

Date Issued: 20XX-XX-XX
(yyyy-mm-dd)

Business Number:

Business Name and Mailing Address:

YOUR BUSINESS NAME
YOUR ADDRESS
CITY, ONTARIO CANADA POSTAL CODE

Business

Address: SAME AS ABOVE

Telephone:

Ext:

Fax:

Email:

Legal Name(s): YOUR LEGAL NAME

Type of

Legal Entity: GENERAL PARTNERSHIP (This business has 2 partner(s) recorded on this licence)

Business

Activity: HOME DECOR/STAGING & SELLING HOME DECOR

Business Information	Number	Effective Date (yyyy-mm-dd)	Expiry Date (yyyy-mm-dd)
BUSINESS NAME REGISTRATION	XXXXXXXXXXXX	20XX-XX-XX	20XX-XX-XX

To the Client: When the Master Business Licence is presented to any Ontario business program, you are not required to repeat information contained on this licence. Each Ontario business program is required to accept this licence when presented as part of its registration process.

To the Ontario business program: A client is not required to repeat any information contained in this licence in any other form used in your registration process.