

Employer Application for Wage Subsidy

IMPORTANT NOTE!

The employee/employer **will not** be eligible for a Wage Subsidy if employment has started prior to the date the contract agreement is signed.

Legal Name of Business: _____

DBA (if different from above): _____

Business Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Business Mailing Address (to mail subsidy payments) if different from above:

Phone: (250) _____ Fax: (250) _____ Cell: _____

Email: _____

Contact Person: _____ Title: _____

Date business purchased or started: _____ No. Of Employees: _____

Canada Revenue Agency (CRA) Number: _____ WCB Number: _____

Organization Type (check one): Private: _____ Public: _____ Not for Profit: _____

Brief Description of Business: _____

Have you used a wage subsidy program in the past? Yes No

Date: _____ Outcome: _____

Name & signatures of those authorized to sign contracts:

Name (print)	Title	Signature

--	--	--

How many of the above signatures are required for a document? _____

Names & signatures of those authorized to sign Wage Subsidy Claim Forms – if not listed above:

Name (print)	Title	Signature

I certify the information in this application is accurate.

Employer Representative & Job Title: _____

Date: _____

This is not an agreement. This is an application to determine employer eligibility.

OFFICE USE ONLY:

- WCB coverage confirmed
- Company has been in business for over 1 year
- Application approved**
 Application declined
- Letter sent to employer**