

Workplace
Education
Manitoba



Essential Skills for Entrepreneurs

Document Use



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Workplace Education Manitoba would like to express appreciation to the following for supporting the development of this curriculum:

Human Resources Skills Development Canada (HRSDC)

and

**Industry Workforce Development, Competitiveness Training
and Trade, Province of Manitoba**

Essential Skills for Entrepreneurs was jointly funded through Human Resources Skills Development Canada (HRSDC) and the Workplace Education Manitoba Steering Committee (WEMSC).

Workplace Education Manitoba would also like to thank the individuals from across Manitoba who provided consultation, content, and feedback.

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ACKNOWLEDGMENTS



ESSENTIAL SKILLS: *What are they and why should I care?*

There are 9 skills that are essential to performing well at work. They are the Essential Skills that are important for success as an entrepreneur.

The 9 Essential Skills are:

Technical Reading
Document Use
Writing
Numeracy
Oral Communication
Thinking Skills
Working with Others
Computer Use
Continuous Learning

People use the Essential Skills in different ways in different workplaces. However, all of the Essential Skills are used in some way in every workplace. Here are a few examples of the way Essential Skills might be used in your work as an entrepreneur:

- Reading and interpreting legal documents such as contracts, agreements, and, tax forms
- Filling out and keeping track of the paperwork required for running a business
- Getting financial information from charts, tables, and graphs. and interpreting financial statements
- Communicating and selling ideas to others
- Initiating contact with others, including networking and making small talk
- Questioning and interacting with customers
- Resolving conflict with others
- Negotiating contracts with suppliers and customers
- Preparing a Marketing Plan
- Writing email messages, letters, and short reports
- Developing and monitoring budgets
- Analysing the pros and cons of a plan
- Creating and monitoring schedules, and making adjustments if necessary
- Evaluating the quality of advertising and making good judgments about design, layout, colour, logos, etc.
- Using problem-solving strategies to constructively resolve problems, issues, and concerns
- Using a decision-making process to make sound business decisions
- Researching, gathering information, and monitoring trends
- Making efficient use of time
- Organizing and prioritizing work tasks
- Dealing with interruptions and resolving tasks that go off-track
- Responding to situations that arise unexpectedly
- Remembering the names, faces, and voices of customers and their history as part of providing good customer service
- Taking a leadership role and communicating priorities
- Organizing and directing the work of others
- Taking advantage of learning opportunities
- Using computer technologies and software programs

ESSENTIAL SKILLS:

What can I do?

Step One	<p>I can: Identify events or activities in my life where I have learned skills that I will use as an entrepreneur:</p> <ul style="list-style-type: none">• What skills have I learned from school, paid or unpaid work, hobbies, sports, volunteer work, etc?• Would an entrepreneur use these skills? How?
Step Two	<p>I can: Take stock of my Essential Skills:</p> <ul style="list-style-type: none">• I <i>know</i>...• I <i>can</i>...• I <i>am</i>...
Step Three	<p>I can: Visualize my future as an entrepreneur and the learning goals that will help me get there.</p>
Step Four	<p>I can: Identify my Essential Skills gaps and the supports I need:</p> <ul style="list-style-type: none">• What Essential Skills do I need to work on?• How do I get the help I need?
Step Five	<p>I can: Create an action plan for reaching my goals:</p> <ul style="list-style-type: none">• What do I need to do to get from where I am to where I want to be? (Specifically)
Step Six	<p>I can: Do it!</p>

What is the Essential Skills for Entrepreneurs workbook series?

This Essential Skills workbook series covers the Essential Skills considered to be most important to an entrepreneur's success in any workplace.

There are four workbooks in this series:

- Document Use,
- Writing Skills,
- Oral Communication, and
- Thinking Skills

How can the Essential Skills for Entrepreneurs workbook series help you?

These Essential Skills workbooks will give you an opportunity to learn more about and practice the skills an entrepreneur needs to be successful. They will also help you find out what you need to learn more about.

Document Use for Entrepreneurs

Finding and using the information you need – or putting information in where it is needed – in documents such as labels, lists, forms, charts, graphs, and technical drawings.

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Introduction

As an entrepreneur, you will use documents to give information. For example, when you fill out forms, and also when you write invoices or instructions. You will also use documents to locate information. For example, when you read operating procedures or regulations and scan job applications.

Some documents may be simple. An example of a simple document is a Purchase Order. Other documents may be very complex. An example of a complex document is a Tax Form. You may need help from professionals to help you understand some important documents.

It is important for you to understand legal documents and to fill them out correctly. You may need to pay money for different licences and permits. If you don't fill the forms out correctly the first time, you may have to pay a penalty to have them processed again. As well, if you don't submit some forms on time, you may have to pay late fees.

Many government forms come with instructions or guidebooks on how to fill them out. You may also need to get legal help.

There are many different organizations in Manitoba that can help you learn about the documents you need to run a small business.

What You will Learn

All documents are different, but they also have many things in common. In this module you will become familiar with many of the types of documents used in business. You will look at how documents are organized, and practise special reading skills such as skimming and scanning. You will also learn about filling in documents. You will practise filling out documents with short and long responses. After you complete this module, you should feel more comfortable “navigating” different business documents.

What Documents You will Use

On the next page you will see an outline of the Document Use module. It lists the main parts of this module, and will also show you what documents you will use to complete each part.

Document Navigation

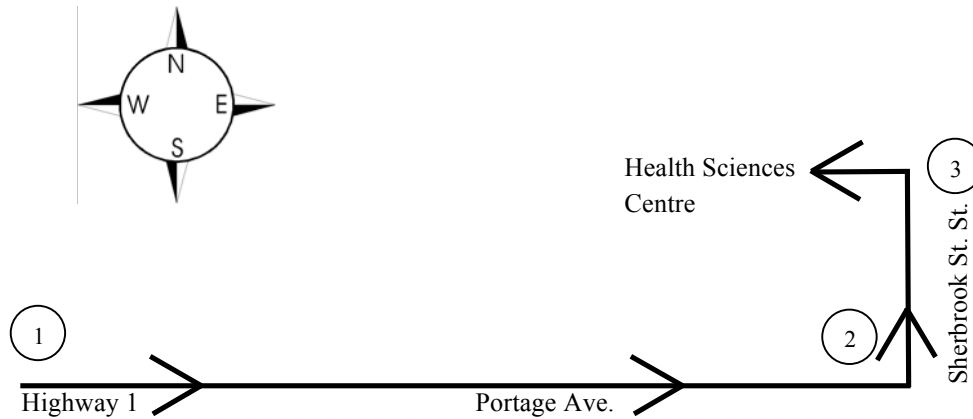
Step 1	<p>Understand Document structure</p> <ol style="list-style-type: none"> 1. Supply Order Form 2. Food Services Establishment Licence 3. Floor Plan Technical Drawing 4. Workers' Earnings Report
Step 2	<p>Skim Same documents as above.</p>
Step 3	<p>Scan</p> <ul style="list-style-type: none"> • Employee Deductions • Floor Plan Technical Drawing • Price List • Budget
Putting It All Together	<ol style="list-style-type: none"> 1. Employer's Incident Report 2. Retail Sales Tax Application 3. Request for a Business Number

Filling in Documents

Filling in Documents	<ol style="list-style-type: none"> 1. Employee Scheduling Spreadsheet 2. Business Plan Project Costs and Funding Summary 3. Purchase Order 4. Food Services Establishment Licence
Putting It All Together	<ul style="list-style-type: none"> • Employer's Incident Report

Document Navigation

Navigating is a strategy for finding your way around. When you go from one place to another you are navigating. For example, imagine that you live in Winnipeg on Portage Avenue near the Perimeter Highway. You want to go to the Health Sciences Centre. The map below shows how you would need to navigate to get to the hospital.



1. Go east on Portage Ave.
2. Turn north on Sherbrook St.
3. Turn west at the Health Sciences Centre.

The Document Navigation section of this module is divided into two parts:

Part 1	Document Navigation Steps
Part 2	Putting It All Together

Document Navigation Steps

When you see a document for the first time, you will have to follow steps to make sure that you understand it well. After you have used the document several times, you can skip these steps to quickly get to the parts you need. Here are the steps you need to take to navigate a new document.

Part 1 Document Navigation Steps

Documents are like maps. Finding your way around documents is called navigation. Navigation is a special reading strategy.

When you see a document for the first time, you will have to follow steps to make sure that you understand it well. After you have used the document several times, you can skip these steps to quickly get to the parts you need.

Here are the steps you need to take to navigate a new document.

Understand Document Structure

Skim

Scan

Step 1 Understand Document Structure

People who write documents use sections to make it easier for the reader to find what he or she is looking for. No two documents are exactly the same. Different documents are made up of different sections that are organized in different ways.

The structure of a document includes both the sections and how they are organized.

Some documents have many sections and some have only a few. People who write documents try to make it easier for the reader to see different sections. They use:

Headings and Subheadings

PRINT OF DIFFERENT TYPE AND SIZE

Boxes to

separate information

 Lines to separate information

White space around each section

Different pages for different sections

Some documents have a *key* or *legend* to give you more information and to tell you what the symbols mean. Some documents have pictures or drawings to help you understand the information.

Some documents have *bullets* to organize the information. Bullets are markers that are used before each item in a list. There are many styles of bullets. Bullet examples are • ♦ ►.

Many documents include *tables*.

A long document may include a *Table of Contents* to tell you what is in the document. It may have an *Index* to tell you what information is on what page, and it could also have *dividers* to separate the sections.

#1

TRY this

The four sample documents on the next several pages will help you become familiar with some of the different types of documents that you may need to use.

Look at how each document is structured. See how the sections are separated and how the information is organized. The documents are numbered from 1 to 4. Write the number of the matching documents on the lines below.

1. Which document has the most white space and the least words?

2. Which documents have small boxes for you to put a check mark in?

3. Which document uses heavy dark lines to divide it into three major sections?

4. Which documents have blank lines to enter information?

5. Which document has a drawing to help you understand the information?

6. Document 1 has a *table* to enter information. How many headings does this table have?

Note: All four documents use headings to highlight important information. Each document uses different types and sizes of print.

Sample Document 1

OFFICE WAREHOUSE

Up-to-date office supplies at down-to-earth prices!

Supply Order Form

Account No.: _____ **PO No.:** _____

Customer: _____ **Ship To:** _____

Ordered By: _____

Phone No.: _____ **Date:** _____

Catalogue Number	Description	Qty	Unit Cost	Total

Sample Document 2

Property RSN _____ People RSN _____ License No. _____



License Services Branch ♦ Direction des licences et des permis
Community Services Department ♦ Services communautaires

FORT GARRY PLACE MALL
UNIT 18 – 30 FORT ST
WINNIPEG, MB
R3C 4X3
Tel: (204) 986-6420
Fax: (204) 986-4094

Application for _____ License

Date _____ 20__

Applicant _____
(Sole Proprietor, Partnership or Corporation)

Operating under the business name of _____

Address trade to be carried on at _____

Mailing Address (if different than above) _____

Telephone Number(s): (home) _____ (work/cell) _____ (fax) _____

I, the applicant identified above, hereby apply for a license referred to above, to carry on the trade in the City of Winnipeg

to commence on the _____ day of _____ 20__

and to continue for the remainder of the license year following immediately thereafter.

or to cease on the _____ day of _____ 20__

I (We) have not operated a business for which the license has been suspended or revoked.

I (We) hereby certify the above information to be correct and acknowledge that any false statement made upon this application may result in the revocation of the license applied for and/or prosecution

Be advised that this application is not a license and does not constitute permission to conduct said trade until the license is issued

* For information regarding licenses *
* please call 986-6420 *

SIGNATURE OF APPLICANT

FOR THE INFORMATION OF ZONING:

PROPERTY ADDRESS _____

PROPERTY ZONED _____ B/L NO. _____

permitted conditional accessory other

CONDITIONS _____

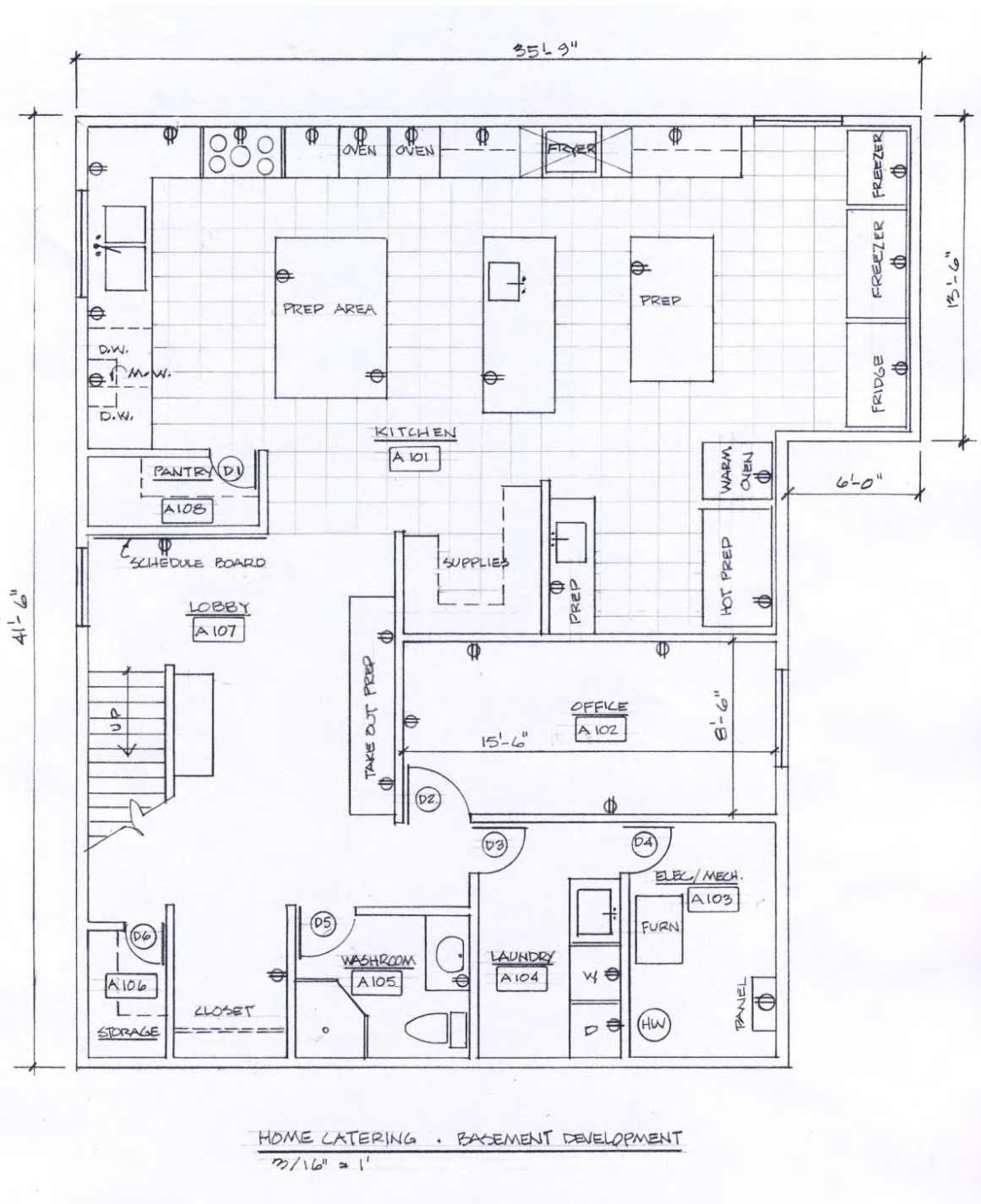
PRINCIPAL USE _____ Development Permit No. _____

DATE ZONING APPROVED

DEVELOPMENT EXAMINER

* For information regarding zoning *
* please call 986-5140 *

Sample Document 3



Sample Document 4



210 - 363 Broadway, Winnipeg, MB R3C 3N9
 Telephone: (204) 954-4505 • Fax: (204) 954-4900
 Toll Free: Telephone 1-800-362-3340 • Fax: 1-866-245-0796
 Email: www.wcb.mb.ca

Assessment
 Services

Page 1

1.

Firm Number:

WCB Annual Workers' Earnings Report
 For the Calendar Years 2008 and 2009

Indicate any change of name or address:

Workers' Earnings Information:

Industry Code	Industry Code Description	2. 2008 Actual Assessable Workers' Earnings	3. 2008 Actual Gross Workers' Earnings	4. 2008 Hours Worked	5. 2009 Estimated Assessable Workers' Earnings

Special Coverage Applications: (Voluntary Coverage, attach separate list if insufficient space)

Industry Code	6. Print Full Name Including Middle Initial			7. Coverage Type	8. 2008 Prorated Coverage	9. 2008 Actual Earnings	10. 2009 Requested Coverage
	Surname	First Name	Initial				

Firm Information:

11. Business Number: (BN) _____

12. If your business is no longer employing workers is it because:

a) **Yes** **No** You sold your business?
 If yes, date of sale: _____
 Name and address of purchaser: _____

b) **Yes** **No** Your business has discontinued?
 If yes, date last employed: _____

c) **Yes** **No** Your business is continuing but you no longer employ workers or sub-contractors?
 If yes, date last employed: _____

13. **Contact Information:**(Indicate any changes, if applicable)

Name: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

Firm Data:

Industry Code	2008 Estimate	2008 Rate	2009 Rate

14. I hereby certify the information on this report is true and correct:

Date	Authorized Signature	Position

When Faxing This Form, Do Not Mail The Original

Step 2 **Skim**

Skimming is a kind of reading where you look over something to get the main idea. When you skim, you read some parts and miss others. For example, if you are in a waiting room and you look at a magazine, you probably don't read every word. You may turn the pages quickly to look for something interesting to read more closely. When you skim the magazine you get a general idea about what it contains.

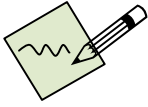
In the last exercise you looked at how different documents were structured. You skimmed over the whole documents, looking at different sections and how they were organized. When you skim, you should also look at these things:

- the title
- headings
- key words
- charts, pictures, or diagrams

You should also think about the reason the document was created (the purpose) and who is expected to read it (the audience).

When you skim, you should be reading three or four times faster than you do at other times. You should be skipping more than you are reading. Some people like to skim by looking down the centre of the page. Other people like to skim by moving their eyes in an "s" pattern down the page.

#2



TRY this

Read the questions below. Skim Sample Documents 1 to 4 on the previous pages to find the answers. Write your answers on the lines below.

1. **Key words** are main or important words. What document has **Special Coverage Applications** as *key words*? _____

2. Which document has a *legend* to help you understand the drawing?

3. When you sign a document you give your name as proof that the information is true. Which documents ask for your signature?

4. Most documents are created for more than one person to use. Read the possible audiences below. Write the matching document number (from 1 to 4) on each line.
 - a. Document ____ builders, contractors
 - b. Document ____ clerk working for the city
 - c. Document ____ order desk clerk, warehouse workers
 - d. Document ____ clerk working for the province

5. The *purpose* is the reason the document was created. Write the purpose for each document.
 - a. Document 1 _____
 - b. Document 2 _____
 - c. Document 3 _____
 - d. Document 4 _____

Step 3 **Scan**

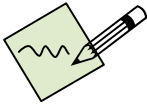
Scanning is a kind of reading where you look for specific information. When you scan, you read some parts and miss or ignore others. For example, if you are looking for a phone number you do not read the whole phone book. The first thing you do is find the section or page you need by looking for *key words*. Then you focus your attention on the name and number you need.

When you scan, you should ask yourself these questions:

- What information do I need?
- What are *key words* or *phrases* I can look for?
- In what section or on what page will I probably find this information?
- How will I know when I find the information?

In the last exercise you skimmed over four documents to get a general idea of what they were about. Now you are ready to scan one document at a time to find more specific information.

#3



TRY this

A **spreadsheet** is information in the form of a *table*. This is also called a *grid*. It has information in columns from side to side and in rows from top to bottom. Each space on the grid is a cell. The information in the cells is called data.

←	→			→
	columns			
rows	cell	cell	cell	cell
↓	cell	cell	cell	cell
↓	cell	cell	cell	cell
↓	cell	cell	cell	cell

The following is an example of a spreadsheet with data listing the shifts employees work in one week:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Marge	8-4	7-4	9-5		7-4	9-5	
Bill		7-4	9-5	9-5	7-4		8-4
Evan	8-4	9-5	7-4		9-5	9-5	
Jessica		9-5	7-4	9-5	9-5	9-5	
Yvette		9-5	9-5	7-4	9-5		8-4
Jason		9-5	9-5	7-4	9-5	9-5	

Imagine that you are Evan. You want to find out when you work on Thursday.

Place a finger from your left hand on your name. Then place a finger from your right hand on Thurs. Move the finger on your left hand across the row. Move the finger on your right hand down the column. You will find the data you want where your two fingers meet.

#3



Continued

You work from 9-5 on Thursday.

The spreadsheet below has data about **Employee Deductions**. Scan the document to find answers to the questions that follow.

Follow these steps:

- Read the whole question.
- Look for *key words* in the question.
- Look at the *columns* and *rows* to find the *key words* from the question.
- Run your fingers or eyes across the columns and down the rows until you find the answer to the question. You may have to read the question more than once.
- Write the answer on the line provided.

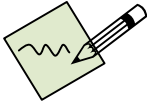
Note: Some questions use *key words* that are a bit different from those found on the document. You may have to *infer* (work out from clues) what the question is asking.

July Employee Deductions

	Taxable Earnings	Employment Insurance	Income Tax	CPP	Other Deductions	Total Deductions	Amount Paid
Marge	1,114.91	19.29	172.07	48.52		239.88	875.03
Bill	840.28	15.05	148.50	42.46	13.67	219.68	620.59
Evan	840.28	15.05	148.50	42.26		206.01	634.27
Jessica	648.90	12.77	120.22	38.34		171.33	477.56
Yvette	1,300.87	22.65	175.46	50.14	104.09	332.34	968.53
Jason	840.28	15.05	148.50	42.26		206.01	634.27

1. How much was Evan paid after deductions in July? _____
2. How much Employment Insurance did Jason pay in July? _____
3. How much did Marge pay into the Canada Pension Plan (CPP)? _____
4. Who had the most deductions in July? _____
5. Who paid the least income tax? _____
6. How much did Yvette make before deductions? _____
7. Which two people made the same amount of money? _____

#4




TRY this

Technical drawings are documents that are labeled. A **Floor Plan** is one type of technical drawing. Numbers and symbols are *keys* to understanding information on this type of document. You will scan a floor plan to answer the questions below.

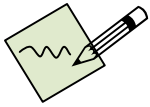
Follow these steps:

- Read the whole question.
- Skim the document to find the *key symbols, numbers, or words* that match the question.
- Look at this section of the document more closely to see if you can answer the question. You may need to check the question again.
- Record your answer on the line provided.

