



## APPLICATION FOR VOLUNTARY BUSINESS REGISTRATION

NEW APPLICATION     AMENDMENT     RENEWAL    BUSINESS#: \_\_\_\_\_

**BUSINESS IDENTIFICATION** *(Enter the address in Six Nations Territory. If there is an office outside of the Territory, please attach the information on a separate piece of paper)*

OFFICIAL NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

BUSINESS ADDRESS (no PO boxes): \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

MAILING ADDRESS (if different from business address): \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

### OWNERSHIP TYPE

SOLE PROPRIETORSHIP     PARTNERSHIP     OTHER (please specify) \_\_\_\_\_

**OWNER INFORMATION** *(Please provide this information for all owners, and partners of the business. If more space is needed, please attach additional information on a separate sheet of paper. Please attach a copy of photo identification for all owners.)*

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ 10-DIGIT BAND NUMBER: \_\_\_\_\_

DATE OF BIRTH (dd/mm/yyyy): \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_ WORK FAX #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME POSTAL CODE: \_\_\_\_\_ Work Email: \_\_\_\_\_

### BUSINESS INFORMATION

MANUFACTURING     CONSTRUCTION/TRADES     PROFESSIONAL SERVICES     RETAIL

PROCESSING     FOOD SERVICE     AGRICULTURE     OTHER: \_\_\_\_\_

The business has multiple locations within Six Nations Territory?  Yes     No

BRIEFLY DESCRIBE THE ACTIVITY CARRIED OUT BY THE BUSINESS: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**DISCLOSURE/DISCLAIMER**

Personal information collected by Six Nations Elected Council is used only for the purposes of managing your account. All personal information provided to Six Nations Elected Council is kept in strict confidence and is not disclosed to any outside third parties, unless required by law. Six Nations Elected Council will only use and disclose personal information internally for the original purpose for which it was obtained or for any use compatible with the original purpose for which it was obtained, except where such use may be prohibited by law.

As a person or persons authorized by the business or organization named on this application, I (we) certify that the information given on this form is true and complete to the best of my (our) knowledge. I (we) understand and agree that if the organization fails to pay for all costs incurred in relation to this application and subsequent provision of goods or services, and/or any additional charges that are deemed appropriate, I (we) agree to be held personally liable for all unpaid charges.

**TERM OF BUSINESS REGISTRATION:**     **ONE (1) YEAR**     **TWO (2) YEARS**  
**Include Payment**                            **(\$25.00)**                            **(\$50.00)**  
**with Form**

**AUTHORIZATION**

As a person authorized by the business named on this application I, \_\_\_\_\_, certify that I have read and understood the Six Nations Voluntary Business Recognition Policy and that the information given on this form is true and complete to the best of my knowledge. I authorize Six Nations Elected Council to verify the above information, and further indemnify Six Nations Elected Council from all liability resulting from this process.

**SIGNATURE:** \_\_\_\_\_                            **DATE:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_

**OFFICE USE ONLY**

- ALL FIELDS FILLED OUT**     **COPIES OF STATUS CARDS ATTACHED**     **FEE PAID**
- ADDITIONAL ADDRESSES ATTACHED**