



# APPLICATION FOR VENDOR, DIRECT SELLER OR COLLECTION AGENT LICENCE

## CONSUMER PROTECTION ACT

Form 1  
(Section 10)

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:	POSITION HELD	FROM: TO:
NAME OF EMPLOYER		NAME OF EMPLOYER	
MAILING ADDRESS		MAILING ADDRESS	
POSITION HELD	FROM: TO:	POSITION HELD	FROM: TO:
NAME OF EMPLOYER		NAME OF EMPLOYER	
MAILING ADDRESS		MAILING ADDRESS	
POSITION HELD	FROM: TO:	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 <b>Consumer Protection Act</b> : (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 <b>Criminal Code</b> (Canada) or against the <b>Consumer Protection Act</b> , 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 <b>Consumer Protection Act</b> 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 Nunavut Territory

Nature of office: \_\_\_\_\_

<p><b>INSTRUCTIONS:</b> Complete this form in duplicate. Retain a copy for reference when applying for a renewal of licence. Forward original together with prescribed fee to: </p>	<p><b>CONSUMER AFFAIRS SECTION, POLICY DIVISION                  DEPARTMENT OF COMMUNITY &amp; GOVERNMENT SERVICES, 267 Qaiqtuq Building, 7<sup>th</sup> Ave.                  GOVERNMENT OF NUNAVUT                  P.O. BOX 440                  BAKER LAKE, NU X0C 0A0</b></p>
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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.**