

# APPLICATION FOR LICENCE

## CONSUMER PROTECTION ACT

THIS APPLICATION IS FOR AN:     INITIAL     RENEWAL ►

Vendor Licence     
  Direct Seller Licence     
  Collection Agent Licence

If application is for **renewal**, complete sections **1, 2, 5, 6** and the affidavit and indicate any change of information from last year's application

**1. (a) To be completed if applicant is an INDIVIDUAL or PARTNERSHIP. (If the applicant is a partnership, the following information is to be completed for each partner.)**

NAME OF APPLICANT	NAME OF APPLICANT
ADDRESS OF RESIDENCE(S) FOR LAST THREE YEARS	ADDRESS OF RESIDENCE(S) FOR LAST THREE YEARS

**EMPLOYMENT HISTORY** (Three years for applicants for vendor and collection agent licences; five years for applicants for direct seller licence.)

NAME OF EMPLOYER		NAME OF EMPLOYER	
MAILING ADDRESS		MAILING ADDRESS	
POSITION HELD	FROM: TO:	POSITION HELD	FROM: TO:
NAME OF EMPLOYER		NAME OF EMPLOYER	
MAILING ADDRESS		MAILING ADDRESS	
POSITION HELD	FROM: TO:	POSITION HELD	FROM: TO:
NAME OF EMPLOYER		NAME OF EMPLOYER	
MAILING ADDRESS		MAILING ADDRESS	
POSITION HELD	FROM: TO:	POSITION HELD	FROM: TO:

**1. (b) To be completed if applicant is a CORPORATION.**

CORPORATE NAME (Attach certificate of status from Registrar of Companies, Government of the Northwest Territories.)

Provide the following information with respect to all directors of the corporation: NAME, MAILING ADDRESS, LENGTH OF TIME DIRECTORSHIP HELD. (Attach list.)

**2. (a) To be completed by applicants for VENDOR and COLLECTION AGENT licences.**

BUSINESS NAME	PHONE NO. (Head Office) (    )
HEAD OFFICE MAILING ADDRESS	
ADDRESS OF PRINCIPAL PLACE OF BUSINESS IN NORTHWEST TERRITORIES	PHONE NO. (    )
ADDRESS OF BRANCH OFFICES IN THE NORTHWEST TERRITORIES	PHONE NO. (    )
	PHONE NO. (    )
MAILING ADDRESS in the Northwest Territories for service of notices under the <b>Consumer Protection Act</b> : (If mailing address does not contain a street address where notices may be served personally, also set out a street address.)	
	PHONE NO. (    )

Applicant for a VENDOR licence. Describe goods or services intended to be sold in the Northwest Territories:

**2. (b) To be completed by applicants for a DIRECT SELLER licence.**

(A) NAME OF YOUR VENDOR	MAILING ADDRESS OF YOUR VENDOR
ESTIMATED AMOUNT OF AVERAGE RETAIL SALE OR RETAIL HIRE-PURCHASE TO BE MADE UNDER LICENCE APPLIED FOR: \$	

(B) Are you presently selling goods or services in the Northwest Territories for a vendor other than the vendor described in paragraph (A)?     YES     NO

IF YES, state name and mailing address of vendor:

Describe goods or services sold:

STATE APPROXIMATE AMOUNT OF AVERAGE RETAIL SALE OR RETAIL HIRE-PURCHASE TO BE MADE FOR THIS VENDOR: \$

**3. Provide the names and following information for two people who can be contacted for a business reference for each applicant referred to in subsection 1. (a)**

NAME	MAILING ADDRESS	
BUSINESS/OCCUPATION		PHONE NO.
NAME	MAILING ADDRESS	
BUSINESS/OCCUPATION		PHONE NO.

**4. Is the applicant presently licensed outside of the Northwest Territories as: (IF YES, specify jurisdictions.)**

a VENDOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
a DIRECT SELLER? <input type="checkbox"/> YES <input type="checkbox"/> NO
a COLLECTION AGENT? <input type="checkbox"/> YES <input type="checkbox"/> NO

**5. In the following questions "applicant" includes all applicants and any director or manager of a corporation that is an applicant.**

(a) Has the applicant been convicted of any offense against the <b>Criminal Code</b> (Canada) or against the <b>Consumer Protection Act</b> , or of any other offence committed in Canada that involves a dishonest act or intent on the part of the offender?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(b) Is the applicant an undischarged bankrupt?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(c) Has the applicant been, within the preceding ten years, a bankrupt or a director of a corporation that became bankrupt while applicant was a director where, in each case, the creditors in the bankruptcy have not been paid in full?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(d) Has the applicant had a licence issued under the <b>Consumer Protection Act</b> cancelled or a current licence issued under the Act suspended?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(e) Where the application is for a Vendor or Collection Agent licence, has a judgement been issued against the applicant that has not been satisfied?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If the answer to any of the above is YES, give particulars:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Applicant for VENDOR licence:**

Have the goods or services you are intending to sell in the Northwest Territories been sold by you in the Northwest Territories before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, number of years goods or services sold in the Northwest Territories: _____ year(s) Last fiscal year of sales: from: _____ to: _____	
Total retail sales in the Northwest Territories for the last fiscal year: <input type="checkbox"/> 0 - \$49,999 <input type="checkbox"/> \$50,000 – 149,999 <input type="checkbox"/> \$150,000 – 249,999 <input type="checkbox"/> \$250,000 – 499,999 <input type="checkbox"/> \$500,000 or more	

**7. Applicant for VENDOR licence: (This section is optional.)**

The following people have authority to indicate to the Director that an applicant for a direct seller licence is authorized to represent the vendor.

NAME	NAME
MAILING ADDRESS	MAILING ADDRESS
SPECIMAN SIGNATURE	SPECIMAN SIGNATURE

**SIGNATURE:** (If applicant is a partnership, all partners to sign; if applicant is a corporation, authorized signing officers to sign and corporate seal to be affixed.)

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

**This AFFIDAVIT is to be completed by ALL applicants.**

\_\_\_\_\_ } In the matter of an application for licence or renewal  
 CANADA } of a licence under the **Consumer Protection Act.**  
 \_\_\_\_\_ }  
Province or Territory

I, \_\_\_\_\_ of the \_\_\_\_\_  
 of \_\_\_\_\_ in the \_\_\_\_\_  
 make an oath that

1. I am applicant or an officer or director of a corporation that is an applicant named in the above application.
2. To the best of my knowledge, the information set out in the application is true and correct.

Sworn before me at the \_\_\_\_\_  
 of \_\_\_\_\_  
 in the \_\_\_\_\_  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

} \_\_\_\_\_  
 Applicant

\_\_\_\_\_  
 Officer entitled to take oaths for use in the Northwest Territories

Nature of office: \_\_\_\_\_

<p><b>INSTRUCTIONS:</b> Complete this form in duplicate. Retain a copy for reference when applying for a renewal of licence. Forward original together with prescribed fee to: </p>	<p><b>CONSUMER SERVICES, COMMUNITY OPERATIONS                  DEPARTMENT OF MUNICIPAL &amp; COMMUNITY AFFAIRS                  GOVERNMENT OF THE NORTHWEST TERRITORIES                  600, 5201-50<sup>TH</sup> AVE, NORTHWEST TOWER                  YELLOWKNIFE, NT X1A 3S9</b></p>
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Where the application is for a **VENDOR** or a **COLLECTION AGENT** licence, attach bond required by Section 84 or 85 of the **Consumer Protection Act.**