

Application for Registration of a Business Name, Sole Proprietorship or Partnership in Nova Scotia

Partnerships and Business Names Registration Act

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Business name:			
Business location			
n Nova Scotia:	(civic number and street)	(apt /	suite / unit)
	(town or municipality)	NS (province)	(postal code)
Apiling address	(term of manopanty)	(p.e.mes)	(postal octo)
Mailing address if different rom above):	(number and street, PO box, etc.)	(apt /	suite / unit)
Marker	(town or municipality)	(province or state)	(postal code)
Attention:	(first name and middle initial)	(last n	ame)
Clearly describe your business activities: This business name h	as been in use by the owners since:	(vear / month / day)	
ousiness activities:	as been in use by the owners since:	(year / month / day)	
ousiness activities: Γhis business name h	as been in use by the owners since:		
The information in Do you already hav	-	e public.	☐ If yes, check bo
The information in Do you already have from the Canada Co	this box will not be made available to the e a Business Number (HST/GST number	e public. or payroll number)	☐ If yes, check bo
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Recognized Agent

Sole proprietors who live in Nova Scotia are not required to have an agent. All others must appoint an agent. If a business has a Recognized Agent, all correspondence from the Registry will go to that agent unless the Registry is given written instructions to the contrary.

The Recognized Agent must be resident in Nova Scotia. Service upon the Recognized Agent of any writ, summons, process, notice or other document shall be deemed to be sufficient upon the company, and this appointment shall remain in force until notice in writing by the company that the individual has ceased to be the Recognized Agent is filed with the Registry.

Recognized agent:	(C) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	-		
Obide address	(first name and middle initial)	(last na	ame)	
Civic address in Nova Scotia:		,	· · · · · · · · · · · · · · · · · · ·	
	(civic number and street)	(apt / sui	te / unit)	
_	(Azvers an asveriain alide)	NS	(nootal anda)	
	(town or municipality)	(province)	(postal code)	
Mailing address (if different			· · · · · · · · · · · · · · · · · · ·	
from above):	(number and street, PO box, etc.)	(apt / sui	te / unit)	
_	(town or municipality)	(province)	(postal code)	
Proprietor /Partners	All partners in a partnership must be listed	1.		
			If you are under 19, enter your birth	hdate
Proprietor or partner:	(Contraction of winds to the D	(14		
	(first name and middle initial)	(last name)	(year / month / day)	
Residential				
address:	(civic number and street)	(apt	t / suite / unit)	
-	(town or municipality)	(province or state)	(postal code)	
			If you are under 19, enter your birth	hdate
Partner:	(Sizeh neme and middle initial)	(last rame)		
	(first name and middle initial)	(last name)	(year / month / day)	
Residential				
address:	(civic number and street)	(apt	t / suite / unit)	
-	(town or municipality)	(province or state)	(postal code)	

Nova Scotia Registry of Joint Stock Companies, PO Box 1529, Halifax, N.S., B3J 2Y4



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Proprietor /Partners	All partners in a partnership must be lis	ted.	If you are under 19, enter your birthdate
Proprietor or partner:			
-	(first name and middle initial)	(last name)	(year / month / day)
Residential			
address:	(civic number and street)	(apt	/ suite / unit)
	(town or municipality)	(province or state)	(postal code)
			If you are under 19, enter your birthdate
Partner:	(Find a real and all districts)	(last asses)	
	(first name and middle initial)	(last name)	(year / month / day)
Residential address:			
addiess.	(civic number and street)	(apt	/ suite / unit)
	(town or municipality)	(province or state)	(postal code)
Proprietor or partner:			If you are under 19, enter your birthdate
-	(first name and middle initial)	(last name)	(year / month / day)
Residential			
address:	(civic number and street)	(apt	/ suite / unit)
-	(town or municipality)	(province or state)	(postal code)
			lf you are under 19, enter your birthdate
Partner:			
-	(first name and middle initial)	(last name)	(year month day)
Residential			
address:	(civic number and street)	(apt	/ suite / unit)
-	(town or municipality)	(province or state)	(postal code)



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ncorporated Partners Fill in th	nis section if one or more of the partners	s is an incorporated company.
	company listed here must be registered votock Companies.	with the Nova Scotia Registry of
ncorporated partner:		
	(name of company)	(Registry of Joint Stock Companies number)
ame of person signing for the	company:*	
		(type or print)
	(position	on held in company)
Only a Director or an Officer on file wi state the position (for example, Treasu	ith the Registry can sign for a Nova Scotia compa urer); if not, put Director.	any. If an Officer,
Declaration All partners	s in the business (or the proprietor) mus	st sign this declaration.
	inia farma ia turra anal aruthanina any af tha	
	this form is true and authorize any of the	
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