

# STATEMENT OF REGISTRATION SOLE PROPRIETORSHIP

Telephone: 1 877 526-1526 Mailing Address: PO Box 9431 Stn Prov Govt Courier Address: 200 – 940 Blanshard Street Www.bcreg.ca Victoria BC V8W 9V3 Victoria BC V8W 3E6

## **PLEASE NOTE:**

The registration of a business name under the Partnership Act:

- · does not provide any protection for that name, and
- · does not mean that the name will be available if you decide to incorporate a company using this name.

One of the primary reasons for registration of a Proprietorship is so the public can identify and locate the individuals involved in the business. A proprietor can be one of the following: an individual, corporation or other corporate entity such as a society, cooperative, etc.

Please have your name reservation approved before submitting this statement of registration. Name Approval Request forms are available from your nearest Service BC Centre or our website at <a href="https://www.bcregistryservices.gov.bc.ca">www.bcregistryservices.gov.bc.ca</a>.

To submit your Name Approval Request electronically go to https://www.names.bcregistry.gov.bc.ca/
To register your proprietorship online go to www.bcregistry.gov.bc.ca

### **GENERAL INSTRUCTIONS**

# A. Name and Contact Information of Completing Party:

This may be used for correspondence regarding this registration. We will send a registration statement document to this email address.

#### **B.** Business Information:

**Business Name:** Enter the approved business name, not the owner's name.

Business Address: The location where the business is to be conducted in British Columbia. Enter the complete physical address. You may include general delivery, post office box, rural route, site or comp. number as part of the address, but the Registry cannot accept this information as a complete address. You must also include a postal code. If an area does not have street names or numbers, provide a description that would readily allow a person to locate your business (e.g., the 2nd house on the left side, 4 miles west on Central County Road, Creston, B.C.).

*Mailing Address:* Complete only if this address is different from the business address. A post office box or rural route number is acceptable as the mailing address.

**Business Contact Information:** Provide an email address that the business may be contacted at in the future. All future documents will be sent to this email address.

*Start Date of Business in British Columbia:* A date must be entered. The start date can be up to 10 years in the past, and up to 90 days in the future.

Nature of Business: Provide the North American Industry Classification System code (NAICS). You can find this information on the Statistics Canada website, https://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=1181553. You must provide a 6 digit number.

Please contact Statistics Canada for assistance selecting your NAICS code.

Email: infostats@statcan.gc.ca

**Telephone:**(toll free) 1-800-263-1136 (international) 1-514-283-8300

C. Proprietorship: Enter the full name of the proprietor.

If the proprietor is an individual, the individual must use a residential address.

Do not mail this form.

If you need assistance to complete this form, please phone 1 877 526-1526.

To register a proprietorship or general partnership:

Name Approval\$30.00Registration\$40.00Total\$70.00

The above fees include one certified copy. Additional certified copies are \$25.00 each.

### Freedom of Information and Protection of Privacy Act (FOIPPA):

Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the Partnership Act for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Manager of Registries Operations at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.



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	NAME APPROV	AL NO. – If known		
	NR			
A. Name and contact information	n of completing party			
FIRST NAME		NAME		
STREET	СІТУ	PROVINCE POSTAL CODE	CORPORATE REGISTRY REG	GISTRATION NUMBER
EMAIL ADDRESS		<u> </u>	NATIONAL BUSINESS NUM	BER
Please TYPE or PRINT CLEARLY.				
<b>B.</b> Business Information BUSINESS NAME				
BUSINESS ADDRESS – <i>Must be the physical</i>	location of the business in B.C., not just	a general delivery, post office box, i	rural route, site, or comp. nu	ımber
STREET		СІТҮ	PROVINC	POSTAL CODE
			British	n Columbia
MAILING ADDRESS STREET		CITY	- 220/41/6	
SINEEL		CITY	PROVING	POSTAL CODE
BUSINESS CONTACT INFORMATION –				
EMAIL ADDRESS - required	PHONE NUMBER - optional			
START DATE OF BUSINESS IN NAT BRITISH COLUMBIA YYYYY / MMM / DD	URE OF BUSINESS (North American Indust	ry Classification System codes (N/	AICS) (e.g., 445291 - Baked	goods stores)
C. Proprietorship – This is to certify t 1. PROPRIETOR NAME – State the corporate o			BUSINES:	S NUMBER (only provide if the proprietor is a company)
PROPRIETOR ADDRESS – <i>Must be a resident</i>	tial address if the proprietor is an individ	dual.	I	

# DO NOT MAIL THIS FORM

The registration of a business name under the Partnership Act does not provide any protection for that name.

It is an offence to make or assist in making a false or misleading statement in a record filed under the *Partnership Act*. A person who commits this offence is subject to a maximum fine of \$5,000.

Note: