

**APPLICATION FOR A LICENCE AS A VENDOR**

1. (a) Name of applicant \_\_\_\_\_  
(business or firm name)

(b) Head office address \_\_\_\_\_ Tel.: \_\_\_\_\_  
no. street city postal code Fax: \_\_\_\_\_

(c) Address for service \_\_\_\_\_ Tel.: \_\_\_\_\_  
in Manitoba no. street city postal code Fax: \_\_\_\_\_

(d) Name and address \_\_\_\_\_ Tel.: \_\_\_\_\_  
of person in charge in Manitoba \_\_\_\_\_ Fax: \_\_\_\_\_  
no. street city postal code

2. The applicant is:
- (a) A sole proprietorship  owned by the following person:
  - (b) A partnership  comprised of the following:
  - (c) A corporation  of which the following persons are directors or officers, or both:

For each person listed in clause (a), (b) or (c), complete the following table:

Full Name (maiden name, if applicable)	Full postal address	Length of time at present residence	Position held	Date of birth	Place of birth

3. The applicant is currently licensed as a vendor (or equivalent) in the provinces of \_\_\_\_\_  
for the sale of \_\_\_\_\_

4. The applicant now applies for licence in Manitoba for the sale of the following goods or services or both (specify): \_\_\_\_\_  
\_\_\_\_\_

Form 3  
(cont'd)

5. The applicant

- (a) expects that total direct sales in Manitoba in the fiscal year will be approximately: \$ \_\_\_\_\_  
with the average sale to a customer in Manitoba being: \$ \_\_\_\_\_

**OR**

- (b) has sold these goods or services or both in Manitoba for the last \_\_\_\_\_ years and  
the total direct sales were approximately: \$ \_\_\_\_\_  
with the average sale to a customer being: \$ \_\_\_\_\_

6. The applicant intends to use the following number of direct sellers: \_\_\_\_\_

7. Has the applicant or any of the persons named in item 2

- (a) been refused a business licence or had a business licence suspended or cancelled under any federal, provincial or territorial law within the last 10 years? Yes  No

If yes, specify: \_\_\_\_\_

- (b) been convicted of an offence under any federal, provincial or territorial law within the last 10 years, or are any actions now pending? Yes  No

If yes, specify: \_\_\_\_\_

**(You may be required to provide a criminal record check.)**

- (c) been an undischarged bankrupt or been involved as owner, director or officer of any firm or business licence that within the last 10 years was declared bankrupt during the period of their involvement? Yes  No

If yes, specify: \_\_\_\_\_

8. If the applicant offers franchises or distributorships, indicate the amount of investment required \$ \_\_\_\_\_. If none, write NOT APPLICABLE.

9. The following person(s) is (are) authorized to confirm and approve applications for licences as direct sellers on behalf of the vendor:

(a) Name (in full) \_\_\_\_\_ Specimen signature \_\_\_\_\_  
Address \_\_\_\_\_

(b) Name (in full) \_\_\_\_\_ Specimen signature \_\_\_\_\_  
Address \_\_\_\_\_

I declare that the above statements are true.

(Corporate seal, if any) Per: \_\_\_\_\_  
(signature) (position or title)

Per: \_\_\_\_\_  
(signature) (position or title)

DATED AT \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

DECLARED before me at \_\_\_\_\_  
In the province of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
**Signature of a Commissioner of Oaths**  
in and for the Province \_\_\_\_\_  
My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

PLEASE COMPLETE EVERY ITEM OF THE APPLICATION

Return to: "Director, Consumer Protection Office  
302 - 258 Portage Avenue"  
Winnipeg, MB R3C 0B6

with a cheque, money order or equivalent, payable to the **Minister of Finance, Government of Manitoba**, in the amount of the fee prescribed by regulation and set out in the attached cover letter.

**NO REFUND OF THE FEE WILL BE MADE ONCE THE VENDOR'S LICENCE HAS BEEN ISSUED.**

**If the statutory declaration is made outside Manitoba, make sure that the person taking the statutory declaration has the authority to do so for a document to be used in Manitoba.**

Information is being collected under the authority of *The Consumer Protection Act* and will be used to consider this application for registration. If you have any questions regarding the application, please contact the Consumer Protection Office at (204) 945-3800 or toll free in Manitoba 1-800-782-0067. Please note that information given on this application may be verified.