



Provincial Dental Board of Nova Scotia  
 102, 1559 Brunswick Street  
 Halifax, NS B3J 2G1  
 (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**

(Please answer all questions on this form)

Please Print

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

<b>Corporation Name</b>
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<b>Voting Shares Distribution</b>		
Shareholder	No. & Type of Share Held	Percent of Total Shares

<b>Corporation Directors and Officers</b>	
Name	Address

\_\_\_\_\_ Date

\_\_\_\_\_ Applicants Signature