Ontario

Ministry of Public and Business Service Delivery and Procurement

PO Box 450
Toronto ON M7A 2J6
Telephone 416-326-6203
Toll free: 1-800-889-9768

Application for Registration or Appointment

(Business) - New, Reinstatement or Renewal

Print Form | Clear Form

Note to Applicants:		FOR CPB OFFICE USE ONLY	
Bailiffs: complete sections Sole Proprietor 1 to 4; 6; 7; 9 to 19 Partnership 1 to 4; 6; 7; 9 to 19 Corporation 1 to 7; 9 to 19	**Collection Agencies and Consumer Reporting Agencies: complete sections** Sole Proprietor 1 to 4; 6; 9 to 19 Partnership 1 to 4; 6; 9 to 19 Corporation 1 to 6; 9 to 19 Branch 1 to 4; 8; 9 to 19	File Number	
		Checked By	Date (yyyy/mm/dd)
		Approved By	Date (yyyy/mm/dd)

1. The applicant hereby applies for the following: *check appropriate type*

Application for:

- ☐ Bailiff Appointment, Bailiffs Act
- ☐ Collection Agency Registration, Collection Agencies Act
- ☐ Consumer Reporting Agency Registration, Consumer Reporting Act

2. Business Application Type

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Branch (not applicable to Bailiffs)

3. Application Type

☐ New ☐ Reinstatement ☐ Renewal (not applicable to Bailiffs)

For reinstatement or renewal give previous registration number

4. For the purpose of this application the applicant provides the following information

Full Legal Name of Applicant

Ontario Corp. Number	Business Registration Number	Single Business Number

Carrying on Business as

Business Address

Unit/Suite/Apt.	Street Number	Street Name	PO Box Number

City/Town	Province	Postal Code

Telephone Number (incl. Area Code)	Fax Number (incl. Area Code)	E-mail Address

Chief Officer, Manager or Contact Person	Contact Telephone Number (incl. Area Code)

Mailing Address *(if different from Business Address)*

Unit/Suite/Apt.	Street Number	Street Name	PO Box Number

City/Town	Province	Postal Code

If a Sole Proprietor, are you a Canadian Citizen?

☐ Yes ☐ No If "No"; attach valid employment authorization document.

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CPB File Number

5. For Corporations Only *(if the shareholder is another Corporation include a fully completed form)*

Date of Incorporation (yyyy/mm/dd)	Jurisdiction of Incorporation ☐ Ontario ☐ Other *(specify)* _____	
Name of Shareholder *(include Corporation Number if applicable)*	**Address of Shareholder**	Occupation of Shareholder
Total No. of equity (voting) shares issued to date	Is the corporation entitled to offer its shares to the public? ☐ Yes ☐ No Are any of the equity (voting) shares held for a beneficial Shareholder? If yes, attach full particulars ☐ Yes ☐ No	

6. For Collection Agencies

Name of Financial Institution where trust account is maintained	Trust Account Number

Address of Financial Institution

Unit/Suite/Apt.	Street Number	Street Name	PO Box Number

City/Town	Province	Postal Code

7. For Bailiffs Only

Have you attached an *ORIGINAL* bond in the amount of $5,000.00? ☐ Yes ☐ No

This application for appointment is made for

(Name of territorial division)_____

NOTE: List qualifications to act as a bailiff *on a separate sheet* and *include résumé.*

If the application is in respect of a corporation, *include qualifications* and *résumé of each active officer and director.*

List the circumstances, which indicate that a bailiff is needed for public convenience in the territorial division where applicant wishes to be appointed.

Print Form Clear Form

CPB File Number

8. Notices and Consent under the *Freedom of Information and Protection of Privacy Act* (Applicant)

I/We understand that in order to complete and verify the information provided in this application, Ministry of Public and Business Service Delivery and Procurement may consult with licensing or regulatory authorities, government regulators or other law enforcement agencies in or out of Canada, the Registrar of Bankruptcies, credit bureaus, professional and industry associations, former or current employers, employers for whom I may be associated with while this appointment, licence or registration is valid and may collect additional relevant information.

I/We also understand that the information collected pursuant to this application or in relation to the conduct as a licensee, registrant or appointee under the Act to which this application is made, may be shared with regulating authorities or law enforcement agencies in other jurisdictions and that such information may be used in determining the license, registration or appointment status in all jurisdictions in which the applicant is licensed, registered or appointed or has applied to be licensed, registered or appointed.

I/We consent to the collection and use of this information to determine whether I am/we are and remain, or the applicant is and remains qualified for licensing, registration or appointment in all jurisdictions.

I/We further consent to the Ministry informing my/our current, subsequent or intended employer(s) of any action taken and of any information gathered in relation to this licence, registration or appointment.

Dated at _____

this _____ day of _____ 20_____.

Signature of Applicant or Authorized Signing Officer	Print Name in Full
Signature of Applicant or Authorized Signing Officer	Print Name in Full
Signature of Applicant or Authorized Signing Officer	Print Name in Full

NOTE: For Corporations, an officer must sign this application.
For Partnerships, each partner in a partnership must sign this application.
For a Sole Proprietorship, the sole proprietor must sign this application.

