

**APPLICATION FOR REGISTRATION**

PURSUANT TO

**"THE RETAIL SALES TAX ACT"****Manitoba  
Finance**

**INSTRUCTIONS AND EXPLANATIONS FOR THE PROPER COMPLETION OF THE  
APPLICATION FOR REGISTRATION UNDER "THE RETAIL SALES TAX ACT"**

This application form is to be completed in duplicate. The original should be PROMPTLY forwarded to THE DEPARTMENT OF FINANCE, TAXATION DIVISION, ROOM 101 NORQUAY BUILDING, WINNIPEG, MANITOBA, R3C 4G4; the copy should be retained for your records.

**FOR DIRECT INQUIRIES, TELEPHONE:**

**IN WINNIPEG** ..... **945-5603**

**IN MANITOBA (TOLL FREE)** ..... **1-800-782-0318**

After your application has been approved, a retail sales tax (RST) number or a permit will be mailed to you.

1. Please indicate the full legal name of the business or organization; that is, the name under which the business is registered with any municipal, provincial or other government authority.
2. Please insert the name of the business as it is known by its customers. For example, "The International Development and Construction Company Limited," may carry on business as "American Construction" and in such case the answer to item "2" should be shown as "American Construction." Another example is "The Middleton Groceteria Company Limited" which may carry on business as "Middleton's Corner Store." In this case the answer to item "2" should indicate "Middleton's Corner Store."
3. Please indicate the complete address of the main location at which business is carried on, including the six digit POSTAL CODE.
4. If it is desired to have forms and other notices mailed to an address other than the main location of business, such address should be shown here, including the six digit POSTAL CODE.
5. First Section -- Indicate in the block provided, the month of your fiscal year end.  
Second Section -- If the business operates for a certain period(s) of the year only, place an "X" in the box for the month(s) during which the business is operated. If the business operates all year, please ignore this section.
6. Place an "X" in the square describing the type of ownership that applies:  
If "A" applies, the full name and residential address of the proprietor should be shown.  
If "B" applies, the full name and residential address of each partner should be shown.  
If "C" or "D" applies, the full name and residential address of an officer of the Corporation etc., (who has signing authority) should be given, showing title.
7. Show the number of branches operated in Manitoba and attach a supplementary sheet listing the address of each branch (and name if different from item 2).
8. Place an "X" in the square following the description best suited to your particular business. Mark only one square. If any other description shown, or a description not shown, can be applied to your business, please explain on the supplementary sheet.
- 9, 10 & 11. "RETAIL SALES" for the purpose of these items are sales directly for ultimate consumption regardless of whether the selling price is at retail or wholesale.  
"TANGIBLE PERSONAL PROPERTY" means personal property that can be seen, weighed, measured, felt or touched or that is in any other way perceptible to the senses.
12. The federal Business Number (BN) is commonly referred to as the GST number. You have a BN if you have one of the following Canada Customs and Revenue Agency accounts: GST, payroll deductions, corporate income tax and/or importing/exporting taxes.
13. First Section -- Please describe the nature of the business. The main nature should be shown first, followed by the lesser aspects of the business. For example: "Drug Store with small lunch counter." The description should be as complete as possible. The following are a few examples of the nature of businesses:
 

Family Clothing and Furnishings Store	Nurseries and Landscape Gardening
Leather Goods and Handicraft Supplies	Restaurant with Banquet Rooms
Grocery Store with Sundry Hardwares	Fur Cleaning, Repair and Storage

 Second Section -- List for this section, several of your main commodities handled.
14. First Section -- Self explanatory.  
Second Section -- If answer is "No," please explain on the supplementary sheet.
15. Self explanatory.
16. If the answer to this item is "Yes" please list on the supplementary sheet the name and address of the other business(s) and if applicable, the RST Number(s), under "The Retail Sales Tax Act."
17. Self explanatory.

**Authority to Collect Information/Confidentiality of Information/Protection of Personal Information**

The authority to collect this information and its confidentiality is provided for under the Retail Sales Act.

Personal Information is protected under the Freedom of Information and Protection of Privacy Act.



