

**OFFICE OF THE ATTORNEY GENERAL**  
**Consumer, Corporate and Insurance Services**  
**P. O. Box 2000, Charlottetown, PE C1A 7N8**  
**Tel: 902 368 4550 Fax: 902 368 5283**

**APPLICATION FOR VENDOR'S LICENSE**  
(Pursuant to the *Direct Sellers Act* R.S.P.E.I. 1988, Cap. D-11)

1. Name of Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Address for Service in PEI: \_\_\_\_\_
2. Jurisdiction where business incorporated or otherwise formed: \_\_\_\_\_
3. Indicate with an "X" whether applicant is: a corporation \_\_\_\_\_ a sole proprietorship \_\_\_\_\_  
a partnership \_\_\_\_\_ other (specify) \_\_\_\_\_
4. If applicant is a corporation, names and addresses of officers are as follows:  
President: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Vice-President: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Secretary-Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Provide list of additional officers, if any, on a separate sheet.**

5. If applicant is a partnership, attach a list of the names and addresses of all partners.

6. Has applicant ever applied for a vendor's license to do direct selling before?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate when and where.

\_\_\_\_\_

7. Has applicant ever been refused a vendor's license, or has it ever been suspended or cancelled in any province or other jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details.

\_\_\_\_\_

8. Please list the goods and services offered for sale in Prince Edward Island.

\_\_\_\_\_

9. A \$5,000.00 Surety Bond issued by a recognized surety company may be required in respect of a vendor and a \$1,000.00 Surety Bond may be required in respect of a salesperson. The Registrar may exercise discretion in regard to these requirements and applicants will be advised accordingly by the Registrar's Office.

10. Has applicant or any of the officers of the applicant been convicted of a criminal offence within the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details.

\_\_\_\_\_

I, \_\_\_\_\_ am authorized to make this application on behalf of  
(Print Name of Signing Officer)

\_\_\_\_\_ and certify that the information given in this application is correct.  
(Print Name of Vendor Firm)

DATE: \_\_\_\_\_  
(Signature of Signing Officer)

\_\_\_\_\_  
(Title of Signing Officer)

**Please complete and return application with the license fee which is \$100.00 for a 2 year period payable to the Provincial Treasurer**

OFFICE USE ONLY

LICENSE NO.	ISSUED:	EXPIRES:	BOND:
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