



Mail to: PO Box 1529  
Halifax, NS B3J 2Y4

## Business Applicant Profile Information

### Business Name:

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Legal Entity including Operating Name

Canada Revenue Agency BN #: \_\_\_\_\_

N.S. Registry of Joint Stock Companies #: \_\_\_\_\_

Business Civic Address: *(Not P.O. Box)*

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Street #

Street Name

Unit/Suite/Apt#

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City/Town/County

Province

Country

Postal Code

Business Mailing Address: *(If different from above)*

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

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City/Town/County

Province

Country

Postal Code

Business Address in Nova Scotia:

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

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City/Town/County

Province

Country

Postal Code

Business Contact Information:

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Name

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Title

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Primary Phone #

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Service Nova Scotia, PO Box 1529, Halifax, NS B3J 2Y4  
Need help? Contact us at (902) 424-5200 (toll-free in Nova Scotia): 1-800-670-4357 or  
at [http:// www.nsbr.ca](http://www.nsbr.ca)



Service Nova Scotia
Application for License to Provide Payday Loans

Please check the appropriate Payday Lender Licensing you are applying for:

New Payday Lender licence for a location

Complete sections 1(a), 1(b), 2, 3, 4, 5, 6 and 8

New Payday Lender licence for a location with online lending

Complete all sections

Online Lending only (you must have an existing Payday Lender licence for a location)

Complete sections 7(a), 7(b), 7(c)

1(a). Provide name of individual designated as contact person for licence correspondence

Contact Name: \_\_\_\_\_ Date of Birth: (dd/mm/yyyy) \_\_\_\_\_
Position Held: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

1(b). Has the applicant previously been licensed or registered under any provincial or federal statute?

No Yes

If yes, give full particulars: \_\_\_\_\_

2. Has the applicant ever had any licence refused, suspended or revoked?

No Yes

If yes, give full particulars: \_\_\_\_\_

3. Has the applicant been involved in a personal or corporate bankruptcy?

No Yes

If yes, provide the following:

Trustee's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
Discharge Date: \_\_\_\_\_ Other information: \_\_\_\_\_

4. Does the applicant have any unpaid judgements outstanding?

No Yes

If yes, give full particulars: \_\_\_\_\_

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

No Yes

If yes, give full particulars: \_\_\_\_\_

6. Has the applicant ever been disciplined by a professional/occupational organization?

No Yes

If yes, give full particulars: \_\_\_\_\_

7(a). Provide URLs (web addresses) where service is provided over the internet:

URL: \_\_\_\_\_ URL: \_\_\_\_\_
URL: \_\_\_\_\_ URL: \_\_\_\_\_



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7(b). Provide any email addresses used:

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_
Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

7(c). List any website hosting providers used for internet payday loans:

ISP: \_\_\_\_\_ ISP: \_\_\_\_\_
ISP: \_\_\_\_\_ ISP: \_\_\_\_\_

8. List all corporation officers, partners of a partnership, or applicants (maximum of 4):

(1) Last Name First Name Middle Name Date of Birth
Address of Residence Position Held Telephone #
(2) Last Name First Name Middle Name Date of Birth
Address of Residence Position Held Telephone #
(3) Last Name First Name Middle Name Date of Birth
Address of Residence Position Held Telephone #
(4) Last Name First Name Middle Name Date of Birth
Address of Residence Position Held Telephone #

The undersigned hereby confirms the information presented to be correct to the best of his/her knowledge, agrees to abide by the Acts and Regulations governing the Licence / Registration being applied for, and authorizes Service Nova Scotia and Municipal Relations to verify the information given or supplied as part of this application with the appropriate sources.

Authorized Signature:

Signature of Applicant/Authorized Officer

Date of Application

Name of Applicant/Officer (Please Print)

Title



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Halifax, NS B3J 2Y4

**For your protection, this page containing financial information will be shredded once processed.**

**Payment Type:**      Cheque      Money Order      Visa      MasterCard      American Express

\_\_\_\_\_  
(Credit Card Account Number)

\_\_\_\_\_  
(Card Holder's Name)

\_\_\_\_\_  
(Expiry Date mm/yy)

\_\_\_\_\_  
(Signature)

- This authorizes the Department of Service Nova Scotia and Municipal Relations to process all Fees required by the above mentioned Applicant through the credit card indicated and understands that the credit card slip may not be signed by the Card Holder.
- All payments must be in Canadian funds and made payable to: **The Minister of Finance.**
- Post dated cheques will not be accepted.

**Please return complete application including payment to:**

Return to:    Service Nova Scotia  
                 Nova Scotia Business Registry  
                 PO Box 1529  
                 Halifax NS B3J 2Y4

Drop off:    Access Nova Scotia Centres

Courier:     1505 Barrington Street, 6 North Halifax  
                 NS B3J 2M4