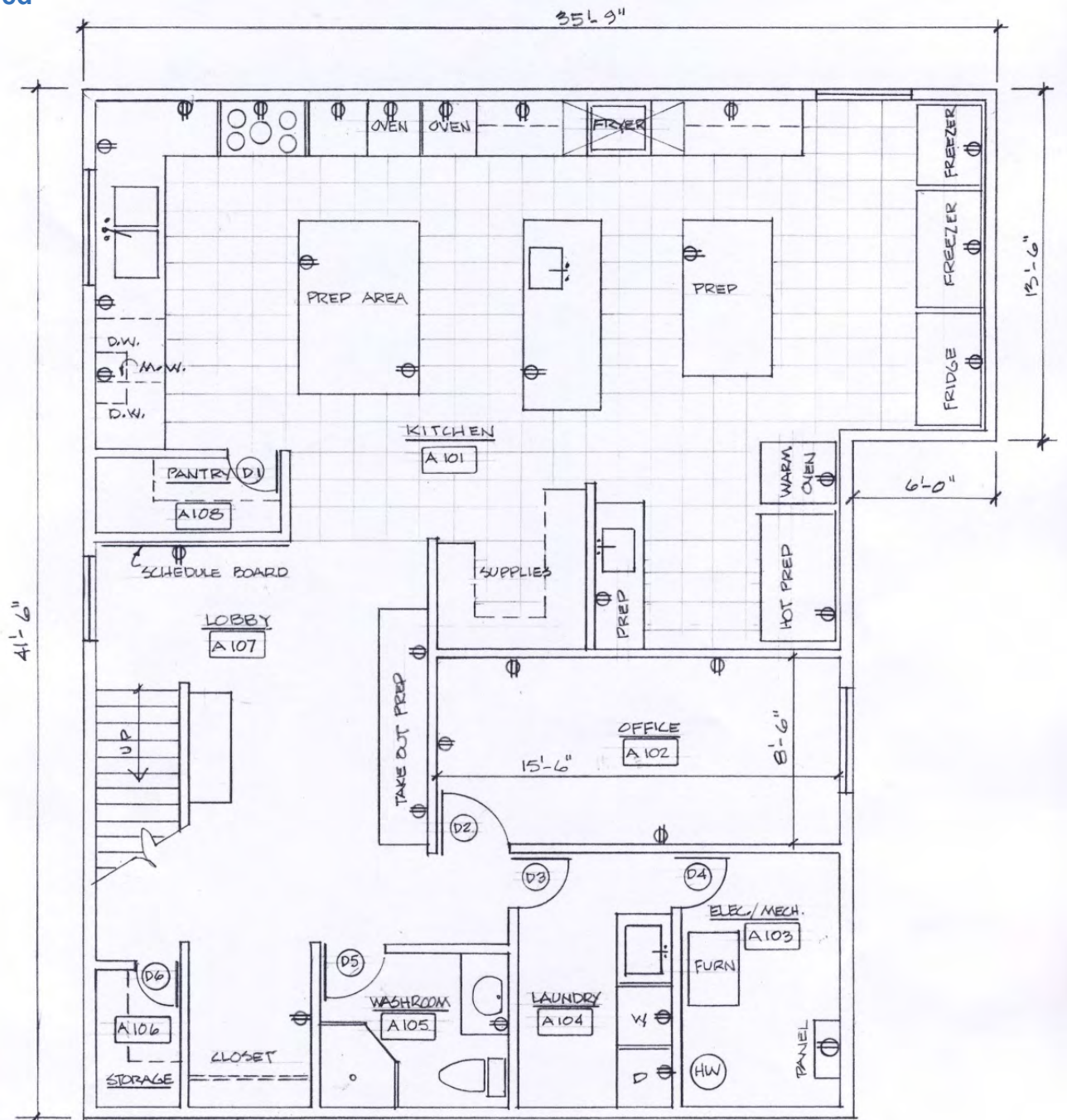
Scan the *Home Catering – Basement Development Floor Plan* on the following page. Use it to answer these questions.

1. In this floor plan document, into what room would you enter through **DOOR – D6**? _____
2. The symbol for an electrical outlet is . How many outlets are located in the **KITCHEN**? _____
3. The “take-out prep” area is located in what room? _____
4. This floor plan shows a scale of $3/16'' = 1'-0''$. If a room dimension is shown as $5'-0''$, what would the line measure on a standard ruler be? _____
5. Write the names of the rooms in the spaces provided:
 A105 _____, A103 _____,
 A101 _____, A107 _____,
 A102 _____, A106 _____,
 A104 _____.
6. Calculate the total perimeter dimension of the Floor Plan. _____
7. Is the “schedule board” visible from the **KITCHEN**? _____
8. What are the room dimensions of the **OFFICE**? _____

#4



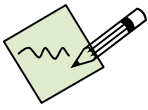
Continued



HOME CATERING • BASEMENT DEVELOPMENT

3/16" = 1'

#5

**TRY this**

A **Price List** is a table that describes supplies and gives prices. You use a price list to order supplies or to tell others what supplies you are selling.

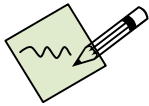
Pretend that you own an arts and crafts business. You need to order some beads. Use the table below to answer the questions that follow. Write your answers on the lines at the end of each question.

Beads				Cost per strand		
		Bead size	Beads per strand	1-2 strands	3-5 strands	6+ strands
Glass						
	clear	6 mm	67	\$4.50	\$3.80	\$3.50
	clear	8 mm	50	\$5.50	\$5.10	\$4.50
	tiger eye	6 mm	67	\$4.80	\$4.50	\$3.80
	tiger eye	8 mm	50	\$5.80	\$5.40	\$4.80
Sand						
	natural	4 mm	100	\$3.60	\$3.30	\$3.10
	mixed	4 mm	100	\$3.80	\$3.50	\$3.10
Wood		6 mm	75	\$3.00	\$2.50	\$2.00

- The beads are made out of what three materials?

- Look at the column with the heading *Bead size*. Wood beads are how much larger than sand beads? _____
- Look at the row that tells about mixed sand beads. If you buy 5 strands of mixed sand beads, how much will each strand cost? _____
- If you buy 6 strands of 8 mm clear glass beads instead of 2 strands, how much cheaper is each strand? _____
- Look at the column with the heading *Beads per strand*. How many more glass beads are there on a strand of 6 mm glass beads than on a strand of 8 mm glass beads? _____
- If you wanted to buy 10 strands of wood beads, how much would each strand cost? _____

#6



TRY this

A **Budget** is a document that keeps track of *income* and *expenses*. The data is written in a table format.

The first part of the table breaks down your income, or all of the money you made. The second part of the table breaks down your expenses, or all of the money you put out or paid to run your business.

A budget is a guess about how much money you will make and how much things will cost. Your actual income and expenses will be different from your guess.

Income example:

Sales Description	Actual	Budget	Difference
Fresh flower sales	257.22	500.00	-242.78
Artificial flower sales	425.09	300.00	125.09
Total Sales			-117.69

The business owners actually made \$257.22 in fresh flower sales, but they guessed they would make \$500.00. They made \$242.78 *less* than they expected.

The business owners actually made \$429.09 in artificial flower sales, but they guessed they would make \$300.00. They made \$125.09 *more* than they expected.

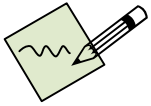
The business owners made \$117.69 *less* total sales than they guessed.

You will find a document called *Budget 2009* on the page following the questions below. Scan the budget to find answers to the questions.

Follow these steps:

- Read the whole question.
- Skim the document to find the *words* or *numbers* that match the question.
- Look at this section of the document more closely to see if you can answer the question. You may need to check the question again.
- Record your answer on the line provided.

#6



Continued

1. How much money in actual donations did the owners receive?

2. What is the difference between their actual sales and their budget sales for the fall?

3. The owners expected to make \$1000.00 income from what source?

4. How much money did they spend on actual postage and mailing?

5. The owners budgeted \$200.00 for what expense? _____
6. What is the difference between their actual expenses and their budget for repair projects?

7. Did the owners make more or less money than they expected? _____

BUDGET 2009

Description	Actual	Budget	Difference
INCOME			
Sales			
Winter	426.38	750.00	-323.62
Spring	530.15	750.00	-219.85
Summer	637.93	750.00	-112.07
Fall	706.22	750.00	-43.78
Other	271.38	0.00	271.38
TOTAL Sales	2,572.06	3,000.00	-427.94
Gifts Received			
Donations	1,227.36	1,000.00	227.36
Other	67.19	0.00	67.19
TOTAL Gifts Received	1,294.55	1,000.00	295.55
Interest	22.36	25.00	-2.64
TOTAL INCOME	3,888.97	4,025.00	-136.03
EXPENSES			
Operating Expenses			
Sales Expenses	912.39	750.00	162.39
Postage and Mailing	224.36	400.00	-175.64
Printing and Reproduction	342.80	650.00	-307.20
Other	139.48	0.00	139.48
TOTAL Operating Expenses	1,619.03	1,800.00	-180.97
Office Supplies	277.25	200.00	77.25
Gifts Given	750.00	500.00	250.00
Non-Recurring Expenses			
Repair Projects	617.36	500.00	117.36
Other	36.98	0.00	36.98
TOTAL Non-Recurring Expenses	654.34	500.00	154.34
TOTAL EXPENSES	3,300.62	3,000.00	300.62
OVERALL TOTAL	588.35	1,025.00	-436.65

Part 2 Putting It All Together

You know how to navigate short documents. You learned to follow these steps:

Step 1	Understand document structure. <ul style="list-style-type: none"> • Look at how the document is set up and organized
Step 2	Skim to get a general idea regarding what the document is about. <ul style="list-style-type: none"> • Think about the purpose and audience
Step 3	Scan the document for specifics. <ul style="list-style-type: none"> • Find the information you need.

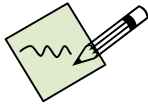
As an entrepreneur, you also need to deal with long and complex documents. These kinds of documents might be confusing at first, but if you follow the navigation steps above, you will begin to become more comfortable with their set up and content.

Many of the complex documents you will use in business will be government forms. In this section you will practise your navigation skills on the following documents:

1. Employer's Incident Report
2. Retail Sales Tax Application
3. Request for a Business Number

You will learn about filling in forms in the next section called Filling in Documents.

#7



TRY this

Employer's Incident Report

You must report an employee injury to the Workers Compensation Board of Manitoba within five days of finding out about it. You will find this document below and on the next page. Use this document to answer the document navigation skills questions that follow it.



Workers Compensation Board of Manitoba

Please FAX this form IMMEDIATELY to:
954-4999 (Toll-free 1-877-872-3804)
 or report this claim by calling:
954-4100 (Toll-free 1-800-362-3340)
333 Broadway • Winnipeg R3C 4W3

Claim No.

Employer Information

Business Name		Address (include Branch where applicable)		
City	Province	Postal Code	Firm Number	Telephone No. ()

Worker Information

Last Name		First Name		
Address				City
Province	Postal Code	Telephone No. ()	Date of Birth	
Social Insurance Number	Male <input type="checkbox"/> Female <input type="checkbox"/>	Job Title		

Incident Details

Date of Incident	Area(s) of Injury
Date Reported to Employer	Name and position of person to whom incident was reported.
Please describe the incident in as much detail as possible. (Use separate sheet if necessary)	
City and province where incident occurred.	
If the incident occurred out of province, is the worker's usual place of employment in Manitoba? <input type="checkbox"/> yes <input type="checkbox"/> no	
Had the worker been employed outside of Manitoba for 6 months or longer at the time of the incident? <input type="checkbox"/> yes <input type="checkbox"/> no	
Did the incident occur on your premises? <input type="checkbox"/> yes <input type="checkbox"/> no If no, specify name and address of premises where incident happened.	

Name and Address of Doctor(s) and/or Hospital(s) who Provided Treatment (If known)

Name	Address
Name	Address

Time Loss & Wages (Only complete this section if the worker missed time from work beyond the date of the incident)

What was the last day and hour worked following the incident?	at <input type="checkbox"/> : <input type="checkbox"/> : <input type="checkbox"/> = <input type="checkbox"/> =
Has the worker returned to work? <input type="checkbox"/> yes <input type="checkbox"/> no	if yes, when? at <input type="checkbox"/> : <input type="checkbox"/> : <input type="checkbox"/> = <input type="checkbox"/> =
Are you continuing to pay the worker during time loss? <input type="checkbox"/> yes <input type="checkbox"/> no	What wages were paid to the worker on the last date worked? \$
How many hours does the worker work per week? If it varies, please describe.	What are the worker's regular days off? if it varies, please describe.
What are the worker's regular gross earnings? (Specify weekly, bi-weekly, etc.) \$	What are the worker's total gross earnings for the last calendar year? \$
What date did the worker begin employment with your firm?	If employed less than one year, what are the worker's gross earnings for the period from the date of employment to the date of the incident? \$
If employed more than one year, what are the worker's gross earnings during the twelve months prior to the date of the incident? \$	Are you able to accommodate worker in alternate duties? <input type="checkbox"/> yes <input type="checkbox"/> no

WCB 2006 Aussi disponible en français

#7



Continued

Worker's Name	Claim No.	
---------------	-----------	--

Coverage

Was anyone not employed by you involved in the incident? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, give name and address.	
Is the worker a partner, director or sole proprietor of the company? <input type="checkbox"/> yes <input type="checkbox"/> no			
a) Is the worker related to the employer?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
b) If yes to a), is the worker the spouse of the partner, director or sole proprietor of the company?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
c) If no to b), did the worker reside in the same household as the employer at the time of the incident?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
d) If yes to c), is the worker married?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Is the worker a sub-contractor? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify:	<input type="checkbox"/> Construction <input type="checkbox"/> Logging	(Complete appropriate sections below)
Is the worker an owner operator? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify:	<input type="checkbox"/> Courier <input type="checkbox"/> Trucking <input type="checkbox"/> Towing	(Complete appropriate sections below)

Sub-Contractor or Owner Operator: (only complete if worker is a sub-contractor or owner operator)

Are you covering the worker under your WCB coverage? <input type="checkbox"/> yes <input type="checkbox"/> no	If no, is the worker registered with WCB? <input type="checkbox"/> yes <input type="checkbox"/> no
Does the worker work in a partnership? <input type="checkbox"/> yes <input type="checkbox"/> no	Does the worker employ other workers? <input type="checkbox"/> yes <input type="checkbox"/> no

Sub-Contractor in Construction

Does the worker supply any materials or equipment? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please specify.
---	-------------------------

Sub-Contractor in Logging

Does the worker supply any materials or equipment? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please specify.
Was the worker cutting on the firm's timber sale, timber permit or sawmill license? <input type="checkbox"/> yes <input type="checkbox"/> no	If no, on whose timber sale, timber permit or sawmill license was the worker cutting?

Owner Operator is a Courier

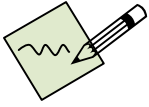
What is the gross vehicle weight? (This can be obtained from the Autopac registration)
--

Owner Operator in Trucking

Does the worker haul within a 16 km radius of the city or town in which the home terminal is located? <input type="checkbox"/> yes <input type="checkbox"/> no	Is the worker a long distance driver? <input type="checkbox"/> yes <input type="checkbox"/> no
Does the worker provide a vehicle? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, how many vehicles?

Name and Position of Person Completing Report	Date
---	------

#7



Continued

Employer's Incident Report questions

Step 1: Understand Document Structure

Look at how the Employer's Incident Report is organized. Write your answers to the questions on the blank lines.

1. The first part of this document has six boxes for you to enter information. The boxes have thick black lines around them. Each box has a small heading in bold print. Write in the missing headings.
 - A. Employer Information
 - B. Worker Information
 - C. _____
 - D. Name and Address of Doctor(s) and/or Hospital(s) who Provided Treatment
 - E. _____
 - F. Coverage

2. The last part of this document has the large heading **Sub-Contractor or Owner Operator**.
How many boxes with thick black lines are under this section? _____

Step 2: Skim

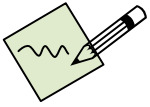
3. In Step 1 above, some of the sections are marked from A-F. Read the sentences about the different sections as shown below. Write the letter of the matching section after the sentence.

Example:

In this section you give information about the injured worker, such as the worker's Social Insurance Number. **B** (see **Worker Information** in Question 1 above)

- a. In this section you give information about the worker's earnings. _____
- b. In this section you give information about medical treatment the injured person received. _____
- c. In this section you give detailed information about what happened. _____
- d. In this section you give the name and address of your business. _____

#7



Continued

4. The audience is the people for whom the document was written. As a business owner, you are part of the audience because you need to read the document.

After you fill in the document it will have another audience. Who will read this document after you complete it? _____

5. The purpose is the reason the document was written. The Workers Compensation Board made this document so that all of the employers in Manitoba could use the same form to report injuries.

After you fill in the document it will have another purpose. What will the Workers Compensation Board use this document for after you complete it?

Step 3: Scan

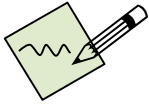
Sometimes you do not have fill in all of the sections of the document because they don't apply to you.

6. What section can you leave out if you do **not** know where the worker went for medical treatment?

7. What section can you leave out if the worker did **not** miss work because of an injury?

8. What section can you leave out if the worker is on your payroll? (gets paid by you on a regular ongoing basis)

#8

**TRY this****Retail Sales Tax application**

If you plan on selling something you must apply for The Retail Sales Tax (RST). This is a 7 per cent tax applied to the retail sale of most goods and services in Manitoba.

You will find this document on the next three pages. Use this document to answer the document navigation questions that follow it.

**RETAIL SALES TAX ACT / TOBACCO TAX ACT
GASOLINE TAX ACT / MOTIVE FUEL TAX ACT
HEALTH AND POST SECONDARY EDUCATION TAX LEVY ACT ("PAYROLL TAX")
Application For Registration / Dealer's Licence**

Application under these Acts can be made using this single application form.

Part A – Business Information												
A1. Business Type - Select <u>only one</u> of the following.												
<input type="checkbox"/> Sole Proprietorship												
<input type="checkbox"/> Partnership Number of Partners: <input type="text"/> Include each partner's name as part of the Legal Name in A4 below.												
<input type="checkbox"/> Corporation												
<input type="checkbox"/> Crown Corporation Type: <input type="checkbox"/> Federal <input type="checkbox"/> Provincial <input type="checkbox"/> Municipal												
<input type="checkbox"/> Government Type: <input type="checkbox"/> Federal <input type="checkbox"/> Provincial <input type="checkbox"/> Municipal <input type="checkbox"/> University <input type="checkbox"/> School Division <input type="checkbox"/> Hospital <input type="checkbox"/> Other – Please Describe:												
<input type="checkbox"/> Non-Profit Type: <input type="checkbox"/> Charity <input type="checkbox"/> Association <input type="checkbox"/> Society <input type="checkbox"/> Religious Body <input type="checkbox"/> Other – Please Describe:												
Is your non-profit organization incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No												
<input type="checkbox"/> Trust Trustee's First Name / Last Name Telephone No.												
A2. Joint Venture – Is your business carried on as a Joint Venture? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', use the Joint Venture Operator's Business Type in A1. above, and its BN and Legal Name in A3. and A4. below.												
A3. Provide The First 9-Digits Of Your Business Number (BN) <input type="text"/>												
Refer to the 'Instructions for Completion' if you are unsure if you have a BN. If you do not have a BN we will obtain one for you.												
A4. Business Identification												
Legal Name												
Operating Name (If different from the Legal Name)												
Location Address (This must be a physical address, not a post office box.)					Postal Code							
Mailing Address (If different from the Location Address)					Postal Code							
Contact Person Identify the principal contact person (an owner/authorized employee or representative) for your Manitoba tax accounts.												
First/Last Name		Title		Telephone No.	Fax No.							
				()	()							
					E-Mail Address							
Part B – New Account Registration / Licence Information												
B1. Are you currently registered for any of the following: retail sales tax, tobacco, gasoline, motive fuel, payroll? <input type="checkbox"/> Yes <input type="checkbox"/> No												
If 'Yes', provide your Manitoba Finance, Taxation Division registration / licence number(s):	Retail Sales Tax	Tobacco	Gasoline / Propane	Motive Fuel (Diesel)	Payroll							
B2. Indicate your Manitoba start date and the new registration / new licence types you are applying for:												
Manitoba Start Date	Retail Sales Tax	Tobacco	Gasoline / Propane	Motive Fuel (Diesel)	Payroll							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
B3. Will your Manitoba business be open only on a seasonal basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', check the months open:												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
B4. Business Description (please answer parts a) to d) below).												
a) Type of business: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail (Merchandise) <input type="checkbox"/> Retail (Service) <input type="checkbox"/> Business Services												



b) Specify the primary products or services that make up the nature of your business:

Product or Service	Estimated Percentage (%) of Revenues
1.	%
2.	%
3.	%

c) Did you purchase an existing business? Yes No If 'Yes', did you purchase: i) Assets or ii) Shares

d) Indicate all of the following that apply: Operate your business out of your home with gross annual sales of \$10,000.00 or less
 Sell goods or services to your employees Produce printed matter for your own use
 Manufacture goods for your own use Consume goods/services purchased for resale
 Purchase goods from outside Manitoba for your own consumption or use in Manitoba. If so, amount/month \$ _____

B5. Indicate all of the following that you intend to sell.

a) Tires b) Liquor c) Vehicles Dealer Permit #: _____

d) Tobacco If you intend to sell Tobacco check all of the following that apply:
 Retailer Vending Machines Wholesaler Manufacturer

e) Gasoline/Propane If you intend to sell Gasoline/Propane check all of the following that apply:
 Gasoline Propane Retail Retail Pumps Wholesale Bulk Plant Key or Cardlock

f) Motive Fuel (Diesel) If you intend to sell Motive Fuel (Diesel) check all of the following that apply:
 Diesel Railway Retail Retail Pumps Wholesale Bulk Plant Key or Cardlock

g) Provide your tobacco, gasoline/propane and motive fuel (diesel fuel) supplier(s) name and address, and the type of product(s) being supplied. Attach a listing if more space is required.

Supplier Name	Supplier Address	Product(s)

h) How many locations will you operate from? Provide the physical address of all **new** business locations.

Location	Operating Name	Location's Physical Address	Postal Code	Retail Sales Tax	Tobacco	Gasoline/Propane	Motive Fuel (Diesel)
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B6. Will your business have an annual **Manitoba** payroll exceeding \$1,000,000? Yes No
 If 'Yes', provide your estimated **Manitoba** annual payroll: \$ _____

B7. Will your business be part of an associated group of employers that has a total combined estimated annual **Manitoba** payroll exceeding \$1,000,000? Yes No
 If 'Yes', provide the associated group's total estimated **Manitoba** annual payroll: \$ _____

B8. Alternative contact information, if required for different Acts.

Location	Account Mailing Address	Postal Code	Contact Name	Telephone No.	Retail Sales Tax	Tobacco	Gas	Motive	Payroll
				()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part C – Certification

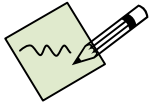
On behalf of the above named business, I hereby apply for registration or licencing under the appropriate Act(s) and certify that I am an owner or an authorized employee or representative of the business and the information provided in this application is true and correct. I also certify that the business understands and will abide by the provisions of each Act(s) under which application is hereby being made.

Owner/Authorized Employee or Representative's Signature	Print Name	Title	Date
Department Use Only			
Date Received			
BN			
Reg/Licence No.			
Reg/Licence Date			



<p>RETAIL SALES TAX ACT / TOBACCO TAX ACT GASOLINE TAX ACT / MOTIVE FUEL TAX ACT HEALTH AND POST SECONDARY EDUCATION TAX LEVY ACT ("PAYROLL TAX") Application For Registration / Dealer's Licence</p>	<p>Form MBT-RL1</p>		
<p>INSTRUCTIONS FOR COMPLETION</p> <p>Application under these Acts can be made using this single application form.</p> <p>INCOMPLETE INFORMATION WILL DELAY THE PROCESSING OF YOUR APPLICATION. ANY FALSE OR MISLEADING INFORMATION WILL RESULT IN YOUR APPLICATION BEING DENIED.</p> <p>Please forward your application to: MANITOBA FINANCE, TAXATION DIVISION 101 - 401 YORK AVENUE, WINNIPEG, MANITOBA R3C 0P8 Fax: (204) 948-3958</p> <p>Retain a copy of the application for your records. After its approval, your registration/licence information will be mailed to you.</p>			
<p>PLEASE CONTACT US IF YOU HAVE QUESTIONS OR NEED ASSISTANCE IN COMPLETING THIS APPLICATION</p>			
Winnipeg	(204) 945-5603	or, Manitoba Toll Free	1-800-782-0318
Brandon	(204) 726-6153	or, Manitoba Toll Free	1-800-275-9290
E-mail		Web Site	www.gov.mb.ca/finance/taxation
Part A – Business Information			
A1. – Business Type			
Sole Proprietorship	A business with one owner who is an individual. For example, Joseph L. Smith is the sole proprietor of a service station business that he owns.		
Partnership	A business with two or more owners operating under a partnership agreement. The owners - or partners - may be any combination of individuals, corporations, or other partnerships.		
Corporation	A business incorporated under <i>The Corporations Act</i> of Manitoba, or other government authority.		
Crown Corporation	Select one of the types indicated.		
Government	Select one of the types indicated.		
Non-Profit	Select one of the types indicated. Indicate if the non-profit organization or association is incorporated.		
Trust	A business operated as a trust.		
A2. – Joint Venture –	If your business is carried on as a Joint Venture use the Joint Venture Operator's Business Type in A1., and BN and Legal Name in A3. and A4. respectively.		
A3. – Provide The First 9-Digits Of Your Business Number (BN)	You will have a BN: if your business is a registered corporation; if you have any of the following Canada Revenue Agency or Canada Border Services Agency accounts: GST, payroll deductions, corporate income tax and/or importing/exporting taxes; if you have an account for Manitoba retail sales tax, payroll tax or corporation capital tax; if your business is a registered charity or operates a taxi or limousine service. If you have a BN but do not know the number please contact us. If you do not have a BN we will obtain one for you. Joint Ventures must enter the Joint Venture Operator's BN.		
A4. – Business Identification			
Legal Name	Sole Proprietorship: the legal name of the individual person, Corporation: the full name as given on the company's incorporation documents (no abbreviations), Partnership: include each partner's (individual or corporation) legal name, Joint Venture: the Joint Venture Operator's (the predominant venturer) legal name.		
Operating Name	The name of the business as it is generally known by its customers, if different from the Legal Name. Examples: The West Corporation Limited may carry on business as 'West's Store', which is the operating name; 'Smith's Store' may be the operating name of Joseph L. Smith (a sole proprietorship).		
Location Address	The complete address for the main location at which the business is carried on. This must be a physical address, not a post office box , but include the relevant postal code.		
Mailing Address	The address that returns and information are to be mailed to, if different than the Location Address.		
Contact Person	The principal contact person for your business; must be either an owner of the business or an authorized employee/authorized representative of the business.		
Part B – New Account Registration / Licence Information –			
In this Part, 'Manitoba Start Date' and B2. to B8. refer to the new business , or the new line of business if you are currently registered / licenced.			
B1. to B3.	For Retail Sales Tax registrations, provide the date you began collecting the sales tax.		
B4.	Self-explanatory.		
B5.	Self-explanatory.		
B6.	Manitoba payroll refers to remuneration paid to employees that report to or are paid through a Manitoba permanent establishment, including salary, wages, commission, employee benefits, stock options etc.		
B7.	An associated group of employers is two or more corporations associated under section 256 of the <i>Income Tax Act (Canada)</i> , and certain corporate partnerships. For more information, please refer to Bulletin HE003 Associated Corporations or contact the Taxation Division as listed above.		
B8.	You may wish to have a separate contact person for each relevant Act.		
B1. - B8.	If you are registering by mail or by fax complete a separate application form if you intend to sell tobacco, gasoline, motive fuel from more locations than provided for on this form.		
<p>Authority To Collect Information / Confidentiality of Information Authority to collect this information and its confidentiality is provided for under the above Acts and <i>The Tax Administration and Miscellaneous Taxes Act</i>.</p>			
07/2007	Page 3 of 3		

#8



Continued

Retail Sales Tax Document Questions

Step 1: Understand Document Structure

Look at how the Retail Sales Tax document is organized. Write your answers to the questions on the blank lines.

