

 <b>Newfoundland Labrador</b> GOVERNMENT OF NEWFOUNDLAND AND LABRADOR Department of Government Services	<b>APPLICATION          VENDOR'S ( DIRECT SELLERS )          LICENCE          CONSUMER PROTECTION and          BUSINESS PRACTICES ACT</b>	<b>FOR OFFICE USE ONLY</b>
		Receipt No.
		Receipt Amount
		Tracking No.
		Effective Date

TYPE OF BUSINESS:       CORPORATION                       PARTNERSHIP                       SOLE PROPRIETERSHIP

PLEASE PRINT

**CORPORATION OR PARTNERSHIP**

Legal Name of Business
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**SOLE PROPRIETOR**

Last Name	First Name	Middle Name(s)
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**BUSINESS OPERATING/TRADE NAME (IF APPLICABLE)**

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**CONTACT PERSON**

Last Name	First Name	Middle Name(s)
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**DESIGNATED REPRESENTATIVE**

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**MAILING ADDRESS FOR BUSINESS HEAD OFFICE**

Street Name and No., P.O. Box, R.R. No.		
City/Town	Province	Postal Code
Telephone No.	Fax No.	E-Mail Address
Website Address		

**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		

**BOND INFORMATION (ATTACH ORIGINAL BOND)**

<b>Bond Amount</b>	<b>Bond Number</b>	<b>Bonding Company</b>
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**PERSONAL INFORMATION (TO BE COMPLETED BY A SOLE PROPRIETOR AND THE DESIGNATED REPRESENTATIVE FOR A CORPORATION OR PARTNERSHIP)**

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

**CRIMINAL RECORD SCREENING**

<b>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.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>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.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SALESPERSONS**

<b>Maximum number of sales persons/distributors to be employed in the Province.</b>
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**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)