





**Service Nova Scotia and Municipal Relations  
Business Licensing and Registration**

**Personal Application:**

*Please check the appropriate item.*

| Type of Activity   | Governing Legislation                 |
|--|---------------------------------------|
| <input type="checkbox"/> Collector   | Collection Agencies Act               |
| <input type="checkbox"/> Direct Seller Salesperson<br><input type="checkbox"/> Hearing Aid Salesperson   | Direct Sellers' Regulation Act        |
| <input type="checkbox"/> Cemetery Lot Salesperson<br><input type="checkbox"/> Pre-arranged Funeral Salesperson<br><input type="checkbox"/> Pre-need Cemetery Plan Salesperson          | Cemetery and Funeral Services Act     |
| <input type="checkbox"/> Funeral Director<br><input type="checkbox"/> Apprentice Funeral Director<br><input type="checkbox"/> Embalmer<br><input type="checkbox"/> Apprentice Embalmer | Embalmers' and Funeral Directors' Act |

**1. Name and address of business where you will be employed:**

\_\_\_\_\_  
Name of business

\_\_\_\_\_  
Unit/Suite#

\_\_\_\_\_  
Street Name and Number

\_\_\_\_\_  
City/Town/County

\_\_\_\_\_  
Province

\_\_\_\_\_  
Country

\_\_\_\_\_  
Postal Code

**2. Prospective employer's Nova Scotia Registry of Joint Stock Companies #:** \_\_\_\_\_

**3. Your date of birth:** Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**4. Have you previously been licensed or registered?** No \_\_\_ Yes \_\_\_

If yes, give full particulars: \_\_\_\_\_

**5. Have you ever had any licence refused, suspended or revoked?** No \_\_\_ Yes \_\_\_

If yes, give full particulars: \_\_\_\_\_

**6. Have you ever been involved in a personal or corporate bankruptcy?** No \_\_\_ Yes \_\_\_

If yes, give full particulars including, the date of discharge, and the trustee's name and phone number:

\_\_\_\_\_

\_\_\_\_\_

**7. Do you have any unpaid judgements outstanding?** No \_\_\_ Yes \_\_\_

If yes, give full particulars: \_\_\_\_\_

**8. Has the applicant ever been convicted of an offence under the law and not been pardoned?** No \_\_\_ Yes \_\_\_

If yes, give full particulars: \_\_\_\_\_

**9. Has the applicant ever been disciplined by a professional/occupation organization?** No \_\_\_ Yes \_\_\_

If yes, give full particulars: \_\_\_\_\_

**10. Your employment history during the past 3 Years (Include period(s) of unemployment, etc.)**

| Name of Employer | Address of Employer | Type of Business of Employer | Nature of Employment | Period of Employment (Give Dates) |
|------------------|---------------------|------------------------------|----------------------|-----------------------------------|
|                  |                     |                              |                      | MM/DD/YYYY<br>From: To:           |
|                  |                     |                              |                      | Fr<br>To                          |
|                  |                     |                              |                      | Fr<br>To                          |
|                  |                     |                              |                      | Fr<br>To                          |
|                  |                     |                              |                      | Fr<br>To                          |

**I the undersigned hereby confirm the information presented to be correct to the best of my knowledge, agree to abide by the Acts and Regulations governing the Licence or Permit being applied for, and authorize Service Nova Scotia and Municipal Relations to verify the information given or supplied as part of this application with the appropriate sources.**

**Authorized Signature:**

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

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Name of Applicant (Please print)

## **CERTIFICATE OF EMPLOYER OR SPONSOR**

**I, \_\_\_\_\_, hereby certify that I have reviewed all of the information provided by \_\_\_\_\_ in the foregoing application. I further certify that the Applicant, if granted a license, is authorized to represent \_\_\_\_\_ and that employment or sponsorship will not commence until I receive his/her license certificate.**

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

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Title of Signing Official**

\_\_\_\_\_  
**PRINT NAME**

**Address of employer or sponsor**

\_\_\_\_\_  
**Street #**

\_\_\_\_\_  
**Street Name**

\_\_\_\_\_  
**Unit/Suite/Apt #**

\_\_\_\_\_  
**City/Town/County**

\_\_\_\_\_  
**Province**

\_\_\_\_\_  
**Country**

\_\_\_\_\_  
**Postal Code**

