

CAPP Office Business Registration Form

NO FEE REQUIRED

Please check which pertains to your business

Date: _____

___ New Business ___ updated Business information ___ in home business

Full Business Name: _____

Operator's Name: _____

Name of Corporation: (if applicable) _____

Type of business: _____

Business start up date: _____

Description of products/services: _____

Street address: _____

City/Town: _____

Telephone number: _____

Fax number: _____

E-mail address: _____

Number of employees: _____

Does your business have WSIB insurance, liability and business license.
Explain which ones... _____

Business activity expected _____ per day, week, month. (circle one)

(Number of clients expected during a day, week or month)

Comments: _____