The public official who can answer questions about the collection of this information is:

Ministry of Public and Business Service Delivery and Procurement
PO Box 450
Toronto ON M7A 2J6
Telephone 416-326-6203
Toll free: 1-800-889-9768

9. Key Individuals

(Attach a completed copy of this page (page 3) and the following pages (page 4 & 5), for each officer, director, partner, sole proprietor)

Name

Last Name	First Name	Initial

Canadian Resident	Date of Birth *(yyyy/mm/dd)*	Sex
☐ Yes ☐ No		☐ M ☐ F

Position Held
☐ Shareholder ☐ Director ☐ Partner ☐ Sole Proprietor ☐ Other *(specify)* _____

For Bailiff or Collection Agency Applicants only
(partner, sole proprietorship or active officer or director of a corporate application must pass an examination)
I will be active in the business to which this application pertains

On _____ I successfully passed the Bailiff examination.
(date)

On _____ I successfully passed the Collection Agency examination
(date)

Residential Address

Unit/Suite/Apt.	Street Number	Street Name	PO Box Number	Registration Number

City/Town	Province	Postal Code

Telephone Number *(incl. Area Code)*	Fax Number *(incl. Area Code)*	E-mail Address

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CPB File Number

10. – 18. Key Individuals and Applicants

If the answer to any of the following questions is "YES" attach full details on a separate signed and dated sheet. Also attach any relevant documentation

It is a serious offence to make a false statement in this application. A false statement may delay the processing of this application and result in the refusal of the application and possible charges.		**Check Appropriate Response**		
		No	**Yes**	**Previously Reported**
10.	Will you be engaged, occupied, employed or associated directly or indirectly, in any other business, occupation or profession?	☐	☐ Indicate full details on a separate sheet.	☐
11.	Are you registered, licenced or appointed under this or any other legislation in any province, territory, state or country? *(other than related to a driver's licence)*	☐	☐ Indicate type, jurisdiction, registration, licence or appointment number on a separate sheet.	☐
12.	Do you currently have any unpaid judgment(s) outstanding against you? Are you or were you an officer, director or controlling shareholder of a corporation, which has any unpaid judgment(s) outstanding?	☐	☐ Submit a copy of each judgment. State amount outstanding and repayment arrangements.	☐
13.	Have you ever had a registration, licence or appointment refused, suspended, revoked or cancelled? *(other than related to a driver's licence)*	☐	☐ Indicate type, jurisdiction, registration, licence or appointment number on a separate sheet.	☐
14.	Have you ever been an officer, director or controlling shareholder of a corporation that has had a registration, licence or appointment, refused, suspended, revoked or cancelled?	☐	☐ Indicate type, jurisdiction, registration, licence or appointment number on a separate sheet.	☐
15.	Have you, in the past ten (10) years, been involved in bankruptcy proceedings, or are you now or have you been an officer, director or controlling shareholder of a corporation which has in the last ten (10) years been declared bankrupt or is currently a party to bankruptcy proceedings?	☐	☐ Attach assignment or discharge papers and a list of creditors	☐
16.	Have you ever been convicted of an offence under any law of any province, territory, state or country, or are you currently the subject of any charges? (*You do not have to disclose any offence for which a pardon has been granted under the Criminal Records Act and which has not been revoked. (A pardon is not granted simply because of the passage of time.) You do not have to disclose convictions under the Young Offenders Act, the Juvenile Delinquents Act or minor traffic violations such as speeding or parking tickets.)*	☐	☐ Indicate full details on a separate sheet.	☐
17.	Have you ever been an officer, director or controlling shareholder of a corporation which has been convicted of an offence under any law of any province, territory, state or country, or is currently the subject of any charges?	☐	☐ Indicate full details on a separate sheet.	☐
18.	Have you ever had an employment or business relationship terminated for breach of trust or confidentiality, deceit, fraud, theft, forgery, misappropriation of funds, harassment or assault or other similar conduct?	☐	☐ Indicate full details on a separate sheet.	☐

I hereby certify that the information provided is, to the best of my knowledge and belief, true.

Dated at _____

this _____ day of _____ 20_____ .

Signature of Applicant	Print Name in Full

Print Form Clear Form

CPB File Number

19. Notices and Consent under the *Freedom of Information and Protection of Privacy Act* (Individual)

I understand that in order to complete and verify the information provided in this application, Ministry of Public and Business Service Delivery and Procurement may consult with licensing or regulatory authorities, government regulators or other law enforcement agencies in or out of Canada, the Registrar of Bankruptcies, credit bureaus, professional and industry associations, former or current employers, employers for whom I may be associated with while this appointment, licence or registration is valid and may collect additional relevant information.

I also understand that the information collected pursuant to this application or in relation to the conduct as a licensee, registrant or appointee under the Act to which this application is made, may be shared with regulating authorities or law enforcement agencies in other jurisdictions and that such information may be used in determining the license, registration or appointment status in all jurisdictions in which the applicant is licensed, registered or appointed or has applied to be licensed, registered or appointed.

I consent to the collection and use of this information to determine whether I am and remain, or the applicant is and remains qualified for licensing, registration or appointment in all jurisdictions.

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