Registration of a Sole Proprietorship or General Partnership

1. You are registering a:
   □ Sole Proprietorship
   □ General Partnership

2. Last Name: ________________________________
   First Name: ________________________________
   Middle Name (optional): _______________________

3. Do you have a Business Number with the Canada Revenue Agency (GST#)?
   □ Yes: ________________________________
   □ No

4. What is the legal status of your company?
   □ Individual
   □ Incorporation:
     Corporation Name: ________________________________
     Incorporate Date: ________________________________
     Incorporation Number: ______________________________
     Corporate Address: ________________________________

5. Approved Company Name: ________________________________

6. NR Number: ________________________________

7. NAICS Industry Code: ___________________________

8. Start Date of Business: __________________________

9. Residential Address: ____________________________

10. Business Address:
    □ Same as above
    □ ________________________________

11. Mailing Address:
    □ Same as residential address
    □ Same as business address

   **Partner (if applicable):**
   Last Name: ________________________________
   First Name: ________________________________
   Middle Name (optional): _______________________
   Address: ________________________________

   **Method of Payment:**
   □ Visa    □ Mastercard    □ Amex    □ Cash    □ Debit
   Amount: $100 + GST
   Credit Card Number: ________________________________ Expiry Date: ___________

   **How would you like to receive your registration papers?**
   □ Fax: ________________________________
   □ Email: ________________________________
   □ Pick up in person