1. This document is divided into three major sections. Write the name of Part C.

Part A – Business Information,

Part B – New Account Registration/Licence Information

Part C – _____

2. What page has INSTRUCTIONS FOR COMPLETION of this form?

3. Part A is divided into four subsections. Write the name of subsections A2 and A4.

A1. Business Type

A2. _____

A3. Provide The First 9-Digits Of Your Business Number (BN)

A4. _____

4. Subsection B4. The Business Description is divided into four smaller sections. Write the key words from the missing section heading.

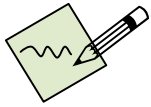
a) Type of Business _____

b) Specify the primary products or services that make up the nature of your business

c) _____

d) Indicate **all** of the following that apply

#8



Continued

Step 2: Skim

5. Read the sentences about different sections. Write the letter and number of the matching subsection after the sentence.

Example:

 A4 In this subsection you give the name and address of your business.

a. _____ In this subsection you write your business number.

b. _____ In this subsection you describe your business.

c. _____ In this subsection you give information about what you are going to sell.

6. The audience is the people for whom the document was written. As a business owner, you are part of the audience because you need to read the document.

After you fill in the document it will have another audience. Who will read this document after you complete it?

7. The purpose is the reason the document was written. The Province of Manitoba made this document so that retailers in Manitoba could register for the Retail Sales Tax licence.

After you fill in the document it will have another purpose. What will the Province of Manitoba do after they receive your completed document?

#8



Continued

Step 3: Scan

Important information on this document is written in bold letters and underlined.
Look closely at this information in order to answer these questions.

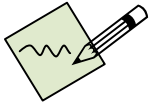
8. How many business types can you select in subsection A1? _____

9. Can you use a post office box for your location address in subsection A4?

10. Is Part B for old or new account registration? _____

11. How many boxes can you select in subsection B4 d)? _____

#9

**TRY this**

Request for a Business Number (BN)

A Business Number helps you to identify your business when you deal with government agencies and other registered businesses.

You will find this document on the next five pages. Use this document to answer the questions that follow it.

REQUEST FOR A BUSINESS NUMBER (BN)

Complete this form to apply for a Business Number (BN). If you are a sole proprietor with more than one business, your BN will apply to all your businesses. **All businesses have to complete parts A and F.** For more information, see Pamphlet RC2, *The Business Number and Your Canada Revenue Agency Accounts*. If you have questions, including where to send this form, call us at **1-800-959-5525**.
Note: If your business is in the province of Quebec and you wish to register for GST/HST, do not use this form. Contact Revenu Québec. However, if you wish to register for any of the other three accounts listed below, complete the appropriate parts indicated in the following instructions.

- To open a GST/HST account, complete parts A, B, and F.
- To open a payroll deductions account, complete parts A, C, and F.
- To open an import/export account, complete parts A, D, and F.
- To open a corporate income tax account, complete parts A, E, and F.

Part A – General information

A1 Ownership type and Operation type

Individual Partnership Trust Corporation Other (specify: _____)

Are you incorporated? Yes No (all corporations have to provide a copy of the certificate of incorporation or amalgamation)

Check the box below that best describes your type of operation:

- | | | |
|---|---|---|
| <input type="checkbox"/> Sole proprietor | <input type="checkbox"/> Federal government (publicly funded) | <input type="checkbox"/> Other government body |
| <input type="checkbox"/> Society | <input type="checkbox"/> Federal government (non-publicly funded) | <input type="checkbox"/> Strata condo corporation |
| <input type="checkbox"/> Employer of a domestic | <input type="checkbox"/> Provincial government | <input type="checkbox"/> Association |
| <input type="checkbox"/> Foster parent | <input type="checkbox"/> Municipal government | <input type="checkbox"/> University/school |
| <input type="checkbox"/> Religious body | <input type="checkbox"/> Financial institution | <input type="checkbox"/> Union |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Employer sponsored plan | |

A2 Owner(s) information – Complete this part to provide information for the individual owner, partner(s), corporate director(s), or officer(s) of the business. If you need more space, include the information on a separate piece of paper. The social insurance number is mandatory for individuals (sole proprietors) applying to register for a GST/HST account (Social Insurance Number Disclosure Regulations, *Excise Tax Act*).

Social insurance number (SIN) 	First name	Last name
Title	Home phone - -	Home fax - -
Occupation	Work phone - -	Work fax - -
	Cell. phone - -	Pager number - -
Social insurance number (SIN) 	First name	Last name
Title	Home phone - -	Home fax - -
Occupation	Work phone - -	Work fax - -
	Cell. phone - -	Pager number - -
Contact Person – Please provide the name of a contact for registration purposes only (the contact name provided will not be considered an authorized representative). If you wish to authorize a representative to speak on your behalf about your BN account(s), complete Form RC59, <i>Business Consent Form</i> . See Pamphlet RC2, <i>The Business Number and Your Canada Revenue Agency Accounts</i> , for more information.		
Title	First name	Last name
	Work phone - -	Work fax - -
	Cell. phone - -	Pager number - -

A3 Identification of business	
Name	
Physical business location	Postal or zip code
Mailing address (if different from the physical business location) c/o	Postal or zip code
Operating / Trading name	
Language of preference <input type="checkbox"/> English <input type="checkbox"/> French	
Are you a third party requesting the registration? <input type="checkbox"/> Yes (If Yes, provide your name and company name below) <input type="checkbox"/> No Your name: _____ Company name: _____	
A4 Major Business activity	
Clearly describe your major business activity. Give as much detail as possible using at least one noun, a verb, and an adjective. Example: Construction – Installing residential hardwood flooring. _____ _____	
Specify up to three main products or services that you provide or contract, and the estimated percentage of revenue they each represent. _____ % _____ % _____ %	
A5 GST/HST information – For more information, see Pamphlet RC2, <i>The Business Number and Your Canada Revenue Agency Accounts</i>.	
Do you provide or plan to provide goods or services in Canada or to export outside Canada? If No , you generally cannot register for GST/HST. However, certain businesses may be able to register. See our pamphlet for details. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are your annual worldwide GST/HST taxable sales, including those of any associates, more than \$30,000? If Yes , you have to register for GST/HST. Note: Special rules apply to charities and public institutions. See our pamphlet for details. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a public service body (PSB) whose annual worldwide GST/HST taxable sales are more than \$50,000? If Yes , you have to register for GST/HST. Note: Special rules apply to charities and public institutions. See our pamphlet for details. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all the goods/services you sell/provide exempt from the GST/HST? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you operate a taxi or limousine service? If Yes , you have to register for GST/HST regardless of your revenue. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an individual whose sole activity subject to GST/HST is from commercial rental income? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a non-resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a non-resident who charges admission directly to audiences at activities or events in Canada? If Yes , you have to register for GST/HST, regardless of your revenue. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you wish to register voluntarily? By registering voluntarily, you must begin to charge GST/HST and file returns even if your worldwide GST/HST taxable sales are \$30,000 or less (\$50,000 or less if you are a public service body). See our pamphlet for details. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part B – GST/HST account information – Complete a separate form for each division of your corporation that requires a GST/HST account.

B1 GST/HST account identification – Check the box if the information is the same as in Part A3.

Account name _____

Physical business location _____ Postal or zip code _____

Mailing address (if different from the physical business location) for GST/HST purposes
c/o _____ Postal or zip code _____

B2 Filing information – For more information, see Pamphlet RC2, *The Business Number and Your Canada Revenue Agency Accounts*.

Do you want us to send you GST/HST publications? Yes No

Enter the amount of your sales in Canada (dollar amount only) \$ _____ (If you have no sales enter \$0)

Enter the amount of your worldwide sales (dollar amount only) \$ _____ (If you have no sales enter \$0)

Enter the fiscal year-end for GST/HST purposes.
If you do not provide a date, we will enter December 31.

Month: Day:

Do you want to make an election to change the fiscal year-end for GST/HST purposes? Yes No

If Yes, enter the date you would like to use.

Month: Day:

Enter the effective date of registration for GST/HST purposes.

Year: Month: Day:

See our pamphlet for information about when to register for GST/HST.

B3 Reporting period

Unless you are a charity or a financial institution, we will assign you a reporting period based on your total annual GST/HST taxable sales in Canada (including those of your associates) for the preceeding year. If you do not have annual sales from the preceeding year, your sales are \$0. If you wish to elect for a different reporting period, your options, if any, are listed below. Please indicate in the right column which option you wish to elect. For more information, see Pamphlet RC2, *The Business Number and Your Canada Revenue Agency Accounts*.

Reporting period election
Select Yes if you wish to file more frequently than the reporting period assigned to you. Yes No

Total annual GST/HST taxable sales in Canada (including those of your associates)	Reporting period assigned to you, unless you choose to change it (see next column)	Options
<input type="checkbox"/> More than \$6,000,000	Monthly	No options available
<input type="checkbox"/> More than \$1,500,000 up to \$6,000,000	Quarterly	<input type="checkbox"/> Monthly
<input type="checkbox"/> \$1,500,000 or less	Annual	<input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly
<input type="checkbox"/> Charities	Annual	<input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly
<input type="checkbox"/> Financial institutions	Annual	<input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly

B4 Direct deposit information – The account holder identified below requests and authorizes the Minister of National Revenue to directly deposit into the account identified below, amounts payable to the account holder under Part IX of the *Excise Tax Act*.

Complete the information area below or attach a blank cheque and write "VOID" across the front. This method provides a faster, more convenient, and dependable way of receiving refunds. The CRA will deposit your GST/HST refund into your bank account.

Branch number:

Institution number:

Account number:

Name(s) of account holder(s): _____

Part C – Payroll deductions account information – Complete parts C1 and C2 if you need a BN payroll deductions account.																																		
C1 Payroll deductions account identification – Check the box if the information is the same as in Part A3. <input type="checkbox"/>																																		
Account name _____																																		
Physical business location _____	Postal or zip code _____																																	
Mailing address (if different from the physical business location) for payroll deduction purposes c/o _____	Postal or zip code _____																																	
Language of preference <input type="checkbox"/> English <input type="checkbox"/> French																																		
Do you want us to send you the New Employers Kit, which includes <i>Payroll Deductions Tables</i> and information? <input type="checkbox"/> Yes <input type="checkbox"/> No																																		
C2 General information																																		
a) What type of payment are you making? <input type="checkbox"/> Payroll <input type="checkbox"/> Registered retirement savings plan <input type="checkbox"/> Registered retirement income fund <input type="checkbox"/> Other (specify) _____																																		
b) How often will you pay your employees or payees? Please check the pay period(s) that apply. <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other (specify) _____																																		
c) Do you want to receive the <i>Payroll Deductions Tables</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, select one of the following: <input type="checkbox"/> Paper <input type="checkbox"/> compact disc (CD)																																		
d) Do you use a payroll service? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which one? (enter name) _____																																		
e) What is the maximum number of employees you expect to have working for you at any time in the next 12 months? _____																																		
f) When will you make the first payment to your employees or payees? <table border="1" style="display: inline-table; margin-left: 100px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">Year</td> <td colspan="4" style="text-align: center;">Month</td> <td colspan="4" style="text-align: center;">Day</td> </tr> </table>																							Year				Month				Day			
Year				Month				Day																										
g) Duration of business: <input type="checkbox"/> Year-round <input type="checkbox"/> Seasonal If seasonal, check month(s) of operation: <table border="1" style="display: inline-table; margin-left: 100px;"> <tr> <td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td> </tr> </table>		J	F	M	A	M	J	J	A	S	O	N	D																					
J	F	M	A	M	J	J	A	S	O	N	D																							
h) If the business is a corporation, is the corporation a subsidiary or an affiliate of a foreign corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter country: _____																																		
i) Are you a franchisee? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter the name and country of the franchisor: _____																																		

Part D – Import/export account information – Complete D1 and D2 if you need a BN import/export account for commercial purposes (you do not need to register for an import/export account for personal importations). Complete a separate form for each branch or division of your corporation that requires an import/export account for commercial purposes.

