

**APPLICATION FOR REGISTRATION; MANUFACTURER,
RENOVATOR OR HOBBY CRAFT OPERATOR OF BEDDING
AND OTHER UPHOLSTERED OR STUFFED ARTICLES**

Application is made for registration in accordance with the Public Health Act and regulation made thereunder.

If you are an importer or agent applying on behalf of the manufacturer, please attach your mailing address and contact information on a separate

For office use only_CB/ _____ Amt.\$ _____	
Corp.Br.Ck.(file no.) _____	
Registration Number(s):	
1. _____	2. _____
3. _____	4. _____
DATE ISSUED: _____	

APPLICANT: _____

ADDRESS: _____

Postal Code _____

Tel No. _____

This applicant is:			
a) a sole proprietorship	owned by the following person:		
b) a partnership	comprised of the following persons:		
c) a corporation	of which the following persons are directors, officers or both:		
Surname	First and Middle Names	Full Postal Address	Position Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Types of Upholstered or Stuffed Articles:			
Furniture	Bedding	Sports Equipment	Cushions
Clothing	Toys	Pillows	Other (specify) _____

If the applicant presently registered in another province(s)?		YES	NO
If "YES", specify numbers.			
	Quebec	Ontario	
Numbers			

MANITOBA PROVINCIAL SALES TAX LICENSE NUMBER (IF APPLICABLE) _____

Check Nature of Business	
MANUFACTURER - \$400.00 PER NUMBER	HOME HOBBY CRAFT OPERATOR - \$20.00 PER NUMBER
RENOVATOR - \$85.00 PER NUMBER	
Dated on (mm/dd/yyyy) _____	
Signature of Applicant _____	

Forward to: Consumers' Bureau
Department of Consumer Affairs
302 - 258 Portage Avenue
Winnipeg, Manitoba, R3C 0B6
Phone: 1-204-945-3800
Fax: 1-2-4-945-0728

with cheque, money order, Master Card or Visa in the appropriate amount in Canadian funds and made payable to:
Minister of Finance, Government of Manitoba

