

BUSINESS NAME CHECKLIST

1) Proposed Business Name

2) Do you want a Name search for that name (additional cost)?

3) Do you have employees and/or independent contractors employed under that business name?

a. If so, is your payroll over \$450,000/year _____

4) Do you have an Employer Health Tax Number?

5) Business Activity to be associated with this name - one phrase-limit 40 characters

6) Date that employees/contractors first started working or will start (if applicable)

7) Do you have a WSIB Account - if so please provide #

8) Please confirm business address

9) What entity is registering the business name?

a. Individual? Name _____
OR

b. Corporation? Name _____
OR

c. Partnership? Name _____