D1 Import/export account identification – Check the box if the information is the same as in Part A3.

Account name

Physical business location

Postal or zip code

Mailing address (if different from the physical business location) for import/export purposes
c/o

Postal or zip code

Language of preference English French

Do you want us to send you import/export account information? Yes No

D2 Import/export information

Type of account: Importer Exporter Both importer/exporter Meeting, convention, and incentive travel

If you are applying for an exporter account, you must provide all of the following information.

Enter the type of goods you are or will be exporting:

Enter the estimated annual value of goods you are or will be exporting. \$ _____

Part E – Corporate income tax account information – Complete part E1 if you need a BN corporate income tax account.

E1 Corporate income tax account identification – Check the box if the information is the same as in Part A3.

Name (as listed on your certificate of incorporation)

Physical business location

Postal or zip code

Mailing address (if different from the physical business location)
c/o

Postal or zip code

Language of preference English French

Part F – Certification

All businesses have to complete and sign this part. You are authorized to sign this form if you are an individual, a partner, an officer of your business or a corporate director. If the Direct Deposit Information is entered, an authorized representative **may not** sign this form.

The person signing this form is the: Owner Partner Corporate director Officer Authorized representative

I certify that the information given on this form is, to the best of my knowledge, true and complete.

First and last names (print)

Title

Signature

Year Month Day

#9



Continued

Request for Business Number document questions

Step 1: Understand Document Structure

Look at how the Request for a Business Number document is organized. Write your answers to the questions on the blank lines.

1. This document is divided into six major parts from A-F. Each major part has many smaller parts or subsections. This is an outline of the structure of this document. Fill in the missing headings.

Part A – General information

A1 Ownership type and Operation type

A2 Owner(s) information

A3 _____

A4 Major Business activity

A5 _____

Part B – GST/HST account information

B1 GST/HST account identification

B2 _____

B3 _____

B4 Direct deposit information

Part C – _____

C1 _____

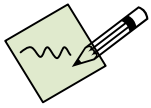
C2 General information

Part D – Import/export account information

D1 Import/export account identification

D2 Import/export information

#9



Continued

Part E – _____

E1 Corporate income tax account identification

Part F – Certification

Step 2: Skim

2. Write the purpose of this document in your own words.

3. After you fill out this document, who do think will read it (audience)?

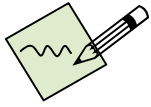
Step 3: Scan

4. This document has six main parts: A, B, C, D, E, and F. What two parts must be completed by ALL businesses?

5. Look at A2 Owner(s) information. If your business has more than two owners, where should you write the social insurance and contact numbers for additional owners?

6. Look at B2 Filing information. If you do not write a fiscal year-end date, what date will the government enter for you?

#9



Continued

7. Look at the B3 Reporting period. How often do you have to report if your total annual GST/HST taxable sales are more than \$6,000,000?

8. Part C2 has a box that looks like this:

J	F	M	A	M	J	J	A	S	O	N	D
---	---	---	---	---	---	---	---	---	---	---	---

What do the letters in the box stand for?

9. Look at D1 Import/export account identification. Why would you have to fill in your mailing address?

10. Look at A4 Major Business activity. You are told to use at least one noun, a verb, and an adjective to describe your Major Business activity. This is the example given:

Construction – Installing residential hardwood flooring.
 (noun) (verb) (adjective) (adjective) (noun)

Here are some more examples of business activities:

- Health – massaging feet, mobile service
- Construction – remodeling basements
- Body Art – tattooing and piercing
- Transportation – renting bicycles and mopeds

Think about a business activity you would like to do. Use at least one noun, a verb, and an adjective to describe it. Follow the examples above.

Filling in Documents

In the first part of this module you looked at different documents to see how they are structured and organized. You skimmed documents to get a general idea of what they are about. You also scanned documents for more specific information. In this part of the module you will practise filling in documents.

Forms are an important way of communicating information for business. You will fill in many different kinds of forms as an entrepreneur. Some forms are short and easy to fill in. Some forms are long and difficult to fill in.

Filling in documents is set up this way:

Part 1	Filling in Forms
Part 2	Putting It All Together

Part 1 Filling in Forms

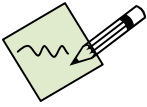
In this section you will look at different ways to fill in tables, lines, and boxes. You will write dates and phone numbers different ways. You will also practise following instructions and writing facts in logical order.

Tables

You will fill in many different tables to give information to others. Tables are set up in columns and rows. You fill in data in the different cells.

You use a scheduling spreadsheet to keep track of when your employees work. You need to make sure that your employees can read this sheet so that they do not miss shifts. A scheduling sheet is a table that is set up like a calendar.

#10

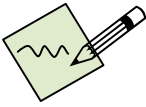
TRY this

Write the names of your employees and when they work on the scheduling spreadsheet below. The first one is done for you.

- Shayla works Saturday and Sunday from 8 am – 4 pm, Monday from 7 am – 3 pm, and Friday from 9 am – 5 pm.
- Avery works Saturday and Sunday from 8 am – 4 pm, Monday and Tuesday from 9 am – 5 pm, and Thursday from 7 am – 3 pm.
- Carol works Sunday from 8 am – 4 pm, Tuesday and Wednesday from 9 am – 5 pm, and Thursday from 7 am – 3 pm.
- Justin works Monday to Friday from 8 am – 4 pm.
- Paul works on Wednesday from 7 am – 3 pm, Thursday from 8 am – 4 pm, and Saturday from 8 am – 4 pm.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Shayla	8-4	7-3				9-5	8-4

#11

**TRY this**

You need to write a **Business Plan** in order to get funding for your business. An important part of this plan is a **Project Costs and Project Funding Summary**. You list all of your costs and the funding you need in table format.

Enter the money amounts on the correct lines on the table below. Use a calculator to make sure that the project costs and project funding amounts are equal to each other. Enter the two totals.

Costs:	Funding:
Land and Buildings \$200,000	Cash and Assets \$102,500
Vehicles \$20,000	Line of Credit \$20,000
Furniture \$25,000	Equipment Loan \$55,000
Renovations \$50,000	Mortgage \$150,000
Inventory \$17,500	Subsidy \$0
Other Expenses \$15,000	

Project Cost Summary	Amount \$
Land and Buildings	
Improvements (renovations)	
Equipment/Furniture	
Vehicles (if used in the business)	
Inventory (opening cost)	
Other Start-Up Expenses as per Cash Flow (accounting, taxes, licences, insurance, rent, supplies, etc.)	
Total Project Cost	
Project Funding	
Equity <ul style="list-style-type: none"> • cash • contributed assets 	
Land and Building Mortgage	
Equipment Loan	
Line of Credit	
Grant/Subsidy	
Total Project Funding	

Note: Total project costs and project funding must be equal.

You will learn more about the other parts of a Business Plan in the Writing module.

Lines

You usually write words on lines. The key words can be next to the line, under the line, or over the line. Look at the examples below. Write your own information on the lines provided.

Name _____ (next to the line)

Street Address (under the line)

City Province Postal Code

(above the line)

When you see a number of short lines in one row, you need to choose the response that applies to you. You can choose a response by putting a check mark ✓ or an X on the line.

Mark one of the responses below with your own information. Put a check mark or an X on one line.

_____ single _____ married _____ divorced _____ common-law

Boxes

If you see one box, you usually use a check mark to say yes.

Example

Send me a copy of your catalogue.

If you see two or more boxes, you usually choose one of the boxes.

Example

Male

Female

If you see a row of boxes, you usually put one letter or number in each box. You leave a blank box between words.

Example

M	A	R	Y		S	I	N	C	L	A	I	R						
---	---	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--

This exercise is just for fun! Fill out this entry form.

<p>Your favourite kind of movie</p> <p> <input type="checkbox"/> comedy <input type="checkbox"/> drama <input type="checkbox"/> romance <input type="checkbox"/> horror <input type="checkbox"/> other (specify) _____ </p> <p>Your favourite movie</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>Your favourite actor or actress</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p><input type="checkbox"/> Enter me in your free movie draw.</p>																																									

Dates

Dates are an important part of most forms. You can write them many different ways. You can write the day, month, and year in different order. These words are abbreviated different ways on different forms.

Follow the examples below. Write TODAY'S DATE many different ways.

Date: March 3, 2009

Date: _____ 20__

23	12	2004
Day	Month	Year

_____	_____	_____
Day	Month	Year

Date: (M,D,Y) 06/31/05
 Date: (M,D,Y) _____ / _____ / _____

Date:
 Yr. Mo. Day
 [0] [9] [0] [7] [2] [1]

Date:
 Yr. Mo. Day
 [] [] [] [] [] []

on the eighteenth day of August, 2009

on the _____ day of _____ 20__

Telephone Numbers

As a business owner you may have several different phone numbers. For example, your business number, your cell number, and your home number. You can enter your number in different ways, but you should always include your area code.

Follow the examples below. Enter your own phone number(s) in different ways.

Phone # (204) 555-5555

Phone # () _____

Home Telephone

2	0	4	-	4	4	4	-	4	4	4	4
---	---	---	---	---	---	---	---	---	---	---	---

Home Telephone

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

Phone No.

| 403 | 555 | 1111 |

Phone No.

| ____ | ____ | _____ |

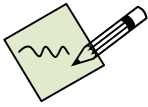
Telephone number:

(204) 123 - 4567

Telephone number:

() -

#12

TRY this

You will complete **Purchase Orders** to order supplies. You will also complete purchase orders to process customer orders. Purchase orders have two parts:

- A. Lines – you fill in customer information
- B. Table – you fill in the supplies

Pretend that you own an arts and crafts business. You need to order some beads. Use the price list below to place your order. Write your order on the purchase order on the next page. Fill in the whole form and create your own customer information.

Example: 10 strands of 6 mm clear glass beads

Quantity	Description	Unit Cost	Total
10	6 mm clear glass beads	\$3.50	\$35.00

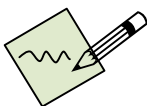
Each strand of beads costs \$3.50. $\$3.50 \times 10 = \35.00

Beads		Bead size	Beads per strand	Cost per strand		
				1-2 strands	3-5 strands	6+ strands
Glass						
	clear	6 mm	67	\$4.50	\$3.80	\$3.50
	clear	8 mm	50	\$5.50	\$5.10	\$4.50
	tiger eye	6 mm	67	\$4.80	\$4.50	\$3.80
	tiger eye	8 mm	50	\$5.80	\$5.40	\$4.80
Sand						
	natural	4 mm	100	\$3.60	\$3.30	\$3.10
	mixed	4 mm	100	\$3.80	\$3.50	\$3.10
Wood		6 mm	75	\$3.00	\$2.50	\$2.00

Your order:

- 5 strands of 8 mm clear beads
- 2 strands of 6 mm tiger eye beads
- 4 strands of 8 mm tiger eye beads
- 6 strands of 4 mm natural sand beads
- 10 strands of 6 mm wood beads

#12



TRY this

The Craft Cupboard

Create with us!

