NOVA SCOTIA

2019/20 Business Information Form (for Applications by Association)

Business/Organization Name:	**Other Names/Subsidiaries if applicable:**
Mailing Address:	
Nova Scotia address: (if different address for staff receiving training)	
Nova Scotia Registry of Joint Stocks Number:	**Business ID Number (Canada Revenue Agency):**
Contact Person:	**Position Title:**

Telephone:	**Fax:**	**Email:**

Authorization:

I certify that I am an authorized officer of the organization named above, and that the information provided in this form is true and correct to the best of my knowledge and belief. **I will complete the survey link provided at the end of the training.**

Signature: _____ **Date:** _____

The following questions relate to business operations in Nova Scotia

North American Industry Classification System code (NAICS):	**Sector:**
Business Description:	
Number of Full-Time Equivalencies (FTE's):	[ ] ÷ 1820 = (Total Hours) (# of FTE's)

Number of Full-time Employees: (35+ hours/week)	**Number of Part-time/Seasonal Employees: (less than 35 hours/week or less than 12 months/year)**	**Total Number of Employees**

Wages & salaries paid for full-time employees (CAD for last fiscal year):	**$**		
Wages & salaries paid for part-time employees (CAD for last fiscal year):	**$**		
Total wages & salaries paid for all staff (CAD for last fiscal year):	**$**		
Company paid training investments	**Last Year**	**2 Years ago**	**3 Years ago**
	$	**$**	**$**

Number of years /months the business has operated (e.g. 1 year and 6 months):	**Years:**	**Months:**
Total sales (CAD for last fiscal year): **$**	**Does the business export outside Nova Scotia?** ☐ **YES** ☐ **NO** **If yes, what percentage of revenue is derived from exports?** _____**%**	

Are there outstanding or pending claims/litigation against the business/organization? ☐ **YES** ☐ **NO**

If yes, please provide details:

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