housing Applicant’s Perpetual Care Trust Account and or Pre-Need Trust Account:

Name \_\_\_\_\_ Address \_\_\_\_\_

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.**