



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 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 under the Nunavut Agreement (NA)? (Provide NTI enrolment #)			
4. a)	Does any person(s) other than you have management authority with respect to the affairs of the business?			

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

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

Completed by(please print): _____ Title: _____

Signed: _____ Date: _____