



**NON-INDIVIDUAL ENTERPRISE
REGISTRATION FORM**

Enterprise Type Corporation Partnership Non-Profit Government Joint Venture Trust

Registered Name

Registration Number Registration Date
Day Month Year

Trade Name

Work Phone Number

Start Date Close Date
Day Month Year Day Month Year

Fiscal Year Start Fiscal Year Close
Day Month Day Month

Resident? Yes No

MAILING ADDRESS

Street

City/Village

Postal Code

Foreign Parent Name

Street

City

Trade Type Wholesale Retail Manufacturing Service

Business Activity Banking Hotel Restaurant Insurance Transport

BANK/CREDIT UNION

Name

Street

City/Village

Account Number

Estimated Installment Amount \$

REGISTERED NAME: _____

REPRESENTATIVE INFORMATION

Representative Name

Representative Type Tax Consultant Liquidator Trustee Agent Lawyer Accountant Other

Reason for Representation Minor Liquidation Non-resident Deceased Business Legally Handicapped Other

Contact Name

Contact Title

ENTERPRISE ESTABLISHMENTS (At least one Head Office must be entered)

Name Head Office Yes No

Street City/Village Postal Code

Name Head Office Yes No

Street City/Village Postal Code

Name Head Office Yes No

Street City/Village Postal Code

Name Head Office Yes No

Street City/Village Postal Code

ENTERPRISE OWNERSHIP

Last Name	First Name	Start Date Day Month Year	% Owned
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REGISTERED NAME: _____

ENTERPRISE EMPLOYMENT				
Last Name	First Name	Start Date	End Date	Employee No.
		Day Month Year	Day Month Year	

Photocopy this page if there are more employees to add to the list. Please provide an Individual Registration form for every employee listed above.

REGISTERED NAME: _____

REGISTERED NAME

I hereby certify that the information given on this registration form is true, correct and complete in every way.

Name (Print)

TITLE

SIGNATURE

DATE

OFFICIAL USE ONLY

Taxpayer #

Enterprise #

Opening Tax \$

Penalty \$

Interest \$