



## Incorporation

**NOTE :** If you are considering incorporating your business under the Business Corporations Act of NB, please contact the NBCA and advise of your intent to do so. The Chiropractors Act of New Brunswick rules how the Corporation should be named, who must hold the majority of shares in the corporation, practicing members etc. This is an important step *prior* to applying to the province for incorporation.

**Once you have done so you can access the Provincial Incorporation Process at**

<https://www2.snb.ca/content/snb/en/sites/corporate-registry.html> or contact your lawyer for assistance.

### NBCA Permit

A corporation incorporated under the *Business Corporations Act* may apply to the NBCA Board of Directors for a permit to carry on the business of providing chiropractic services to the public.

The following must be submitted:

- Professional Corporation Application Form 8;
- A copy of the certificate of incorporation of the company;
- A 200 application fee for the corporation permit.

Please allow for a minimum of four weeks processing time once all documentation has been received. Application fees are non-refundable.

Once satisfied and approved, a yearly permit shall be issued by the NBCA, valid from Jan 1 to Dec 31 of the given year.

### Renewal of health profession corporation permit

A professional corporation registered with the NBCA shall be automatically sent a renewal notice and invoice prior to the year end and expiry of the permit.

The **president** of a corporation applying for a permit or the designate must promptly advise the Board of Directors in writing of any change to the information contained in the permit application.

Upon payment of the invoice, a new yearly permit shall be issued by the NBCA.



## Application for permit by Professional Corporation (Form 8)

**NOTE:** Before applying as with the Province of New Brunswick for first time Incorporation under the Business Corporations Act, please contact the NBCA at [knissen@nbchiropractic.ca](mailto:knissen@nbchiropractic.ca) to discuss mandatory requirements related to Naming of the Corporation and the Primary Share Holder, and Trustees.

Complete and return the form to initiate application for a permit of practice as a Professional Corporation with the NBCA. The form must be printed and signed by you and witnessed by a Notary Public.

### STATEMENT OF PARTICULARS

Name of Corporation , whose Head or  
Registered Office is located at , in the Province

of New Brunswick, hereby applies for a permit under section 24 of The Chiropractic Act:

1. Attached are:

1. A copy of the corporation's certificate of incorporation and articles of the corporation.
2. A current certificate of status for the corporation under the New Brunswick Business Corporations Act and
3. Application fee.

2. I confirm the Articles of the corporation do not restrict the capacity to practice chiropractic

3. I confirm that the corporation is in good standing under the Business Corporations Act of  
NB

4. Please list all members of the Association who are shareholders in this Professional Corporation:

Name:

Number and Class of Shares:

Current Address:



Name:

Number and Class of Shares:

Current Address:

Name:

Number and Class of Shares:

Current Address:

5. Please list all other persons who are shareholders of this corporation, or for whom shares are held in trust, and the Trustee of such shares, are:

Beneficial Shares Owner: .

Address:

Trustee:

Address:

Number and Class of Shares Held or in Trust:

Beneficial Shares Owner: .

Address:

Trustee:

Address:

Number and Class of Shares Held or in Trust:

6. Please list all the persons who are directors or officers of the corporation, each of whom is a member of the Association:

Name:

Office Held :

Current Address:

Name:

Office Held :

Current Address:

Name:

Office Held :



Current Address:

7. Please list the person (s) who will carry on the practice of chiropractic on behalf of this corporation, each of whom is a member of the Association:

Name:

Current Address:

Name:

Current Address:

Name:

Current Address:



## Declaration

I, , a member of the NB Chiropractors Association and  
the (Office held)  of the  
 Corporation hereby declare that the information  
provided within pages 1 and two of this application are true and complete.

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Signature

Declared before me, a Notary Public in and for the Province of New Brunswick,  
at \_\_\_\_\_, New Brunswick, this \_\_\_\_\_ day of \_\_\_\_\_  
2020.

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A Notary Public in and for the Province of  
New Brunswick.