



For office use only

CSCTRUCK LIMITED

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www.csctrucks.com

Reg#:

P-Ref:

W - ID:

A - ID:

BUSINESS APPLICATION

This application is to be completed by sole proprietors, partnerships, limited partnerships or corporations applying for registration or reinstatement as a dealer. Also, partnerships, limited partnerships or corporations who are “interested persons” in relation to a company applying for registration may be requested to complete this form. Please review the Business Application Information section of this form before completing it. For the purpose of this form, the “applicant” is the relevant sole proprietorship, partnership, limited partnership, corporation identified in Section A and all authorized individuals.

Please note: We require the original copy of this application. It must be submitted in person, by mail or courier.

SECTION A :GENERAL INFORAMTION

All applicants must complete this section.

Application Type:

First-Time Applicant for Registration

Change to Legal Entity (e.g., sole proprietor to corporation)

Reinstatement

Existing dealership opening a new legal entity

Information and Review

Please provide Registration Number (if available):

Application Contact Name:

Contact Phone:

Contact Email:

Classification of Proposed Dealership:

General Dealer – New and used motor vehicles

Wholesaler

Broker

General Dealer – Used motor vehicles

Exporter

Other (not applying as a dealer)

Business Information:

All applicants must submit confirmation of GST/HST registration. Corporations must submit a copy of their Articles of Incorporation. Sole Proprietors, Partnerships, Limited Partnerships (and Corporations with a Business (Trade) name) are required to submit a copy of their Business Name Registration/Master Business License.

Legal Name of Business:

Corporation

Sole Proprietorship

General Partnership

Limited Partnership

Business (Trade) Name (if applicable):

Note: Names deemed to be misleading will not be approved. See the Business Application Information section for details.

GST/CR Number:

Corporation # (if applicable):

Business Phone:

Alternate Phone:

Business Fax:

Email:

Business Website (<http://>)

SECTION B:PRECONDITIONS TO REGISATRATIONS

All applicants must complete this section.

1. Has the applicant ever had his/her registration under the Motor Vehicle Dealers Act refused, revoked, suspended or cancelled?

Yes No

If “yes,” kindly provide details on a signed and dated statement attached to this application. Please Note: if the applicant’s CSCSTRUCK registration has been refused or revoked within the last two years, the Registrar will not grant registration.

2. Did the applicant previously or does the applicant presently own or operate a business that is in default with the Motor Vehicle Dealers Compensation Fund or Retail Sales Tax?

Yes No

If “yes,” what arrangements has the applicant made to pay monies owed and has the applicant complied with those arrangements? Please provide details on a signed and dated statement, as well as a copy of the repayment agreement and payment confirmation.

SECTION C:BUSINESS PROMISES

All applicants seeking registration must complete this section before registration can be granted, however, if you do not currently have a premises for the dealership, you may complete and submit Section C at a later date or at the final stage of the process. If you are applying due to a ‘Change to Legal Entity,’ and are not changing your premises, you must complete this section but may omit Questions 1 – 4.

1. Will this proposed location accommodate an exclusive office for the dealership?

Yes No

2. Will you have permanent signage at the location for the proposed dealership? Please see the Business Application Information section of this form for signage requirements.

Yes No

3. Will this be the only business of any kind operating at the premises and unit number specified above?

Yes No

If “no,” please list other businesses at this location:

4. With respect to the business premises indicated above, does the applicant own, rent or lease?

Own Rent/Lease Other, please specify: _____

In support of this application, we require you to attach clear copies of the following documentation. Kindly check the appropriate boxes to identify what you have attached:

- 1- Municipal permit/letter issued to the applicant
- 2- Proof of ownership (deed or recent property tax bill) OR Lease or rental agreement
in the applicant's name

Note: subleases will not be accepted without a copy of the primary lease confirming subleasing is permitted and a signed and dated letter of consent from the owner.