Purchase Order

Account No.: _____ PO No.: _____

Customer: _____ Ship To: _____

Ordered By: _____

Phone No.: _____ Date: _____

Catalogue Number	Description	Qty	Unit Cost	Total

Following Instructions

Many forms have instructions, such as commands for you to follow. They are usually on a separate line so that they are easy to see. Here are some other things writers do to make instructions stand out:

- Use **bold** letters.
Examples: **Print clearly**
 Use ink only
- Put instructions inside parentheses (brackets).
Examples: (Check one only)
 (Mark all appropriate boxes)
- Use BLOCK letters.
Examples: DO NOT WRITE BELOW THIS LINE.
 PRINT IN BLOCK LETTERS.
- Use italics.
Examples: *Start with the most recent.*
 See explanation on next page.

It is important to follow instructions on forms. If you fill out a form incorrectly it may be returned to you, and this could cost you money. You may need to pay an application fee more than once, and you could lose a grant or funding. You might also have to pay late fees.

Some instructions can be confusing. They are not clear commands. You must infer, or understand, what is said *and* what is not said.

Example: **To open a GST account, complete parts A, B, and F.**

What is said: complete parts A, B, and F.

What is not said: do not complete parts C, D, and E.

- Always read these kinds of instructions carefully so that you fill in the information correctly.
- You may be instructed to sign a document or write your signature. Always make sure you understand what you are signing.
- Watch out for language like this. It means that you will take legal responsibility for your signature:

I certify.... I consent to.... I agree.... I authorize....

Remember: Never sign any form if you do not understand it.

Practise

Fill out the Business Information form below with information about your business or a business you hope to have. You can make up information. Pay close attention to the instructions.

Part 1

Business name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Business location (city or town): _____

If location is inside Winnipeg, fill in Part 2.

Part 2

FILL IN COMPLETE ADDRESS

_____ Winnipeg, MB _____
 Street name and number Postal Code

Part 3

Type of business: _____

Fill in Parts 4 and 5 if your business involves food.

Part 4

Do you have a Safe Food Handling Certificate? _____

If yes, when did you receive it? _____

Part 5

Do you or will you serve alcohol as well as food? _____

I have a permit to serve alcohol. _____ Yes _____ No

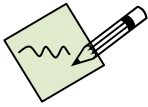
Part 6

If you have a vehicle for commercial use, write the registration number: _____

I consent to data verification.

Signature: _____ Date: (M,D,Y) _____

#13

TRY this

You need a **Food Services Establishment License** to serve food to customers. A copy of this licence from the City of Winnipeg is on the next page. This document is divided into three sections.

Fill in the first two sections with the following information. Do not leave any blank lines.

1. You are applying for a Food Services Establishment License on May 18, 2009. You want the licence to start on July 1, 2009, and end on September 30, 2009.
2. Your name is Pat Lavallee and your business is called Picnics To Go.
3. Your business is at 000 Main Street, Winnipeg. Your mailing address is Box 1, Grp 2, RR 3, Winnipeg, Manitoba, R1C 2B2.
4. Your fax number is 204-111-2222, your cell number is 204-333-4444, and your home number is 204-555-6666.
5. Sign your name.



License Services Branch ♦ Direction des licences et des permis

Community Services Department ♦ Services communautaires

FORT GARRY PLACE MALL
UNIT 18 - 30 FORT ST
WINNIPEG, MB
R3C 4X3

Tel: (204) 986-6420
Fax: (204) 986-4094

Application for _____ License

Date _____ 20__

Applicant _____
(Sole Proprietor, Partnership or Corporation)

Operating under the business name of _____

Address trade to be carried on at _____

Mailing Address (if different than above) _____

Telephone Number(s): (home) _____ (work/cell) _____ (fax) _____

I, the applicant identified above, hereby apply for a license referred to above, to carry on the trade in the City of Winnipeg

to commence on the _____ day of _____ 20__

and to continue for the remainder of the license year following immediately thereafter.

or to cease on the _____ day of _____ 20__

I (We) have not operated a business for which the license has been suspended or revoked.

I (We) hereby certify the above information to be correct and acknowledge that any false statement made upon this application may result in the revocation of the license applied for and/or prosecution

Be advised that this application is not a license and does not constitute permission to conduct said trade until the license is issued

* For information regarding licenses *
* please call 986-6420 *

SIGNATURE OF APPLICANT

FOR THE INFORMATION OF ZONING:

PROPERTY ADDRESS _____

PROPERTY ZONED _____ B/L NO. _____

_____ permitted conditional accessory other

CONDITIONS _____

PRINCIPAL USE _____ Development Permit No. _____

DATE ZONING APPROVED

DEVELOPMENT EXAMINER

* For information regarding zoning *
* please call 986-5140 *

Reporting Details

When a worker is injured, he or she must report their injury to the Workers Compensation Board of Manitoba. You must also report the injury on the Employer's Incident Report. The Board will use these reports to decide if the worker should get benefits.

In the Document Navigation part of this module you looked at an Employer's Incident Report to see how it is organized and the kind of information you need to report. Now you will focus on the one part of the form that asks for a detailed description.

The Incident Details box on the form has these instructions:

Please describe the incident in as much detail as possible. (Use separate sheet if necessary)

You need to write a paragraph about what happened. You need to clearly write:

1. facts, not opinions
2. facts in order

Write Facts, Not Opinions

A **fact** is a statement that can be proven true or false.

An **opinion** is someone's belief or way of thinking.

Examples:

Tom helped Dennis clean up the oil spill is a fact.

Tom is a kind person is an opinion.

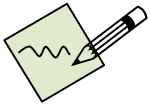
Courtney started work at 9 am is a fact.

I hate when my employees are late for work is an opinion.

Bill said the food made him sick is a fact.

Our food is the best is an opinion.

#14

TRY this

The incident report below contains both facts and opinions.

- Read the paragraph once to get the meaning.
- Reread the paragraph.
- Decide if each sentence is a fact or an opinion. Write F for fact and O for opinion beside the numbers that match the sentences in the paragraph.

(1) Arnie mopped the kitchen floor at the end of his shift. (2) He always does a good job of cleaning the floor. (3) He put out the “Caution Wet Floor” marker. (4) Junior came into the kitchen wearing sandals. (5) I think all workers should wear special footwear with treads on the bottom. (6) Workers are too concerned about appearances these days. (7) Junior slipped on the wet floor. (8) He put out his arm to stop his fall. (9) Junior said he injured his wrist in the fall. (10) His wrist looked fine to me.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Write Facts in Order

It is important to present the facts in a logical order so that they are clear to the reader. Example:

1. Garrett dumped garbage bags into the bin.
2. One bag had broken glass in it.
3. He was not wearing gloves.
4. Garrett cut his thumb on the glass.

#15



TRY this

The facts in this incident are mixed up. Each sentence is numbered.

- Read the whole paragraph.
- Decide the correct order for the sentences.
- Write the sentence numbers in the correct order beside the numbers from 1-7.

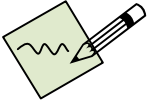
(1) The ladder slipped on the wet cement floor. (2) He climbed a ladder while carrying the box. (3) He was rushed to the hospital. (4) Roger carried a box to the storage area. (5) He landed on his wrist. (6) He crushed the bones in his wrist. (7) Roger fell 20 feet.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Part 2 Putting It All Together

In the first part of this section you learned about filling in tables, lines, and boxes. In the second part of this section you learned about reporting details. Now you are ready to fill in a complete complex form.

#16



TRY this

You will find a blank **Employer's Incident Report** on the next two pages. Use the information below to fill in the complete report.

1. Your business is called Green Clean. Your address is 24 McNaught Way, Brandon, MB, R7A 1A1. Your phone number is (204) 111-2222.
2. The injured worker is Hailie Sanderson. Her address is 103-44 Rodeo Blvd., Brandon, MB, R7A 2E1. Her phone number is (204) 333-4444. She was born July 21, 1984. Her SIN is 698 212 897.
3. On June 23/09 Hailie was cleaning a carpet at the home of Penny Albrecht, 944 17th Street N. in Brandon. She hurt her back when she tried to move a heavy cabinet. She called you immediately to report her injury. You told her to go to Brandon Hospital to get checked out.
4. This incident happened at 4 pm on June 1. She has not returned to work. Her last cheque before the injury was \$400.00. This is her regular weekly salary. She works 40 hours a week, Monday to Friday, from 8-4. Hailie started working for you on April 1/09. She made \$3200.00 before the incident, but has not been paid since. You can not give her light duties because you are a small company.
5. Hailie was the only worker injured. She is not related to you in any way. She is not a sub-contractor or owner operator.
6. Sign your name as the owner and date the document July 1, 2009.



Please FAX this form IMMEDIATELY to:
954-4999 (Toll-free 1-877-872-3804)

or report this claim by calling:
954-4100 (Toll-free 1-800-362-3340)
333 Broadway • Winnipeg R3C 4W3

EMPLOYER'S INCIDENT REPORTClaim No. **2****Employer Information**

Business Name			Address (include Branch where applicable)		
City	Province	Postal Code	Firm Number	Industry Code	Telephone No. ()

Worker Information

Last Name		First Name			
Address				City	
Province		Postal Code		Telephone No. ()	Date of Birth DD / MM / YYYY
Social Insurance Number		Male <input type="checkbox"/> Female <input type="checkbox"/>	Job Title		

Incident Details

Date of Incident DD / MM / YYYY	Area(s) of Injury				
Date Reported to Employer DD / MM / YYYY	Name and position of person to whom incident was reported.				
Please describe the incident in as much detail as possible. (Use separate sheet if necessary)					
City and province where incident occurred.					
If the incident occurred out of province, is the worker's usual place of employment in Manitoba? <input type="checkbox"/> yes <input type="checkbox"/> no			Had the worker been employed outside of Manitoba for 6 months or longer at the time of the incident? <input type="checkbox"/> yes <input type="checkbox"/> no		
Did the incident occur on your premises? <input type="checkbox"/> yes <input type="checkbox"/> no If no, specify name and address of premises where incident happened.					

Name and Address of Doctor(s) and/or Hospital(s) who Provided Treatment (If known)

Name	Address
Name	Address

Time Loss & Wages (Only complete this section if the worker missed time from work beyond the date of the incident)

What was the last day and hour worked following the incident?		DD / MM / YYYY	at	HOUR	<input type="checkbox"/> AM <input type="checkbox"/> PM
Has the worker returned to work? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, when?		DD / MM / YYYY	at HOUR <input type="checkbox"/> AM <input type="checkbox"/> PM
Are you continuing to pay the worker during time loss? <input type="checkbox"/> yes <input type="checkbox"/> no		What wages were paid to the worker on the last date worked? \$			
How many hours does the worker work per week? If it varies, please describe.		What are the worker's regular days off? If it varies, please describe.			
What are the worker's regular gross earnings? (Specify weekly, bi-weekly, etc.) \$		What are the worker's total gross earnings for the last calendar year? \$			
What date did the worker begin employment with your firm? DD / MM / YYYY		If employed less than one year, what are the worker's gross earnings for the period from the date of employment to the date of the incident? \$			
If employed more than one year, what are the worker's gross earnings during the twelve months prior to the date of the incident? \$		Are you able to accommodate worker in alternate duties? <input type="checkbox"/> yes <input type="checkbox"/> no			

Worker's Name	Claim No.	2
---------------	-----------	----------

Coverage

Was anyone not employed by you involved in the incident? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, give name and address.	
Is the worker a partner, director or sole proprietor of the company? <input type="checkbox"/> yes <input type="checkbox"/> no		
Please answer these questions if the incident occurred between Jan. 1, 1992 and Dec. 31, 2005		
Is the worker a member of the employer's family (or if the employer is a corporation, a family member of the director of the corporation)? <input type="checkbox"/> yes <input type="checkbox"/> no		
If yes, does the worker reside with the employer or director? <input type="checkbox"/> yes <input type="checkbox"/> no		
Is the worker a sub-contractor? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify: <input type="checkbox"/> Construction <input type="checkbox"/> Logging	(Complete appropriate sections below)
Is the worker an owner operator? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify: <input type="checkbox"/> Courier <input type="checkbox"/> Trucking <input type="checkbox"/> Towing	(Complete appropriate sections below)

Farming:

Is the worker related to the farm owner? <input type="checkbox"/> yes <input type="checkbox"/> no

Sub-Contractor or Owner Operator: (only complete if worker is a sub-contractor or owner operator)

Are you covering the worker under your WCB coverage? <input type="checkbox"/> yes <input type="checkbox"/> no	If no, is the worker registered with WCB? <input type="checkbox"/> yes <input type="checkbox"/> no
Does the worker work in a partnership? <input type="checkbox"/> yes <input type="checkbox"/> no	Does the worker employ other workers? <input type="checkbox"/> yes <input type="checkbox"/> no

Sub-Contractor in Construction

Does the worker supply any materials or equipment? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please specify.
---	-------------------------

Sub-Contractor in Logging

Does the worker supply any materials or equipment? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please specify.
Was the worker cutting on the firm's timber sale, timber permit or sawmill license? <input type="checkbox"/> yes <input type="checkbox"/> no	If no, on whose timber sale, timber permit or sawmill license was the worker cutting?

