

6. Do you already have a Retail Sales Tax Vendor Permit?

No Yes If yes, enter permit number

Please type or print

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7. Are you purchasing an existing business?

No Yes If yes, give trade name and retail sales tax vendor permit number of previous business.

Please type or print

Trade Name	Permit Number
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8. Enter date business commences under your ownership

Please type or print

Year	Month	Day
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9. Describe the type of business you will be operating; if it will be full-time/part-time, type of items sold, etc..

Please type or print

10. Do you prefer communication in French ?

No Yes

11. Please complete this section if your business does not operate for a full 12 months.

(a) Operating for 1 day only

(b) If operating less than 30 days

(c) If operating less than 12 months, enter "X" in each box for the months you are open.

Please type or print

Year	Month	Day
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From			To		
Year	Month	Day	Year	Month	Day

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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12. Bank Name and Address (where you have your business account)

Please type or print

Name
Address

13. This application must be signed by:

- (a) the Owner, if a proprietorship
- (b) two Partners, if a partnership
- (c) two Officers, if a corporation
- (d) two Members/Officers, if an association

The above statements are hereby certified to be true and correct to the best of my knowledge.

Signature	Title	Date
Signature	Title	Date

Personal information on this form is collected under the authority of Section 5 of the Retail Sales Tax Act, R.S.O. 1990 R31 and will be used for the purposes of registering the applicant and issuing a retail sales tax vendor permit. Questions about this collection should be directed to the local Retail Sales Tax Office listed in the blue pages of your telephone directory.