



Government of Newfoundland and Labrador
Department of Finance
Taxation and Fiscal Policy Branch
Tax Administration Division

REGISTRATION INFORMATION FOR APPLICANTS OF THE UTILITY AND CABLE TELEVISION TAX

**PLEASE TYPE OR PRINT IN INK WHEN COMPLETING THIS FORM AND FORWARD TO:
TAX ADMINISTRATION DIVISION, DEPARTMENT OF FINANCE, P.O. BOX 8720, ST. JOHN'S, NL A1B 4K1**

Are you currently registered under a Tax Program? No Yes Remitter Number _____

PLEASE INDICATE BUSINESS TYPE

Proprietorship Partnership Joint Vent Association Corporation (attach copy of Certificate of Incorporation)

LEGAL NAME

TRADE NAME (if your business operates under a name other than the legal name)

COMPLETE MAILING ADDRESS

Street/Box	Town/City	Prov/State	State Postal/Zip code
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BUSINESS LOCATION ADDRESS (if different than mailing address)

Street/Box	Town/City	Prov/State	State Postal/Zip code
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Contact Information (should it be necessary to contact you for further information, please provide the following)

Contact Name	Title	
Phone	Facsimile	E-Mail

ACCOUNTING RECORDS LOCATION (if different than location address)			
Street/Box	Town/City	Prov/State	State Postal/Zip code
Contact Information (should it be necessary to contact you for further information, please provide the following)			
Contact Name	Title		
Phone	Facsimile	E-Mail	

BANKING INFORMATION			
Bank Name			
Street/Box	Town/City	Prov/State	Postal/Zip Code
Bank Number	Transit Number	Account Number	

OWNERS AND DIRECTORS INFORMATION				
Enter the name, date of birth, title and home address for the following;				
Proprietorship - Owner				
Partner - Two or more partners				
Corporation - Officers/ directors				
If there are more than two, please provide same on a separate sheet				
Name		Date of Birth		Phone number
Street/Box		Town/City		Prov/State
Owner <input type="checkbox"/>		Director <input type="checkbox"/>		Officer <input type="checkbox"/> Partner <input type="checkbox"/> Other <input type="checkbox"/> (specify) _____

Name		Date of Birth		Phone number
Street/Box		Town/City		Prov/State
Owner <input type="checkbox"/>		Director <input type="checkbox"/>		Officer <input type="checkbox"/> Partner <input type="checkbox"/> Other <input type="checkbox"/> (specify) _____

Fiscal Year End				
Federal business number				
Commencement date of business				
Commencement date of business in NL, if different from above				

PLEASE INDICATE BUSINESS TYPE

Telecommunications	Cable Television	Provision of Power
CRTC License number		

CERTIFICATION

I hereby certify that, to the best of my knowledge and belief, the information provided on this form is accurate.

Name (please print) _____

Signature _____

Title _____

Date _____

Privacy and Confidentiality Notice

This information is collected for the purpose of the Department of Finance to process applications under the Revenue Administration Act. All information you provide, both personal and business related, will be kept confidential and compliant with the Access to Information and Protection of Privacy Act (www.assembly.nl.ca/Legislation/sr/statutes/a01-1.htm).

If you have any questions regarding privacy and confidentiality please contact the Tax Administration division toll free at 1-877-729-6376.