## APPLICATION FOR REGISTRATION

PURSUANT TO

## "THE RETAIL SALES TAX ACT"

## DEMANDE D'INSCRIPTION

EN APPLICATION DE

« LA LOI DE LA TAXE  
SUR LES VENTES AU DÉTAIL »

COMPLETE IN DUPLICATE  
RETURN ORIGINAL TO THE RETAIL SALES TAX BRANCH.  
RETAIN THE COPY FOR YOUR RECORDS.  
REMPLISSEZ EN DOUBLE EXEMPLAIRE.  
RETOURNEZ L'ORIGINAL À LA DIVISION DES TAXES.  
CONSERVEZ LA COPIE POUR VOS DOSSIERS.

FOR DEPARTMENT USE ONLY / RÉSERVÉ AU MINISTÈRE	
DATE RECEIVED DATE DE RÉCEPTION	
REGISTRATION APPROVED APPROBATION DE L'INSCRIPTION	
REGISTRATION NUMBER NUMÉRO D'INSCRIPTION	
CLASS CODE CODE DE LA CATÉGORIE	
REGION CODE CODE DE LA RÉGION	
DISTRIBUTION CODE CODE DE LA RÉPARTITION	
REGISTRATION DATE DATE D'INSCRIPTION	

The number of each question on this form corresponds with the same number on the attached INSTRUCTION sheet. **PLEASE READ EACH QUESTION CAREFULLY REFERRING TO THESE INSTRUCTIONS AND EXPLANATIONS BEFORE COMPLETING THE FORM.** TYPE or PRINT clearly in ink in block letters and give complete answers. Where sufficient space is not provided, please attach a supplementary sheet giving full particulars, identifying each item with the corresponding number of the question below.

Le numéro de chaque question figurant sur la présente formule correspond au numéro qui apparaît sur la feuille de DIRECTIVES ci-annexée. **VEUILLEZ LIRE ATTENTIVEMENT CHAQUE QUESTION EN VOUS REPORTANT À CES DIRECTIVES ET EXPLICATIONS AVANT DE REMPLIR LA FORMULE.** DACTYLOGRAPHIEZ OU ÉCRIVEZ EN CARACTÈRES D'IMPRIMERIE clairement, à l'encre, en majuscules, et donnez des réponses complètes. Au besoin, veuillez annexer une feuille supplémentaire donnant des renseignements complets et identifiant chaque article avec le numéro correspondant à la question ci-dessous.

The Applicant Named In Item 1 Of This Form Hereby Makes Application For Registration Under "The Retail Sales Tax Act" And Agrees To Accept The Responsibilities As Set Out In The Act.

L'auteur de la demande, nommé désigné à l'article 1 de la présente formule, fait la présente demande d'inscription en application de la « Loi de la taxe sur les ventes au détail » et consent à assumer les responsabilités énoncées dans la Loi.

1. LEGAL NAME OF BUSINESS LA DÉNOMINATION LÉGALE DE L'ENTREPRISE	
2. OPERATING NAME (IF DIFFERENT FROM THE LEGAL NAME) NOM COMMERCIAL (S'IL DIFFÈRE DE LA DÉNOMINATION LÉGALE DE L'ENTREPRISE)	TELEPHONE NUMBER / NUMÉRO DE TÉLÉPHONE

3. LOCATION OF BUSINESS ADRESSE DE L'ENTREPRISE			
STREET AND NUMBER / RUE ET NUMÉRO	CITY OR TOWN, ETC. / VILLE OU MUNICIPALITÉ, ETC.	PROVINCE / PROVINCE	POSTAL CODE / CODE POSTAL

4. ADDRESS TO WHICH ALL FORMS AND NOTICES SHOULD BE MAILED ADRESSE À LAQUELLE LES FORMULES ET LES AVIS DOIVENT ÊTRE EXPÉDIÉS PAR LA POSTE			
STREET AND NUMBER / RUE ET NUMÉRO	CITY OR TOWN, ETC. / VILLE OU MUNICIPALITÉ, ETC.	PROVINCE / PROVINCE	POSTAL CODE / CODE POSTAL

