

Business Licensing and Registration

Individual Application:

Please check the appropriate item.

Type of Activity	Governing Legislation
Pre-arranged Funeral Plan/Pre-need Cemetery Plan/ Cemetery Lot Salesperson	Cemetery and Funeral Services Act

1. Name and address of business where you will be employed:

Name of business

Unit/Suite/Apt # Street # and Name

City/Town/County Province Country Postal Code

2. Prospective employer's Nova Scotia Registry of Joint Stock Companies #: _____

3. Your date of birth: _____ DD/MM/YYYY

4. Have you previously been licensed or registered? NO YES

If yes, give full particulars:

5. Have you ever had any licence refused, suspended or revoked? NO YES

If yes, give full particulars:

6. Have you ever been involved in a personal or corporate bankruptcy? NO YES

If yes, give full particulars including, the date of discharge, and the trustee's name and phone number:

7. Do you have any unpaid judgements outstanding? NO YES

If yes, give full particulars:

8. Have you ever been convicted of an offence under the law and not been pardoned? NO YES

If yes, give full particulars:

9. Have you ever been disciplined by a professional/occupation organization? NO YES

If yes, give full particulars:

10.

<p>Request to write Manager's Examination</p> <p>Please provide Nova Scotia Collector Licence Number: _____</p>

11. Your employment history during the past 3 Years (Include period(s) of unemployment, etc.)

Name of Employer	Address of Employer	Type of Business of Employer	Nature of Employment	Period of Employment (Give Dates) DD/MM/YYYY
				Fr
				To
				Fr
				To
				Fr
				To
				Fr
				To

I the undersigned hereby confirm the information presented to be correct to the best of my knowledge, agree to abide by the Acts and Regulations governing the Licence or Permit being applied for, and authorize Service Nova Scotia to verify the information given or supplied as part of this application with the appropriate sources.

Authorized Signature:

Signature of Applicant Date of Application

Name of Applicant (Please Print)

Authorization:

Name of Applicant Date of Application

**** ATTACHMENT REQUIRED ****

Signatures are required from both the Applicant and Sponsoring Company. Please print, obtain both signatures, scan and attach the document to your submission.

CERTIFICATE OF EMPLOYER OR SPONSOR

I, _____, hereby certify that I have confirmed all the information provided by _____ in the forgoing application. I further acknowledge, that should any information submitted on this application be verified by SNS, and found to be not as disclosed, the application will be closed. I further certify that the Applicant, if granted a licence is authorized to represent _____ and that employment or sponsorship will not commence until I receive his/her licence certificate.

Date Authorized Signature

Title of Signing Official Sponsor Name

Address of employer or sponsor

Street Name and Number, Unit/Suite/Apt #

City/Town/County Province Country Postal Code

Mail 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

Payment Type: Cheque Money Order Visa MasterCard American Express

Credit Card Account Number

Card Holder's Name

Expiry Date (MM/YY)

Card Holder's Signature