

The Business Names Registration Act
REGISTRATION OF A BUSINESS NAME



PLEASE PRINT OR TYPE.

1) **Business name**

2) Name and address (include postal code) to which duplicate should be returned and Renewals will be mailed

3) Contact person, if different from registrant

Tel. (8:30-4:30)

4) The place of business is (full address, including postal code)

Note: The listing of a business address outside of Manitoba constitutes a statement by you that the business has no physical address in Manitoba. Where the business has a physical address in Manitoba, the Manitoba address must be listed.

5) The date of start of business (cannot be more than 30 days in future)

6) The main type of business is

7)(a) Does the registrant(s) of this business have a [Business Number](#): (Please click on box to select)

Yes No

(b) If the answer to (a) is "yes", please set out the Business Number.

Declaration:

The business name being registered is not that of another known firm, company, corporation or unincorporated association, or a name liable to be confounded or confused with the other name, or otherwise objectionable on public grounds.

No other firm, person or corporation is associated in partnership with the registrant(s).

8) Registrant(s) –

Note: Please ensure that you register your business the same when registering with other government offices. For example, if you register a business name with the Companies Office as a sole proprietorship, it is important to register as a sole proprietorship when registering with other government offices.

Full name

Residence address

Signature

A schedule is attached with the names, addresses, and signatures of additional registrants.

IF TWO OR MORE REGISTRANTS ARE LISTED ABOVE: Where there is more than one (1) registrant listed above, the business will be characterized and coded in the records of the Companies Office as a “partnership”, unless you advise in writing, at the time that this document is filed, that the business is not a partnership.

OFFICE USE ONLY

Date of Registration: _____

Date of Expiry: _____

Registration Number: _____

Business Number: _____

Cash Register Endorsement

Schedule of Additional Registrants