



Provincial Dental Board of Nova Scotia
103, 210 Waterfront Drive
Bedford, NS B4A 0H3
(902) 420-0083

| |
|---------------------|
| For Office Use Only |
| Date Received |
| Date Permit Granted |
| Permit No. |

Application for Permit for Corporation to Engage in the Practice of Dentistry

- This form must be typed or legibly printed- incomplete forms will be returned
- Please keep a copy for your records
- A registration fee of \$ 150.00 must accompany this form

| | | | |
|-----------------------------------------|-------------|-------------|------------------|
| Surname | Given Names | License No. | Email Address |
| Business Address(Including postal code) | | | Tel: Fax: |
| Home Address (including postal code) | | | Tel: |

Corporation Name

Voting Shares Distribution

| Shareholder | No. & Type of Share Held | Percent of Total Shares |
|-------------|--------------------------|-------------------------|
| | | |
| | | |
| | | |
| | | |

Corporation Directors and Officers

| Name | Address |
|------|---------|
| | |
| | |
| | |
| | |

Date

Applicants Signature