



Note: Please type or print when completing this form.

For assistance in completing this form refer to the telephone directory blue pages for the Ontario Tax Office telephone number.

1. Legal Name

Check the box that applies to your business and enter the appropriate name in the space below.

- Proprietorship (One Owner) - full name of owner (e.g. "John F. Smith")
- Partnership (More than one Owner) - full name of two principal partners (e.g. "John G. Jones and Jane S. Doe")
- Corporation (An Incorporated Business) - full corporate name, no abbreviations (e.g. "Future Ontario Limited" rather than "Future Ont. Limited")
- Association - full names of any two members/officers

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If a corporation enter number shown on Certificate of Incorporation issued by the Companies Branch, Ontario Ministry of Consumer and Commercial Relations.

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2. Business or Trade Name

If the same name as Legal Name check (✓) this box OR complete ▼

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3. Business Address and Telephone

Street No./Street Name/Suite No./Apt. No. or Lot No./Concession and Township		
Post Office/City/Town or Village/R.R. No.	Fax No. (include Area Code)	
Province	Postal Code	Telephone No. (include Area Code)

Do you have more than one Ontario business location?
 Yes No If yes, attach a list of all locations.

4. Mailing Address (where tax returns and tax information can be sent.)

If identical to Business Address please check (✓) this box OR complete ▼

Street No./Street Name/Suite No./Apt. No. or Lot No./Concession and Township		
Post Office/City/Town or Village/R.R. No.		
Province	Postal Code	Telephone No. (include Area Code)

5. Home Address and Telephone

Enter the Name, Title, Home Address of the Owner; or two Partners, or two Officers of the Corporation; or two Members/Officers of the Association.

Name	Title		
Street No./Street Name/Suite No./Apt. No. or Lot No./Concession and Township			
Post Office/City/Town or Village/R.R. No.	Province	Postal Code	Telephone No. (include Area Code)

Name	Title		
Street No./Street Name/Suite No./Apt. No. or Lot No./Concession and Township			
Post Office/City/Town or Village/R.R. No.	Province	Postal Code	Telephone No. (include Area Code)

6. Do you already have a Retail Sales Tax Vendor Permit?

Yes No If yes, enter permit number.

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7. Are you purchasing an existing business?

Yes No If yes, give trade name and retail sales tax vendor permit number of previous business.

Closing Date of Previous Business (if applicable)

Trade Name	Permit Number
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8. Enter date business commences under your ownership.

Year	Month	Day

9. Describe the type of business you will be operating: if it will be full-time part-time and type of items sold, etc.

Full-Time	Part-Time

10. Do you prefer communication in French?

Yes No

11. Please complete this section if your business does not operate for a full 12 months.

A. Operating for 1 day only

B. If operating less than 30 days
From: To:

C. If operating less than 12 months, enter "X" in each box for the months you are open.

Year	Month	Day

Year	Month	Day	Year	Month	Day

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

12. Bank Name and Address (where you have your business account)

Name			
Address			
City	Province	Postal Code	Telephone No. (include Area Code)

13. This application must be signed by:

- (a) the Owner, if a proprietorship
- (b) two Partners, if a partnership
- (c) two Officers, if a corporation
- (d) two Members/Officers, if an association

The above statements are hereby certified to be true and correct to the best of my knowledge.

Signature	Title	Date
Signature	Title	Date

Personal information on this form is collected under the authority of Section 5 of the *Retail Sales Tax Act*, R.S.O. 1990 R31 and will be used for the purposes of registering the applicant and issuing a retail sales tax vendor permit. Questions about this collection may be directed to the Ministry Information Centre at 1-800-263-7965.