■ If you answered “no” to Question 1 or 2 above, kindly provide an explanation on a signed and dated statement attached to this application.

Alternate Mailing Address:

You may request an alternate mailing address if Canada Post does not deliver mail to the business premises. We require you to attach a letter of confirmation from Canada Post. See the Business Application Information section for details.

PO Box Rural Route PO Box or Rural Route Number:
City: Province: Postal Code:

Records Storage Address:

Applicants registered in the “Wholesaler” or “Broker” classes who will work from a dwelling must store their records at an alternate location approved by the Registrar. The location should be a professional document management facility or a professional office (e.g. your lawyer, accountant or bookkeeper’s office). **Self-storage or mobile-storage facilities** will not be approved. Kindly complete a **Request for Records Storage Address** form available at www.omvic.on.ca. “Wholesaler” or “Broker” applicants who will operate from a business premises may also apply to store their records at an alternate location. Please see the **Business Application Information** section of this form for more information.

SECTION D: ELIGIBILITY

All applicants must complete this section.

■ If you answer “yes” to any of the questions below, kindly provide the details on a signed and dated statement.

1. Has the applicant ever had a commercial, professional or business registration certification or license of any kind refused, suspended, revoked or cancelled, or is the applicant currently (or have they ever been) a party to such a proceeding?

Yes No

Please Note: if your OMVIC registration has been refused or revoked within the last two years, the Registrar will not grant the registration.

2. Are there any unsatisfied judgements, court orders or collections currently pending against the applicant?

Yes No

3. Has the applicant been involved in bankruptcy proceedings, filed a consumer proposal, a commercial proposal or had a petition filed against it under any bankruptcy or insolvency legislation in any jurisdiction in the last ten years?

Yes No

If “yes,” please attach a complete copy of the statement of affairs and certificate of discharge (if applicable) to this application.

4. Has a receiver, trustee, reorganization trustee or similar officer been appointed by a court or under a security agreement in any jurisdiction in the last five years for the business or property of the applicant?

Yes No

5. Has the applicant ever been found guilty or convicted of an offence under any law, or are there any charges pending? Make sure to include those cases with a conditional, absolute discharge or stayed charges. Please note: This question refers to charges under any law. Accordingly, you may need to answer “yes” even if a criminal record (or other) check has come back clean.

Yes No

6. To the best of your knowledge, are any investigations being conducted on the applicant in any jurisdiction?

Yes No

7. Has the applicant traded vehicles to customers who are non-dealers in the past two years?

Yes No

SECTION E: BUSINESS PLAN

Complete this section if you are a first-time applicant for registration or if you are applying for reinstatement and your registration has been expired for three months or more.

Please note: All applicants will be required to submit additional applications, documents, financial information, records

or questionnaires regarding their business plan depending upon the information provided in this application.

1. Please list the source of funds or assets that will be used in the start-up and operation of the dealership. Include the dollar amount of the start-up capital. *Please note: all financial statements submitted in support of this application must reflect the dollar amount provided in the answer to this question.*

2. Please list all job titles for existing and planned positions at the dealership, with the first and last name of the individual who will hold each position. (Attach additional sheets if necessary).

3. Is the applicant taking over an existing dealership? If yes, please provide the name, address and registration number of the existing dealership.

4. What is the projected number of vehicles for the start-up of the dealership? In addition, please specify the make, model, year and average purchase price of the vehicles.

5. Does the applicant have any contacts in the industry that will advise and assist with the dealership? Please list the individuals and/or company names and addresses.

6. Does (or will) the applicant exist for any other purpose besides the operation of a motor vehicle dealership. If "yes," please provide particulars.

7. Does the applicant have an offsite repair facility or a repair agreement/arrangement for the repair, servicing and safety inspection of vehicles? If "yes," please list the business name, address, mechanic's name and Motor Vehicle Inspection Station License Number.

If you require additional space you may attach supplementary sheets to this application. Kindly sign and date all attachments and clearly identify each question number.