

 <b>Newfoundland Labrador</b> GOVERNMENT OF NEWFOUNDLAND AND LABRADOR Service NL	<b>APPLICATION          CONSUMER REPORTING AGENCY          LICENCE          CONSUMER PROTECTION &amp; BUSINESS          PROTECTION ACT</b>	FOR OFFICE USE ONLY
		Receipt No.
		Receipt Amount
		Tracking No.
		Effective Date

**TYPE OF BUSINESS:**       CORPORATION                       PARTNERSHIP                       SOLE PROPRIETOR

**PLEASE PRINT**

**CORPORATION OR PARTNERSHIP**

Legal Name of Business
------------------------

**SOLE PROPRIETOR**

Last Name	First Name	Middle Name(s)
-----------	------------	----------------

**BUSINESS OPERATING/TRADE NAME (IF APPLICABLE)**

--

**CONTACT PERSON**

--

MAILING ADDRESS OF BUSINESS			
Street Name and No., P.O. Box, R.R. No.			
City/Town	Province	Postal Code	
Business Telephone No.	Business Fax No.	E-Mail Address	Business Registration No. (if applicable)

ADDRESS FOR SERVICE IN NEWFOUNDLAND AND LABRADOR			
Street Name and No., P.O. Box, R.R. No.			
City/Town	Province	Postal Code	
Telephone No.	Fax No.	E-Mail Address	
Contact Person			

**CRIMINAL RECORD SCREENING**

Have you or any partners, officers, directors or contact persons for your business been charged with any criminal offence under any statute of Parliament in Canada in the past 5 years? If yes please attach particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any partners, officers, directors or contact persons for your business been charged with any criminal offence under the law of any country, state or province in the past 5 years? (Include absolute discharge and conditional discharge) If yes please attach particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PERSONAL INFORMATION (TO BE COMPLETED BY A SOLE PROPRIETOR AND THE DESIGNATED REPRESENTATIVE FOR A CORPORATION OR PARTNERSHIP)**

Residence Mailing Address	City/Town	Province/State	Postal Code/Zip Code
Residence Telephone No.	Residence Fax No.	E-Mail Address	
<input type="checkbox"/> Male  <input type="checkbox"/> Female	Date of Birth Y        M        D	Place of Birth	Social Insurance No.

**CERTIFICATION**

I \_\_\_\_\_ certify that I am the applicant, or an officer, director or partner of the applicant and am properly authorized to make this application; that all applicable municipal, provincial and federal laws shall be observed; that all the information given by me is true and complete and that I realize failure to provide full and true information may result in suspension or revocation of the licence.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME (PLEASE PRINT)