

NNI Business Directory General Renewal Form

Legal Business Name:	
Operating Name(s): (if different)	
Resident Manager: (full name)	
Main Office: (address)	
Legal Registered Office: (address)	
Operating Community:	
Business Type: (circle one)	Sole Proprietor / Partnership / Incorporated / Cooperative

Contact Info

Preferred Contact Method: <i>(check one)</i>		<input type="radio"/> Email	<input type="radio"/> Phone
		<input type="radio"/> Fax	<input type="radio"/> Mail
Phone 1*:		Fax:	
Phone 2:		Mailing Address:	

1. **Does your business operate under its legal name?** Y N
 If not, we require a copy of the *Declaration of Use of a Business Name* for each operating name. *Businesses will be listed on the NNI Business Directory as: Legal Name (O/A Operating Name).*
2. **Has your business obtained a business license for the current year?** Y N
 We require an updated copy
3. **Is your business in good standing with Nunavut legal registries?** Y N
 We require an updated copy of a certificate of compliance/good standing
4. **Does your business maintain a year round registered office in Nunavut?** Y N
5. **Does your business maintain a Resident Manger?** Y N
“A Nunavut Resident who is capable of undertaking all aspects of the management of the Nunavut Business and has absolute decision making authority over day-to-day matters affecting Nunavut Business”
 We require proof of residency (healthcare card and residential address)
6. **Does your business continue to under take the majority of its management and administrative functions related to its Nunavut operations in Nunavut?** Y N

7. **Does your business have any new shareholders, partners, or** Y N

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members?

If so, we require an updated shareholder/member/partner registry; for each different classes of shares or membership.

(Signed and dated, with all Nunavut residents clearly indicated)

Note: Nunavut parent companies are required to demonstrate their Nunavut content in the same manner.

- 9. Has the (Nunavut) residency status of any shareholders, partners, or members changes?** **Y N**

We require updated proof of residency for all shareholders, partners, or members. (this requirement may be waived, at the discretion of the Qualifying Committee, if the business in question can demonstrate its membership is restricted exclusively to Nunavut residents)

Note: Nunavut parent companies are required to demonstrate their Nunavut content in the same manner.

- 10. Have there been any changes to the Shareholder/Member/Partnership/Management Agreement?** **Y N**

If so, we require a copy of any amendments or new agreements

- 11. Have there been any changes to the Articles of Incorporation?** **Y N**

If so, we require a copy of any amendments

- 12. Have there been any changes to the bylaws affecting control or ownership of the business?** **Y N**

If so, we require a copy

- 13. Is your business at least 51% beneficially owned by Nunavummiut** **Y N**
(ordinarily residents in Nunavut for the last 12 months)

- 14. Does your business continue to provide the same goods and services?** **Y N**
(As currently listed on the NNI Business Directory)

If not complete the attached *NNI Commodity Codes For Goods/Services*

- 15. Is your business registered for, or applying for the supply of goods?** **Y N**

If so we require a copy of an updated Site Visit Report.

To book a site visit contact the NNI Secretariat or your local CEDO.

(Applications may be submitted without site visit reports, but then must allow time for their completion)

I the undersigned declare that the information provided for application is correct and current. I agree to provide additional information as required; and understand information from controlling interests may be required to process this application. I further agree to inform the NNI Secretariat (in writing) of any substantial change in the provided information, as soon as is reasonably possible. I declare that I comply with and meet all conditions prescribed by law to conduct business in Nunavut and; in so declaring I am authorized to do so for and on behalf of the subject business.

Applicant: Name and Title	Signature	Date
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Witness: Name and Title	Signature	Date
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