

Individual Applicant Profile Information
Nova Scotia Business Registry



Name _____
Title First and Middle Last

Civic Address (Not PO Box):

Street Number Street Name Unit/Suite/Apt

City/Town/County Province Country Postal Code

Mailing Address (If Different):

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

City/Town/County Province Country Postal Code

Contact Information:

Primary Phone # Work Phone #

Email

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

7. Does the applicant have any unpaid judgements outstanding?

No Yes

If yes, give full particulars

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

No Yes

If yes, give full particulars

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

No Yes

If yes, give full particulars

10. Applicant's Employment History during the past 3 years (Include Periods of Unemployment)

Name of Employer	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:

I the undersigned hereby confirm the information presented to be correct to the best of my knowledge, agrees to abide by the Acts and Regulations governing the License / 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 Applicant

Date of Application

Name of Applicant (Please Print)

CERTIFICATE OF EMPLOYER OR SPONSOR

I, _____, hereby certify that I reviewed all of the information provided by _____, in the foregoing application. I further certify that the Applicant, if granted a license, is authorized to represent _____ and that employment or sponsorship will not commence until I receive his/her license certificate.

Authorized Signature

Date of Application

Print Name

Title

Return this bill with method of payment checked

Company /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.