





# RETAILER NUMBER APPLICATION

## SECTION B – CORPORATION, PARTNERSHIP OR ORGANIZATION

212 Name of the Corporation, Partnership or Organization \_\_\_\_\_

213 Québec Entreprise Number (NEQ) 

1	1																		
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 or 

3	3																		
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214 Address of the Corporation, Partnership or Organization

No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. \_\_\_\_\_

Postal address (P.O. box or RR) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code 

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215 Business phone 

AREA CODE																			
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216 Extension \_\_\_\_\_

217 Fax 

AREA CODE																			
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218 Website \_\_\_\_\_

219 E-mail \_\_\_\_\_

## SECTION C – AUTHORIZED REPRESENTATIVE OF A CORPORATION, PARTNERSHIP OR ORGANIZATION

220 Authorized Representative

221  Mr.  Ms.

222 Last name \_\_\_\_\_

223 First name \_\_\_\_\_

224 SIN 

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225 Date of birth 

YEAR		MONTH		DAY															

226 Home address: No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. \_\_\_\_\_

Postal address (P.O. box or RR) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code 

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227 Home phone 

AREA CODE																			
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228 Cell phone 

AREA CODE																			
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229 E-mail \_\_\_\_\_



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## 300 Business Information

### 301 TYPE OF BUSINESS

Check off the type of business.

- Convenience store with gas                       Convenience store without gas
- Pharmacy
- Food store
- Gas station with convenience store                       Gas station without convenience store

302  Other type of business \_\_\_\_\_

303 Seasonal business:  Yes                       No  
If yes, check off a season:  Summer                       Winter

304 Customer traffic \_\_\_\_\_ clients per week

### 305 Business hours

Open 24 hours a day, 7 days a week

Monday	from	<input type="text"/>	:	<input type="text"/>	a.m. to	<input type="text"/>	:	<input type="text"/>	p.m.
Tuesday	from	<input type="text"/>	:	<input type="text"/>	a.m. to	<input type="text"/>	:	<input type="text"/>	p.m.
Wednesday	from	<input type="text"/>	:	<input type="text"/>	a.m. to	<input type="text"/>	:	<input type="text"/>	p.m.
Thursday	from	<input type="text"/>	:	<input type="text"/>	a.m. to	<input type="text"/>	:	<input type="text"/>	p.m.
Friday	from	<input type="text"/>	:	<input type="text"/>	a.m. to	<input type="text"/>	:	<input type="text"/>	p.m.
Saturday	from	<input type="text"/>	:	<input type="text"/>	a.m. to	<input type="text"/>	:	<input type="text"/>	p.m.
Sunday	from	<input type="text"/>	:	<input type="text"/>	a.m. to	<input type="text"/>	:	<input type="text"/>	p.m.

### 306 Opening Date

Already in operation

Otherwise, specify opening date

YEAR			MONTH			DAY		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 307 Language

Language of correspondence (*Check one box only*)

- French                       English

Language used if different from above \_\_\_\_\_

## 400 Required Signature

I hereby declare that all the information provided above is correct and I acknowledge that any false statement may result in the non-issuance of a retailer number.

**18+**



### 401 Representative or authorized Representative of a Corporation, Partnership or Organization

\_\_\_\_\_ Date 

YEAR			MONTH			DAY		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>