

LICENSE APPLICATION

(Held in Confidence)

PERSONAL INFORMATION							
Name:	Mr. Mrs. Ms. Miss.						
Address:							
City:	Province:	Postal Code:					
Telephone: (Cellphone)	(Business)	(Fax)					
Previous Address:							
City:	Province:	Postal Code:					
Date of Birth: / / / YYYY		S.I.N. #:					
PERSONAL INFORMATION (SPOUSE):							
Name:	Date of Birth: / /						
BUSINESS EXPERIENCE:							
Present Occupation:							
Employer's Name:	Employer's Name: Employer's Address:						
Position:							
Responsibilities:							
BUSINESS EXPERIENCE (SPOUSE):							
Present Occupation:							
Employer's Name:	Employer's Address:						
Position:							
Responsibilities:							
APPLICANT'S PREVIOUS BUSINESS EXPERIENCE: (starting with most recent)							
1. Employer's name & address							
2. Employer's name & address							
3. Employer's name & address							
4. Employer's name & address							



EDUCATION:							
Please circle the last year of school completed: High School: 1 2 3 4 5 University/College: 1 2 3 4							
Name of University/College:		Degree/Diploma:					
Describe any training in sales, management or retailing:							
FINANCIAL REFERENCES:							
Please give names of banks or finance companies where accounts are carried or where credit information can be obtained or							
verified.							
NAME	ADDRESS		HIGHEST		PURPOSE/ACCOUNT OR		
			EXTENDED CR	EDIT	LOAN NO.		
1.							
2.							
3.							
4.							
Have you ever been self-employed? Yes No If yes, explain:							
Will you devote full-time to t	this License? Yes	s 🗌 No 🗌 If	not, who:				
When you will be available to	o start the LTC?						
PERSONAL REFERENCES: (other than relatives)							
Name:	Name: Address:			Years Known:			
Occupation:		Telephone:					
Name: Add		Address:	Years		own:		
Occupation:		Telephone:					
Name: Address:			Years Known:				
Occupation:		Telephone:					
HOBBIES & INTERESTS: (describe)							
The undersigned confirms that the above application fully and truly sets forth the true and accurate background							

information and financial condition of the undersigned on the _____ day of ______, 20_____.

Printed Name: _____

Signature: _

Your signature constitutes your approval for us to make a routine credit check.

Return to: The International Institute of Travel & Business, 120 Carlton Street, Suite 402, Toronto, ON, Canada M5A 4K2.