5. FISCAL YEAR END (MONTH) FIN DE L'EXERCICE (MOIS)	IF THE BUSINESS OPERATES ON A SEASONAL BASIS PLACE AN "X" IN THE BOX FOR THE MONTH(S) OPENED SI L'ENTREPRISE EST EXPLOITÉE SUR UNE BASE SAISONNIÈRE, METTEZ UNE CROIX - X - DANS LES CASES APPROPRIÉES.	JAN. JANV.	FEB. FÉVR.	MARCH MARS	APRIL AVRIL	MAY MAI	JUNE JUIN	JULY JUIL.	AUG. AOÛT	SEPT. SEPT.	OCT. OCT.	NOV. NOV.	DEC. DEC.
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6. TYPE OF OWNERSHIP TYPE DE PROPRIÉTÉ	(A) INDIVIDUAL PROPRIETOR PROPRIÉTAIRE PARTICULIER <input type="checkbox"/>	(B) PARTNERSHIP SOCIÉTÉ EN NOM COLLECTIF <input type="checkbox"/>	(C) CORPORATION CORPORATION <input type="checkbox"/>	(D) OTHER (PLEASE EXPLAIN) AUTRE (VEUILLEZ PRÉCISER) <input type="checkbox"/>
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PLEASE INDICATE NAME AND RESIDENTIAL ADDRESS(S) OF INDIVIDUAL PROPRIETOR, ALL PARTNERS, OR AN OFFICER OF THE CORPORATION ETC., (WHO HAS SIGNING AUTHORITY), REFER TO THE ATTACHED INSTRUCTIONS AND EXPLANATIONS.  
VEUILLEZ INDIQUER LE NOM ET L'ADRESSE RÉSIDENNELLE DU PROPRIÉTAIRE PARTICULIER, DE TOUS LES ASSOCIÉS OU D'UN DIRIGEANT DE LA CORPORATION ETC. (QUI SONT DES SIGNATAIRES AUTORISÉS). REPORTEZ-VOUS AUX DIRECTIVES.

7. NUMBER OF BRANCHES OPERATED IN MANITOBA NOMBRE DE SUCCURSALES EXPLOITÉES AU MANITOBA
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REFER TO THE INSTRUCTION SHEET / REPORTEZ-VOUS À LA FEUILLE DE DIRECTIVES

