



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

--	--	--	--	--	--

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 _____



RETAILER NUMBER APPLICATION

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"/>