

<p>FOR OFFICIAL USE ONLY</p> <p>Date Received: _____</p> <p>Licence Number: _____</p>
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APPLICATION FOR A BEVERAGE CONTAINER DISTRIBUTOR REGISTRATION

1. Name of Applicant: _____

2. Please specify, by checking the appropriate box and providing the other required information, if you are applying as:

Individuals(s)

Partnership

If partnership, provide names of the partners and the name under which the partnership operates:

Names of Partners: _____

Name of Partnership: _____

Corporation

Society

Other

If other, please specify type of organization: _____

3. If you are applying as a partnership, corporation, or society, are you registered under the applicable Northwest Territories' legislation with the Legal Registries Division of the Department of Justice, Government of the Northwest Territories in order to carry on business in the Northwest Territories?

Yes

No

4. If you will be operating under a trade name, please specify that name:

5. Mailing Address:

6. Name of Contact Person:

7. Telephone: _____

Fax: _____

Email: _____

8. How often do you undertake a physical count of beverage container inventory?

Daily

Weekly

Monthly

Yearly

Other Please specify: _____

9. What date is your fiscal year end? _____

10. Have you been convicted of an offence or offences under the *Waste Reduction and Recovery Act* within the last five (5) years?

Yes

No

If yes, please provide particulars as to the offence(s) for which you were convicted and the date of your conviction(s).

11. Have you ever been, or are you now, registered as a distributor or the holder of one or more depot or processing centre licenses under the *NWT Beverage Container Regulations*?

Yes

No

If yes, has your registration or have your licences ever been suspended or cancelled?

Yes

No

If yes, please indicate the reasons for which your registration or your licences were suspended or cancelled and the period for which the suspension or cancellation was, or is, in effect.

CERTIFICATION

I/We hereby certify that:

- 1. The above statements are true to the best of my/our knowledge and belief;**
- 2. I am/We are the applicant(s) applying for registration or I am/we are authorized to make this application on behalf of the applicant; and,**
- 3. If the applicant is registered, the applicant undertakes to comply with the provisions of the *Waste Reduction and Recovery Act, Beverage Container Regulations, and the Terms and Conditions of the applicant's registration.***

Applicant's Name(s): _____

Applicant's Signature(s): _____

Date: _____

Please note that additional relevant information may be required to determine whether you should be registered as a distributor and for the purposes of determining the appropriate terms and conditions to be imposed on your registration. Should this be the case, the Chief Environmental Protection Officer, or his or her authorized delegate, will contact you.

For assistance in completing this form or to submit a completed application form, please contact:

Environment Division
Department of Environment and Natural Resources
Government of the Northwest Territories
5102 - 50th Avenue (6th Floor - Scotia Centre)
Yellowknife NT X1A 3S8
Attention: Solid Waste Specialist
Phone: (867) 873-7654
Fax: (867) 873-0221

Or, visit your local Environmental Protection Officer or Renewable Resource Officer