



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