

For general information visit  
[ontario.ca/revenue](http://ontario.ca/revenue)

# Instructions

- For help completing this form call the Ministry of Revenue at 1 866 ONT-TAXS (1 866 668-8297).
- You must be 18 years of age or older to apply for a Vendor Permit.
- If there is a change to any of the information provided on the Application for Vendor Permit, it must be reported to the Ministry of Revenue.
- To register for a Vendor Permit you can –
  - call the Ministry of Revenue at 1 866 ONT-TAXS (1 866 668-8297).
  - register on-line at [ontario.ca/taxservices](http://ontario.ca/taxservices)
  - register at a ServiceOntario Centre.
  - fill out this form and mail it to the address below.
- If you are completing this form, please –
  - Print clearly.
  - Provide all required information. Note that failure to provide all required information may cause a delay in processing your Application.
  - Ensure that an authorized person signs the certification: e.g. sole proprietor, partner, officer, director.
  - Return the completed Application to:  
 Ministry of Revenue  
 PO Box 623  
 Oshawa ON L1H 8H7

For the type of business selected in **Section 6**,  
 enter the corresponding information for Legal name in **Section 10**.

Type of business	Legal name required for selected business type
<b>Sole Proprietorship</b>	First name, middle initial and last name of the owner
<b>General Partnership</b>	First name, middle initial and last name of a partner
<b>Corporation</b>	Full legal corporate name
<b>Association</b>	Full legal name of the association

If your type of business is not listed above, please contact the Ministry of Revenue at 1 866 ONT-TAXS (1 866 668-8297).

Version française disponible.

**Important – Please read the instructions, before completing this Application for Vendor Permit.**
**1. Reason for application**

- Starting a new business  
 Buying an existing business  
 Amalgamation  
 Non-resident contractor  
 Non-resident vendor (business with no “presence” in Ontario)

**2. Do you already have a Retail Sales Tax Vendor Permit?**

Yes  No      If yes, please enter  Permit number

**3. If you are starting a new business or buying an existing business –**

Date business commences under your ownership Year    Month    Day <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>	<b>Previous business closing date (if applicable)</b> Year    Month    Day <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>	Permit number <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
Did you purchase chattels? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please enter – Cost of chattels, if known \$ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>		Purchase price of business \$ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>

**4. If you are amalgamating –**

Amalgamation date  
 Year    Month    Day

**5. If you are a non-resident contractor –**

Contract commencement date Year    Month    Day <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>	Expected completion date Year    Month    Day <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>	Dollar amount of contract \$ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
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**6. Type of business**

- Sole Proprietorship  
 General Partnership  
 Corporation  
 Association

If your type of business is not listed above, please contact the Ministry of Revenue at 1 866 ONT-TAXS (1 866 668-8297).

**7. Additional business information and identifiers**

Do you have any of the following?

Yes	No	If Yes, please enter number	
<input type="checkbox"/>	<input type="checkbox"/>	Business Number (BN)	# <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
<input type="checkbox"/>	<input type="checkbox"/>	Ontario Liquor Licence	# <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
<input type="checkbox"/>	<input type="checkbox"/>	Ontario Lottery Dealer's Licence	# <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
<input type="checkbox"/>	<input type="checkbox"/>	Motor Vehicle Dealer's Licence	# <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>

**8. If a joint venture –**

Start date Year    Month    Day <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>	End date (if known) Year    Month    Day <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
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**9. If a corporation –**

Ontario incorporation number <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>	Date of fiscal year end Year    Month    Day <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>	Date of incorporation Year    Month    Day <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
Certificate of incorporation number if incorporated outside of Ontario <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>		Jurisdiction <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>

**10. Legal name** *See Instructions for type of name(s) required.***11. Business or Trade name**  If the same as **Legal name** (above) check ✓ this box. If not the same, complete below.

**12. Business address**

Apt. / Floor / Unit number	Street number and name	Lot / Concession / R.R. number / Postal stn.
City / Town / Municipality		Province/State
Postal/ZIP code		
Do you have more than one Ontario business location? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail/Internet address	Business telephone
If yes, attach a list of all locations.		

**13. Mailing address** (where Retail Sales Tax Returns and information can be sent)

If the same as **business address** (above) check  this box. If not the same, complete below.

Apt. / Floor / Unit number	Street number and name	Lot / Concession / PO Box / R.R. number / Postal stn.
City / Town / Municipality		Province/State
Postal/ZIP code		

**14. Head office address**

If the same as **business address** (above) check  this box. } If not the same as **business** or **mailing address**, complete below.  
 If the same as **mailing address** (above) check  this box. }

Apt. / Floor / Unit number	Street number and name	Lot / Concession / R.R. number / Postal stn.
City / Town / Municipality		Province/State
Postal/ZIP code		

**15. Location of books and records**

If the same as **business address** (above) check  this box. } If not the same as **business** or **mailing address**, complete below.  
 If the same as **mailing address** (above) check  this box. }

Apt. / Floor / Unit number	Street number and name	Lot / Concession / R.R. number / Postal stn.
City / Town / Municipality		Province/State
Postal/ZIP code		

**16. Name, title, home phone and home address**

of the owners, partners, officers, directors, or members. If there are more than two persons, attach a separate list showing details for each.

First name	Middle name	Last name
Title		Home telephone

**Home address**

Apt. / Floor / Unit number	Street number and name	Lot / Concession / PO Box / R.R. number / Postal stn.
City / Town / Municipality		Province/State
Postal/ZIP code		

First name	Middle name	Last name
Title		Home telephone

**Home address**

Apt. / Floor / Unit number	Street number and name	Lot / Concession / PO Box / R.R. number / Postal stn.
City / Town / Municipality		Province/State
Postal/ZIP code		

**17. Person to contact about this Application**

First name		Last name	
Title / Relationship to business (e.g. partner, officer, director, owner, lawyer, accountant, employee, spouse)			
Business phone number		Home phone number	
Cell		Pager	
		Fax	
		Toll-free	

**18. Type of business – activity and type of items/services sold**

Full-time     Part-time

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**19. Do you prefer communication in French?**

Yes     No

**20. Complete this section if your business does *not* operate for a full 12 months.**

**A. Operating less than 60 days (Casual)**

From			To		
Year	Month	Day	Year	Month	Day

**B. Operating less than 12 months. Enter "X" for each month you are operating. (Seasonal)**

Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
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**21. Certification**

**I certify that the information on this Application is, to the best of my knowledge, true, correct and complete.**

First name		Last name	
Title / Relationship to business (e.g. partner, officer, director, owner, lawyer, accountant, employee, spouse)			
Signature		Date	
X		Year	Month Day

Personal information on this form is collected under the authority of Section 5 of the *Retail Sales Tax Act*, R.S.O. 1990 R31 and will be used for the purposes of registering the applicant and issuing a retail sales tax vendor permit. Questions about this collection may be directed to a Program Information Officer with the ministry at 1 866 ONT-TAXS (1 866 668-8297) or in writing to the address provided in the instructions.