



INUIT FIRM REGISTRY

INUK SOLE PROPRIETORSHIP

Questionnaire

You have applied for registration as an Inuk sole proprietorship, under Section 24.7.1 of the *Nunavut Land Claims Agreement*. The attached questionnaire will provide us with the information required to assess your eligibility under this category. Please complete the questionnaire and return it to our office. All information provided will be kept confidential.

Date: Name of Business: Ph: Fax:

		YES	NO	NAME / RELATIONSHIP/ ADDITIONAL INFORMATION
1	Have you registered your Business Name with the Legal Registries Division of the Nunavut Department of Justice?			
2	Do you possess a valid license to carry on business in the municipalities in which the business operates?			
3	Are you enrolled as a beneficiary under the Nunavut Land Claims Agreement (NLCA)? (Provide NTI Beneficiary #)			
4a	Does any person other than you have management authority with respect to the affairs of the business?			

		YES	NO	NAME / RELATIONSHIP/ ADDITIONAL INFORMATION
4b	If "yes" what is the name of this person and his or her relationship to you?			
4c	If "yes" is this person enrolled under NLCA?			
5a	Do you share the profits or losses from the business with any other person?			
5b	If "yes" what is the name of this person and his or her relationship to you?			
5c	If "yes" is this person enrolled under NLCA?			
6a	Do you share the operating costs of the business with any other person?			
6b	If "yes" what is the name of this person and his or her relationship to you?			
6c	If "yes" is this person enrolled under NLCA?			

		YES	NO	NAME / RELATIONSHIP/ ADDITIONAL INFORMATION
7a	Do you share ownership of the bank account(s) of the business with any other person?			
7b	If "yes" what is the name of this person and his or her relationship to you?			
7c	If "yes" is this person enrolled under NLCA?			
8	Is there any other information that you wish to provide in relation to your application?			

Type of Business (Specify Trades, Service or Goods Involved provide further details on separate page if necessary)

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Mailing Address:

Head Office:	Telephone:
Address:	Fax:
Street/Box:	Contact:
City/Province:	Position:
Postal Code:	Email:

Completed by(please print): _____ Title: _____

Signed: _____ Date: _____

Send completed form to:

Economic and Business Development Nunavut Tunngavik Incorporated Box 638 Iqaluit, NU XOA OHO	Telephone 867-975-4900 Toll Free 1-888-646-0006 Facsimile 867-975-3442
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