

**BUSINESS LICENSE  
APPLICATION FORM**

NAME:

\_\_\_\_\_

*(Please Print)*

ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

PROVINCIAL DIRECT SALES VENDOR LICENSE NUMBER (IF APPLICABLE):

\_\_\_\_\_

Please provide a copy of your provincial direct seller's license or the approved identification card provided to the vendor pursuant to Section 10.1 of *The Direct Seller's Act*;

The nature of the business for which the license is required:

\_\_\_\_\_

The location where the business is to be carried on:

\_\_\_\_\_

Please indicate the number of staff in your employ: \_\_\_\_\_ Full time \_\_\_\_\_ Part time

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**FOR OFFICE USE ONLY:**

Application Fee Paid on \_\_\_\_\_ Receipt Number \_\_\_\_\_

\_\_\_\_\_  
*(Date)*

Business License Issued \_\_\_\_\_ Business License Number \_\_\_\_\_

\_\_\_\_\_  
*(Date)*