8. TYPE OF BUSINESS TYPE D'ENTREPRISE	MANUFACTURE FABRICATION <input type="checkbox"/>	CONSTRUCTION CONSTRUCTION <input type="checkbox"/>	WHOLESALE VENTE EN GROS <input type="checkbox"/>	RETAIL (MERCHANDISE) DÉTAIL (MARCHANDISE) <input type="checkbox"/>	RETAIL (SERVICE) DÉTAIL (SERVICE) <input type="checkbox"/>
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9. IF YOU HAVE NOT PLACED AN "X" IN ONE OF THE SQUARES FOR "RETAIL" IN ITEM 8, PLEASE INDICATE HERE IF ANY PORTION OF YOUR BUSINESS IS CONDUCTED AT RETAIL. SI VOUS N'AVEZ PAS MIS DE CROIX - X - DANS L'UNE DES CASES PRÉVUES À L'ARTICLE 8, VEUILLEZ INDIQUER ICI SI UNE PARTIE DE VOTRE ENTREPRISE EST EXPLOITÉE AU DÉTAIL.	YES / OUI <input type="checkbox"/>	NO / NON <input type="checkbox"/>	DO YOU SELL ANY GOODS OR SERVICES TO YOUR EMPLOYEES? VENDEZ-VOUS DES OBJETS OU DES SERVICES À VOS EMPLOYÉS?	YES / OUI <input type="checkbox"/>	NO / NON <input type="checkbox"/>
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10. DO YOU MANUFACTURE ANY TANGIBLE PERSONAL PROPERTY FOR YOUR OWN USE? FABRIQUEZ-VOUS DES BIENS PERSONNELS CORPORELS POUR VOTRE PROPRE USAGE?	YES / OUI <input type="checkbox"/>	NO / NON <input type="checkbox"/>	DO YOU PRODUCE ANY PRINTED MATTER FOR YOUR OWN USE? PRODUISEZ-VOUS DES IMPRIMÉS POUR VOTRE PROPRE USAGE?	YES / OUI <input type="checkbox"/>	NO / NON <input type="checkbox"/>	DO YOU EVER CONSUME GOODS OR SERVICES PURCHASED FOR RESALE? AVEZ-VOUS DÉJÀ CONSOMMÉ DES OBJETS OU DES SERVICES ACHETÉS POUR LA REVENTE?	YES / OUI <input type="checkbox"/>	NO / NON <input type="checkbox"/>
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11. DO YOU PURCHASE ANY TANGIBLE PERSONAL PROPERTY OUTSIDE THE PROVINCE FOR YOUR OWN CONSUMPTION OR USE IN MANITOBA? ACHÉTEZ-VOUS DES BIENS PERSONNELS CORPORELS À L'EXTÉRIEUR DE LA PROVINCE POUR VOTRE PROPRE CONSOMMATION OU USAGE AU MANITOBA?	YES / OUI <input type="checkbox"/>	NO / NON <input type="checkbox"/>	IF ANSWER IS "YES", DOES THE VALUE OF SUCH PURCHASES EXCEED \$100.00 IN EACH OF TWO MONTHS OR MORE DURING A CALENDAR YEAR? SI LA RÉPONSE EST « OUI », EST-CE QUE LA VALEUR DE CES ACHATS EXCÈDE 100 \$ À TOUS LES 2 MOIS OU PLUS PENDANT L'ANNÉE CIVILE?	YES / OUI <input type="checkbox"/>	NO / NON <input type="checkbox"/>
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12. FEDERAL BUSINESS NUMBER (GST#): NUMÉRO D'ENTREPRISE FÉDÉRAL (N° DE TPS):
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13. NATURE OF BUSINESS / NATURE DE L'ENTREPRISE	MAIN COMMODITIES HANDLED. / PRINCIPALES MARCHANDISES MANUTENTIONNÉES
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14. DATE BUSINESS COMMENCED DATE DU COMMENCEMENT DE L'ENTREPRISE	DAY / JOUR	MONTH / MOIS	YEAR / ANNÉE	ARE THE FIXTURES AND/OR EQUIPMENT USED IN THE OPERATION OF THIS BUSINESS THE PROPERTY OF THE APPLICANT NAMED IN ITEM 1? EST-CE QUE LES OBJETS FIXÉS À DEMEURE OU LE MATÉRIEL OU LES DEUX, UTILISÉS POUR L'EXPLOITATION DE L'ENTREPRISE, APPARTIENNENT À L'AUTEUR DE LA DEMANDE NOMMÉMENT DÉSIGNÉ À L'ARTICLE 1?	YES / OUI <input type="checkbox"/>	NO / NON <input type="checkbox"/>
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15. NAME AND ADDRESS OF PUBLIC ACCOUNTANT OR AUDITOR. / NOM ET ADRESSE DU VÉRIFICATEUR OU DU COMPTABLE PUBLIC
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16. DOES THE APPLICANT NAMED IN ITEM 1, OPERATE OR HOLD AN INTEREST IN ANY OTHER BUSINESS? EST-CE QUE L'AUTEUR DE LA DEMANDE NOMMÉMENT DÉSIGNÉ À L'ARTICLE 1 EXPLOITE UNE AUTRE ENTREPRISE OU A UN INTÉRÊT DANS UNE AUTRE ENTREPRISE?	YES / OUI <input type="checkbox"/>	NO / NON <input type="checkbox"/>	IF ANSWER IS "YES", PLEASE REFER TO THE ATTACHED INSTRUCTIONS AND EXPLANATIONS. SI LA RÉPONSE EST « OUI », VEUILLEZ VOUS REPORTER AUX DIRECTIVES ET EXPLICATIONS CI-JOINTES.
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17. HAVE YOU PREVIOUSLY BEEN REGISTERED UNDER "THE RETAIL SALES TAX ACT"? AVEZ-VOUS ÉTÉ INSCRIT PRÉCÉDEMMENT EN APPLICATION DE LA « LOI SUR LA TAXE DE VENTE AU DÉTAIL »?	YES / OUI <input type="checkbox"/>	NO / NON <input type="checkbox"/>	IF "YES" WHAT NAME WAS THE BUSINESS CONDUCTED UNDER? SI LA RÉPONSE EST « OUI », SOUS QUELLE RAISON SOCIALE ÉTAIT-CE?	REGISTRATION NUMBER NUMÉRO D'INSCRIPTION
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## ● CERTIFICATION: / ATTESTATION :

The Above Statements Are Hereby Certified To Be True And Correct To The Best Knowledge And Belief Of The Undersigned.  
Le soussigné atteste par les présentes que les renseignements fournis ci-dessus sont, autant qu'il sache, vrais et exacts.

Date / Faite le \_\_\_\_\_ 20\_\_\_\_ Signature / Signature \_\_\_\_\_

Title / Titre \_\_\_\_\_

ORIGINAL TO BE RETURNED  
ORIGINAL À RETOURNER