Reset ?

For Office Use only

Date Issued _____

License Fee _____

License No _____

Mailed to _____

APPLICATION FOR LICENSE OR REGISTRATION CERTIFICATE

under

The Licensing Act

(a) Name of Corporation _____

(b) Address of head office, if corporation _____

_____

(c) Address and occupation, if individual applicant _____

_____

(d) If partnership, name and address of partners: _____

_____

_____

_____

(e) Jurisdiction of Incorporation _____

_____

(f) Nature of business carried on by applicant _____

_____

_____

(g) Address of applicant's principal place of business in Prince Edward Island (if applicable)

_____

_____

(h) Number of branches operated by applicant in Prince Edward Island, with location of each branch (if applicable) _____

_____

_____

_____

The above named applicant hereby declares that the information herein furnished is correct and accurate, and applies for license or registration certificate under the provisions of the Statute of Prince Edward Island.

Dated at _____ **this** _____ **day of** _____ **A.D. 20**____

Corporate Section
Consumer, Corporate and Insurance Services
Province of Prince Edward Island
PO BOX 2000
Charlottetown, PE C1A 7N8
Tel. (902) 368-4550

_____

Signature of applicant