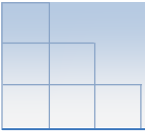
Owner Operator is a Courier

What is the gross vehicle weight? (This can be obtained from the Autopac registration)
--

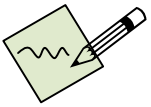
Owner Operator in Trucking

Does the worker haul within a 16 km radius of the city or town in which the home terminal is located? <input type="checkbox"/> yes <input type="checkbox"/> no	Is the worker a long distance driver? <input type="checkbox"/> yes <input type="checkbox"/> no
Does the worker provide a vehicle? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, how many vehicles?

Name and Position of Person Completing Report	Date DD / MM / YYYY
---	------------------------



Answer Key



TRY this #1

- 1.
- 2, 4
- 2
- 1, 2, 4
- 3
- 5

TRY this #2

- 1
- 3
- 2, 4
- Document 3
 - Document 2
 - Document 1
 - Document 4
- to order supplies
 - to apply for a license
 - to show the floor plan (technical drawing) of a building
 - to report workers' earnings

TRY this #3

- 634.27
- 15.05
- 48.52
- Yvette
- Jessica
- 1,300.87
- Evan and Jason

TRY this #4

1. A106 – Storage
2. 20
3. A107 – Lobby
4. 15/16”
5. A105 – WASHROOM
A103 – ELEC./MECH.
A101 – KITCHEN
A107 – LOBBY
A102 – OFFICE
A106 – STORAGE
A104 – LAUNDRY
6. 15’-6”
7. No
8. 15’-6” x 8’-6”

TRY this #5

1. glass, sand, wood
2. 2 mm
3. \$350.00
4. \$1.00 cheaper
5. 17 more glass beads (67 minus 50)
6. \$2.00

TRY this #6

1. \$1,227.36
2. \$43.78 (750.00 minus 706.22)
3. Donations
4. \$224.36
5. office supplies
6. \$117.36 (617.36 minus 500.00)
7. less money

TRY this #7**Employer's Incident Report**

1. C. Incident Details
E. Time Loss & Wages
2. 5
3. a. E
b. D
c. C
d. A
4. someone at the Workers Compensation Board of Manitoba – probably someone investigating a claim from one of your employees
5. The Board will use this form to help them decide if your employee should be paid benefits.
6. Name and Address of Doctor(s) and/or Hospital(s) who Provided Treatment
7. Time Loss & Wages
8. Sub-Contractor or Owner Operator

TRY this #8**Retail Sales Tax**

1. Part C – Certification
2. 3
3. A2. Joint Venture
A4. Business Identification
4. c) Did you purchase an existing business?
5. a. A3
b. B4
c. B5
6. someone from the Retail Tax Department at the Province of Manitoba
7. They will issue you a Retail Sales Tax licence.
8. 7
9. no
10. new
11. 6

TRY this #9**Request for Business Number****1. Part A – General information**

A3 Identification of business

A5 GST/HST information

Part B – GST/HST account information

B2 Filing information

B3 Reporting period

Part C – Payroll deductions account information

C1 Payroll deductions account identification

Part E – Corporate income tax account information

2. to request a Business Number
3. someone who assigns business numbers for the Government of Canada
4. A and F
5. on a separate piece of paper
6. December 31
7. monthly
8. the first letters of the months of the year
9. if different from the physical business location
10. answers will vary

TRY this #10

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Shayla	8-4	7-3				9-5	8-4
Avery	8-4	9-5	9-5		7-3		8-4
Carol	8-4		9-5	9-5	7-3		
Justin		8-4	8-4	8-4	8-4	8-4	
Paul				7-3	8-4		8-4

TRY this #11

Project Cost Summary	Amount \$
Land and Buildings	200,000
Improvements (renovations)	50,000
Equipment/Furniture	25,000
Vehicles (if used in the business)	20,000
Inventory (opening cost)	17,500
Other Start-Up Expenses as per Cash Flow (accounting, taxes, licences, insurance, rent, supplies, etc.)	15,000
Total Project Cost	327,500
Project Funding	
Equity <ul style="list-style-type: none"> • cash • contributed assets 	102,500
Land and Building Mortgage	150,000
Equipment Loan	55,000
Line of Credit	20,000
Grant/Subsidy	0
Total Project Funding	327,500

Note: Total project costs and project funding must be equal.

TRY this #12**The Craft Cupboard**

Create with us!

Purchase Order

Account No.: _____ PO No.: _____

Customer: _____ Ship To: _____

Ordered By: _____

Phone No.: _____ Date: _____

Quantity	Description	Unit Cost	Total
5	8 mm clear glass beads	5.10	25.50
2	6 mm tiger eye glass beads	4.80	9.60
4	8 mm tiger eye glass beads	5.40	21.60
6	4 mm wood beads	3.10	18.60
10	6 mm wood beads	2.00	20.00
	Sub-total		95.30
	Taxes		
	Total		

TRY this #13



License Services Branch ♦ Direction des licences et des permis
 Community Services Department ♦ Services communautaires

FORT GARRY PLACE MALL
 UNIT 18 - 30 FORT ST
 WINNIPEG, MB
 R3C 4X3
 Tel: (204) 986-6420
 Fax: (204) 986-4094

Application for Food Services Establishment License

Date May 18 2009

Applicant Pat Lavallee
(Sole Proprietor, Partnership or Corporation)

Operating under the business name of Picnics To Go

Address trade to be carried on at 000 Main St. Winnipeg

Mailing Address (if different than above) Box 1 Grp 2 RR 3 Winnipeg MB R1C 2B2

Telephone Number(s): (home) 204-555-6666 (work/cell) 204-333-4444 (fax) 204-111-2222

I, the applicant identified above, hereby apply for a license referred to above, to carry on the trade in the City of Winnipeg

to commence on the 1st day of July 2009

and to continue for the remainder of the license year following immediately thereafter.

or to cease on the 30th day of Sept 2009

I (We) have not operated a business for which the license has been suspended or revoked.

I (We) hereby certify the above information to be correct and acknowledge that any false statement made upon this application may result in the revocation of the license applied for and/or prosecution

Be advised that this application is not a license and does not constitute permission to conduct said trade until the license is issued

 * For information regarding licenses *
 * please call 986-6420 *

Pat Lavallee
 SIGNATURE OF APPLICANT

FOR THE INFORMATION OF ZONING:

PROPERTY ADDRESS _____

PROPERTY ZONED _____ B/L NO. _____

_____ permitted conditional accessory other

CONDITIONS _____

PRINCIPAL USE _____ Development Permit No. _____

DATE ZONING APPROVED _____

DEVELOPMENT EXAMINER _____

 * For information regarding zoning *
 * please call 986-5140 *

TRY this #14

1. F
2. O
3. F
4. F
5. O
6. O
7. F
8. F
9. F
10. O

TRY this #15

1. 4
2. 2
3. 1
4. 7
5. 5
6. 6
7. 3

TRY this #16



Please FAX this form IMMEDIATELY to:
954-4999 (Toll-free 1-877-872-3804)

or report this claim by calling:
954-4100 (Toll-free 1-800-362-3340)
333 Broadway • Winnipeg R3C 4W3

EMPLOYER'S INCIDENT REPORT

Claim No.

2

Employer Information

Business Name Green Clean		Address (include Branch where applicable) 24 McNaught Way			
City Brandon	Province MB	Postal Code R7A 1A1	Firm Number	Industry Code	Telephone No. (204) 111-2222

Worker Information

Last Name Sanderson		First Name Hailie			
Address 103-44 Rodeo Blvd.					City Brandon
Province MB	Postal Code R7A 2E1	Telephone No. (204) 333-4444	Date of Birth 21/07/1984		
Social Insurance Number 698-212-897	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Job Title Carpet Cleaner			

Incident Details

Date of Incident 23/06/2009	Area(s) of Injury Back				
Date Reported to Employer 23/06/2009	Name and position of person to whom incident was reported. (Your name) Owner				
Please describe the incident in as much detail as possible. (Use separate sheet if necessary) Hailie was cleaning a carpet in a private home. She hurt her back when she tried to move a heavy cabinet.					
City and province where incident occurred. Brandon, MB					
If the incident occurred out of province, is the worker's usual place of employment in Manitoba? <input type="checkbox"/> yes <input type="checkbox"/> no			Had the worker been employed outside of Manitoba for 6 months or longer at the time of the incident? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
Did the incident occur on your premises? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If no, specify name and address of premises where incident happened. 944-17th Street N. Brandon, MB					

Name and Address of Doctor(s) and/or Hospital(s) who Provided Treatment (If known)

Name Brandon Hospital	Address
Name	Address

Time Loss & Wages (Only complete this section if the worker missed time from work beyond the date of the incident)

What was the last day and hour worked following the incident? 23/06/2009 at 4 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
Has the worker returned to work? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, when? DD / MM / YYYY at HOUR <input type="checkbox"/> AM <input type="checkbox"/> PM	
Are you continuing to pay the worker during time loss? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	What wages were paid to the worker on the last date worked? \$ 400.00
How many hours does the worker work per week? If it varies, please describe. 40	What are the worker's regular days off? If it varies, please describe. Saturday, Sunday
What are the worker's regular gross earnings? (Specify weekly, bi-weekly, etc.) \$ 400.00 week	What are the worker's total gross earnings for the last calendar year? \$
What date did the worker begin employment with your firm? 01/04/2009	If employed less than one year, what are the worker's gross earnings for the period from the date of employment to the date of the incident? \$ 3200.00
If employed more than one year, what are the worker's gross earnings during the twelve months prior to the date of the incident? \$	Are you able to accommodate worker in alternate duties? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no

WCB 2009

Aussi disponible en français

TRY this #16 Continued

Worker's Name	Claim No.	2
---------------	-----------	----------

Coverage

Was anyone not employed by you involved in the incident? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If yes, give name and address.	
Is the worker a partner, director or sole proprietor of the company? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
Please answer these questions if the incident occurred between Jan. 1, 1992 and Dec. 31, 2005		
Is the worker a member of the employer's family (or if the employer is a corporation, a family member of the director of the corporation)? <input type="checkbox"/> yes <input type="checkbox"/> no		
If yes, does the worker reside with the employer or director? <input type="checkbox"/> yes <input type="checkbox"/> no		
Is the worker a sub-contractor? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If yes, specify: <input type="checkbox"/> Construction <input type="checkbox"/> Logging	(Complete appropriate sections below)
Is the worker an owner operator? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If yes, specify: <input type="checkbox"/> Courier <input type="checkbox"/> Trucking <input type="checkbox"/> Towing	(Complete appropriate sections below)

Farming:

Is the worker related to the farm owner? <input type="checkbox"/> yes <input type="checkbox"/> no

Sub-Contractor or Owner Operator: (only complete if worker is a sub-contractor or owner operator)

Are you covering the worker under your WCB coverage? <input type="checkbox"/> yes <input type="checkbox"/> no	If no, is the worker registered with WCB? <input type="checkbox"/> yes <input type="checkbox"/> no
Does the worker work in a partnership? <input type="checkbox"/> yes <input type="checkbox"/> no	Does the worker employ other workers? <input type="checkbox"/> yes <input type="checkbox"/> no

Sub-Contractor in Construction

Does the worker supply any materials or equipment? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please specify.
---	-------------------------

Sub-Contractor in Logging

Does the worker supply any materials or equipment? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please specify.
Was the worker cutting on the firm's timber sale, timber permit or sawmill license? <input type="checkbox"/> yes <input type="checkbox"/> no	If no, on whose timber sale, timber permit or sawmill license was the worker cutting?

Owner Operator is a Courier

What is the gross vehicle weight? (This can be obtained from the Autopac registration)
--

Owner Operator in Trucking

Does the worker haul within a 16 km radius of the city or town in which the home terminal is located? <input type="checkbox"/> yes <input type="checkbox"/> no	Is the worker a long distance driver? <input type="checkbox"/> yes <input type="checkbox"/> no
Does the worker provide a vehicle? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, how many vehicles?

Name and Position of Person Completing Report (your name) Owner	Date 07/01/2009
--	--------------------

Page 2 of 2