



**MANITOBA DENTAL ASSOCIATION**

202-1735 Corydon Avenue, Winnipeg, MB, R3N 0K4  
T: 204.988.5300 F: 204.988.5310 [www.manitobadentist.ca](http://www.manitobadentist.ca)

**DENTAL CORPORATION INITIAL PERMIT APPLICATION**

**CORPORATION NAME:**

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**CORPORATION REGISTERED OFFICE ADDRESS:**

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**CORPORATION REGISTERED OFFICE EMAIL ADDRESS:**

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**IN ORDER TO APPLY FOR A CORPORATION PERMIT, YOU MUST:**

- REVIEW INITIAL APPLICATION GUIDELINES
- COMPLETE THIS FORM WITH SIGNED DECLARATIONS
- PROVIDE ALL REQUIRED SUPPORTING DOCUMENTS
- SUBMIT PAYMENT OF PERMIT FEES (\$350 & \$150)
- LIST ALL OFFICE(S) THAT CORPORATION PRACTISES

**REGISTERED OFFICE EMAIL ADDRESS MUST BE INCLUDED**

**ANY FUTURE CHANGES TO INFORMATION PROVIDED IN THIS APPLICATION MUST BE SUBMITTED TO MDA WITHIN 15 DAYS OF OCCURRING**

CORPORATION CERTIFICATE OF STATUS, ALL ARTICLES AND SIGNED DECLARATIONS ARE ATTACHED TO THIS APPLICATION.

**CORPORATION LIST OF ALL PRACTICE NAMES & ADDRESSES**

Practice Name	Address, City and Postal Code

**CORPORATION PRESIDENT INFORMATION**

President Name	Address, City and Postal Code	Share Number & Class

**CORPORATION DIRECTORS INFORMATION**

Director name(s)	Address(es), City and Postal Code	Share Number & Class
AS ABOVE <input type="checkbox"/> ONLY OR <input type="checkbox"/> AND AS FOLLOWS ( <i>Please check one of the boxes</i> )		

**VOTING SHAREHOLDER INFORMATION**

Voting shareholder name(s)	Address(es), City and Postal Code	Share Number & Class
AS ABOVE <input type="checkbox"/> ONLY OR <input type="checkbox"/> AND AS FOLLOWS ( <i>Please check one of the boxes</i> )		

**NON-VOTING SHAREHOLDER INFORMATION**

Non-Voting shareholder names	Relationship to specified voting shareholder	Share Number & Class

*Please copy and attach additional forms as necessary for each category.*

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## VOTING SHAREHOLDERS' DECLARATIONS

I (we), the undersigned, declare that I (we) are current licensed member(s) of the Manitoba Dental Association and the voting shareholders of this dental corporation.

I (we), the undersigned, declare that the contents of this form are true and complete.

I (we), the undersigned, declare that this dental corporation is in good standing with the Director as defined in section 253 of *The Corporation Act* of Manitoba.

I (we), the undersigned, declare that this dental corporation does not carry on and does not plan to carry on any business or activity other than the practice authorized by the permit and the provision of other services directly associated with that practice;

I (we), the undersigned, declare that this dental corporation does not have and shall not allow agreements or proxies that vest in a person who is not a licensed member the authority to exercise any voting right attached to a share.

I (we), the undersigned, declare that this dental corporation does not have and shall not allow unanimous shareholder agreements involving a person who is not a licensed member;

I (we), the undersigned, undertake to inform the Registrar within 15 days of any change in the Articles or particulars of this dental corporation as provided in this initial application. I (we) understand that a failure to do so shall result in a suspension or cancellation of the permit.

I (we), the undersigned, declare that only a licensed member of the Manitoba Dental Association or legally authorized personnel with the necessary delegation and supervision shall practice dentistry for or on behalf of this dental corporation.

I (we), the undersigned, undertake that at all times this dental corporation shall keep, perform and abide by all the obligations in the practice of dentistry and all the requirements of the Manitoba Dental Association.

I (we), the undersigned, declare that I (we) have read the sections of *The Dental Association Act* pertaining to professional corporations and the Manitoba Dental Association *The Bylaw for Dental Corporations*. I (we) are familiar with all the rules pertaining to the practice of dentistry by a corporations.

I (we), the undersigned, declare that my relationship to this dental corporation, whether as a shareholder, director, officer or employee does not affect, modify or diminish the application to me personally of the provision of *The Dental Association Act* and bylaws of the Manitoba Dental Association.

I (we), the undersigned, understand and agree that if I (we) make a false or misleading statement or representation in respect of this initial application, I (we) shall be deemed not to have satisfied the requirements for a permit. I further understand and agree that if a permit should be issued to me based upon a false or misleading statement or representation that said permit is subject to immediate suspension.

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SIGNATURE OF VOTING SHAREHOLDER(S) EMAIL ADDRESS

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SIGNATURE OF VOTING SHAREHOLDER(S)

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EMAIL ADDRESS

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SIGNATURE OF VOTING SHAREHOLDER(S) EMAIL ADDRESS

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SIGNATURE OF VOTING SHAREHOLDER(S)

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EMAIL ADDRESS

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DATE