

## BBOT Business Registry Services Business Registration Form

This is to register an unincorporated: ☐ Gene	eral Partnership
Contact Information:	
First Name: L	_ast Name:
Telephone: E	Email:
Residential Address:	
Business Address: □ Same as Above	
Mailing Address:  ☐ Same as Above ————————————————————————————————————	
Partner (if applicable): First Name:	Last Name:
Do you have a business number with Canada Re	
☐ Yes:	□ No
Business Name:	
Name Request Number (NR#):	
NAICS Industry Code:	11) Start Date of the Business:
How would you like to receive your registration do	ocuments?
□ Via Email:	
Would you like to receive the Burnaby Board of Tr offers? You can unsubscribe at any time following	rade's weekly e-newsletter, plus periodic other updates and g the links in every email.
☐ Yes, use my email address as above ☐ Ye	es, but please use this email:
ANNII	JAL PARTNERS —
	Contact Information:  First Name:

PLATINUM



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