



Cree Nation of Mistissini

Community Development Department, Economic Division

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RENEWAL FORM

Administrator

Permit#:

Date:
D D M M Y Y Y Y

Dear Sir,

I/We are applying to renew my business permit in compliance with the Business Permitting By-Law 3461

Business Name (Please Print)

Membership (Type-I) Long- Itinerant (Please note that itinerant merchant permits must be renewed upon each visit)

BUSINESS INFORMATION

Address

Postal Code

Province

City/Town

PhoneNumber

Fax Number

Email Address

WebsiteAddress

Business Hours

Term of Permit
(For Itinerant Merchants)

D D M M Y Y Y Y

Start

End

Business Type

- Private Cree-Owned Business Community Owned Business
 Community Owned Organization or Service Regional Cree Business
 RegionalCreeOrganization or Service Other

Legal Structure

- Sole Proprietorships Undeclared Partnership
 General Partnership Cooperative
 Limited Partnership

DaysofOperations

(Please check all days when the business operates during the week)

- Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday

APPLICANT INFORMATION (Please fill all information)

ApplicantName

Address

Postal Code

City/Town

Province

Telephone #

What function do you hold within the business you are registering?

PART 2: OWNERSHIP & EMPLOYMENT STRUCTURE

Please provide the names of all owners and an outline of the partnership structure (If relevant):

Name of Owner	% of Ownership	Residency (Local/Non-Local)	Legal Status

If changed, please provide a summary of the employees working within your business:

Employment Status	Local Resident	Non-Local Resident	Total
Permanent Full-Time			
Permanent Part-Time			
Temporary Full-Time			
Temporary Part-Time			
Seasonal Full-Time			
Seasonal Part-Time			

PART 3: REQUIRED DOCUMENTS

Heavy Equipment Operators must verify they have the following documents:

- C.S.S.T (Commission des normes, de l'équité, de la santé et de la sécurité du travail)
- Tax Exemption
- Proof of Insurance
- Inspection Report
- Copy of Registration

Contractors must verify they have supplied the following documents

- RBQ License
- C.S.S.T Documents
- Tax Exemption Number

PART 3: REQUIRED DOCUMENTS

I, undersigned certify that the information contained in this form is true, correct and complete and that I have read and understood the provisions of the Business Permit By-Law.

Signature of the Applicant's

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y