



APPLICATION FOR VENDOR, DIRECT SELLER OR COLLECTION AGENT 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: |
| | |
| NAME OF EMPLOYER | NAME OF EMPLOYER |
| MAILING ADDRESS | MAILING ADDRESS |
| | |
| POSITION HELD | FROM: TO: |
| | |
| NAME OF EMPLOYER | NAME OF EMPLOYER |
| MAILING ADDRESS | MAILING ADDRESS |
| | |
| POSITION HELD | FROM: TO: |
| | |

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

CORPORATE NAME (Attach certificate of status from Legal Registries, Government of Nunavut (867) 975-6590.)

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 NUNAVUT | PHONE NO. () |
| ADDRESS OF BRANCH OFFICES IN NUNAVUT | PHONE NO. () |
| | PHONE NO. () |
| MAILING ADDRESS in Nunavut for service of notices under the <u>Consumer Protection Act</u> : (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 Nunavut:

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 Nunavut for a vendor other than the vendor described in paragraph (A)? <input type="checkbox"/> YES <input type="checkbox"/> 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 | EMAIL ACCOUNT PHONE NO. |
| | |
| NAME | MAILING ADDRESS |
| BUSINESS/OCCUPATION | EMAIL ACCOUNT PHONE NO. |
| | |

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

a VENDOR? YES NO

a DIRECT SELLER? YES NO

a COLLECTION AGENT? YES 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 Criminal Code (Canada) or against the Consumer Protection Act , 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 Consumer Protection Act 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 Nunavut been sold by you in Nunavut before? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If YES, number of years goods or services sold in Nunavut: _____ year(s) Last fiscal year of sales: from: _____ to: _____ | |
| Total retail sales in Nunavut 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.

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

_____ }
Province or Territory

I, _____ of _____ the _____
of _____ in _____ the _____
_____ make an oath that

- I am applicant or an officer or director of a corporation that is an applicant named in the above application.
- 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>INSTRUCTIONS: Complete this form in duplicate.</p> <p>Retain a copy for reference when applying for a renewal of licence. Forward original together with prescribed fee to: </p> | <p>CONSUMER AFFAIRS SECTION, POLICY DIVISION DEPARTMENT OF COMMUNITY & GOVERNMENT SERVICES, 267 Qaiqtuq Building, 7th Ave. GOVERNMENT OF NUNAVUT P.O. BOX 440 BAKER LAKE, NU X0C 0A0</p> |
|--|--|

Where the application is for a **VENDOR** or a **COLLECTION AGENT** licence, attach bond required by Section 102 or 103 of the **Consumer Protection Act**.