

# Nova Scotia Veterinary Medical Association

(pursuant to Section 15(1) of the Nova Scotia Veterinary Medical Act)

## Corporate Permit Application - 2017

### General Information:

Please read the following instructions before completing this form.

Supporting Documents which may be required when completing this form:

- ( ) Copy of the Certificate of Incorporation (Joint Stocks)
- ( ) Certificate of Registration of the Facility Name (Joint Stocks)

#### Option 1:

**Renewal** of Corporate Permit where there are no changes in your corporate structure from last year: Please complete Section 1 and return the form with the required fee.

#### Option 2:

For all other scenarios – for example: **new corporation, change in shareholders, change to corporate name, addition of facility to an existing corporation, corporate structure change, any other changes, etc**, please complete **Section 1 and** all the appropriate sections in this document, sign, include your fees and return to the NSVMA office.

### Timeline Information:

**Corporate Permits expire on December 31 of the current year**

but we request return of the paperwork by November 30<sup>th</sup> to allow time to process your application.

### Applicable fees are as follows:

The NSVMA does not pro-rate its fees.

**Cost \$236.37 + \$35.45 HST = \$271.82,**

with cheque made payable to Nova Scotia Veterinary Medical Association.

Mailing address (15 Cobequid Road, Lower Sackville, NS B4C 2M9)

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## Section 1

Name of Corporation: \_\_\_\_\_

Head Office address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

This corporation operates veterinary facilities under the following names: (*\*Attach a separate schedule if space is insufficient.*)

\_\_\_\_\_

\_\_\_\_\_



## Section 2

**2.1 (all but new corporation)** The Corporation is a valid and subsisting company and has not been struck off or dissolved, is registered under the Corporations Registration Act (Nova Scotia), and the Certificates of Registration for each facility are in force. ( ) Yes ( ) No

**2.2 If this is a new corporation,** please include a copy of the Certificate of Incorporation and a copy of the Certificate of Registration for all Facility names operating under the Corporation.

**2.3 If the name of the corporation has changed** but the corporate structure has remained the same, include a copy of the updated Certificate of Incorporation.

**2.4 If the name of the Corporation remains the same,** but you have added a new facility, then you must include a copy of the Certificate of Registration for the new Facility.

**2.5** The Corporation will practice under a business name. Yes ( ) No ( )

**2.6 If yes,** please list the business name under which the Corporation will practice:

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**2.7** A true copy of the **Certificate of Registration of the business name(s)** is attached.

**2.8** All persons who are **voting shareholders** of the Corporation are: *(\*Attach a separate schedule if space is insufficient.)*

NAME	ADDRESS (Complete mailing address)	No. & Class of Voting Shares	No. of Votes Per Share	Holder of a General - Practice Licence (Yes/No)

**2.9** If any other corporation owns voting shares of the Corporation, particulars of any such corporation and the shareholders of any such corporation must be set out in a schedule attached hereto.

The schedule must include the name of the corporation, its address, the names and addresses of all of its shareholders who hold voting shares, and must confirm which shareholders hold a general practice license, the names and addresses of its officers and directors, and an indication as to whether or not they hold a general practice license.

If a trust owns voting shares of the other Corporation, particulars of such trust must be set out in a schedule attached hereto. The schedule must include the name of the trust and its date of establishment, the names and addresses of all the trustees and beneficiaries and must confirm that all hold a general-practice license.

**2.10** All persons who are **Officers** of the Corporation are: (*\*Attach a separate schedule if space is insufficient.\**)

NAME	ADDRESS	Does the Officer hold a General Practice Licence?	Office Held

**2.11** All persons who are **Directors** of the Corporation are: (*\*Attach a separate schedule if space is insufficient.\**)

NAME	ADDRESS	Does the Director hold a General Practice Licence?

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