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MAIL: PO Box 9244 Victoria, B.C. V8W 9J2
FAX: (250) 920-7181 **P:** (604) 320-1664 **TF:** 1 888.564.9963
 www.consumerprotectionbc.ca

Licence Application
 Operator of a Place Of
 Interment

TO BE COMPLETED BY APPLICANT ONLY

The personal information requested in this form and the results of the Criminal Record check are collected and retained under the authority of Section 26 (c) of the BC *Freedom of Information and Protection of Privacy Act* and Section 55 of the *Cremation, Interment and Funeral Services Act*. This information will be used to determine eligibility for licensing in the Province of British Columbia. **By signing this form you are authorizing the Consumer Protection BC to obtain a credit report for the persons named below as part of this application.**

BUSINESS INFORMATION

1. Legal name:
(Exact name in CAPITAL LETTERS)
2. Trade/DBA names (if any):
(Exact name in CAPITAL LETTERS)
3. Physical address:
(Suite #, Street Address, City & Province/State Postal/Zip Code)
4. Mailing address:
(Suite #, Street Address, City & Province/State Postal/Zip Code)
5. Business type: corporation partnership sole proprietorship society
6. Office tel: (.....) Fax: (.....) Web:
7. Fiscal year end: (DD/MM): / Email:

If the applicant is a corporation, please complete the following:

Incorporation Date: _____ Jurisdiction: _____
 Incorporation Number: _____

If the applicant is a partnership/proprietorship or is operating Trade/DBA names, please complete the following:

Registration Date(s): _____ Jurisdiction: _____
 Registration Number(s): _____

Note: Please include your British Columbia registration forms for an incorporated company, and registration forms for each trade name / DBA name / partnership / proprietorship to be operated under this licence.

COMPLETE THE FOLLOWING IF APPLICANT IS A CORPORATION

NAMES IN FULL OF SENIOR OFFICERS	RESIDENCE		POSITION HELD
	TELEPHONE	ADDRESS	
()			<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Chief Operating Officer
()			<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Chief Operating Officer
()			<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Chief Operating Officer
()			<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Chief Operating Officer

COMPLETE THE FOLLOWING IF THE APPLICANT IS A PARTNERSHIP OR /PROPRIETORSHIP

NAMES IN FULL (If insufficient space attach a separate sheet)	RESIDENCE		
	TELEPHONE	ADDRESS	
	()		<input type="checkbox"/> Proprietor/Partner
	()		<input type="checkbox"/> Partner
	()		<input type="checkbox"/> Partner

1. Have you previously held a place of interment operator licence in any jurisdiction? Yes No
 2. If **YES** above, were any of those licences ever suspended or cancelled? Yes No
 3. Have you ever been refused a place of interment operator licence in any jurisdiction?..... Yes No
 4. Have any of the individuals identified above had 2 or more bankruptcies?..... Yes No
 5. Have any of the individuals identified above ever been convicted of an offence under the Criminal Code of Canada or any other statute? Yes No
- If **YES** to questions 1 through 4 above, provide details on a separate sheet, including date(s) and location(s) and parties involved.
- ALL APPLICANTS** that reside in Canada **MUST** complete an online criminal record check within one day of sending this application to Consumer Protection BC by going to the following link: <http://www.sterlingtalentsolutions.ca/Consumer-Protection-BC> and following the instructions for completion. Please note that once complete, a copy will be sent directly to Consumer Protection BC.
- ALL APPLICANTS** that do not reside in Canada **MUST** submit a certified criminal record check from their home jurisdiction.

Please note that your application will not be processed until the criminal record check is received

LICENSING INFORMATION

1. Is the place of interment located at the business address listed above? Yes No
If no, where is the place of interment located?.....
2. Application is for a (check all that apply):
 - Cemetery.....
 - Mausoleum.....
 - Columbarium.....
3. Included in the application is a map that shows:
 - i. each proposed area for interment in relation to the other areas of the place of interment
 - ii. every lot, fence, walk, road, watercourse or building in the place of interment and the dimensions of each
 - iii. the total area of the lots and the total area of the land in the place of interment
 - iv. descriptive names and numbers for each proposed area of interment.....
4. Included in this application is a detailed plan for the future care and maintenance of the property including:
 - i. the manner in which the applicant proposes to fund the care and maintenance of the place of interment.....
 - ii. the manner the applicant intends to keep monies for the care and maintenance of the place of interment separate from all other monies of the applicant.....
5. Included in this application is a financial feasibility study for the place of interment for each year of the 5 year period following the projected date of receipt of the licence that includes:
 - i. the amount the applicant expects to spend on land, development and maintenance.....
 - ii. the source of the funds for the operation of the place of interment.....

6. **Senior Officer** who will have charge of the applicant's business at this location:

Name: _____
(Surname) (First Name) (Middle Names in Full)

General Manager Manager Director of Operations Other: _____

Phone Number (_____) _____ E-mail Address _____

7. **Administrative Contact (person to contact regarding licensing and related issues):**

Name: _____
(Surname) (First Name) (Middle Names in Full)

Phone Number (_____) _____ E-mail Address _____

8. **Complaints Contact (person to contact regarding consumer complaints):**

Name: _____
(Surname) (First Name) (Middle Names in Full)

Phone Number (_____) _____ E-mail Address _____

APPLICANT DECLARATION

I/We hereby confirm that the information supplied is complete and true to my best knowledge and belief.

Authorized signing officer of applicant:

Signature _____ Print Name _____

Date _____ Title _____

LICENCE APPLICATION FEES

Licence application fees for operators of places of interment are located in the fee schedule. The fee schedule can be obtained from our website or by calling our office. Licence application fees are non-refundable.

APPLY USING CHEQUE OR MONEY ORDER

Mail completed form, applicable attachments and cheque or money order payable to the **Consumer Protection BC** to:

Consumer Protection BC
PO Box 9244
Victoria BC V8W 9J2

Courier: Consumer Protection BC
307-3450 Uptown Blvd.
Victoria, BC V8Z 0B9

(a service charge will be levied on any dishonoured payments)

APPLY USING CREDIT CARD

Pay by credit card by including the credit card payment authorization form available at www.consumerprotectionbc.ca with your licence application form to the address above.

Licence application payments may be made using **VISA** , **MASTERCARD** or **AMERICAN EXPRESS**

INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED



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Email: operations@consumerprotectionbc.ca
 www.consumerprotectionbc.ca

Credit Card Payment Authorization Form



To pay by credit card, please complete form and submit with your request.

Payment is for: _____ **Licence Number:** _____
 (E.g. Renewal, New Application, Changes, etc.) (if known)

Business Name: _____

Cardholder Name: _____

Billing Address: _____

Contact Phone: _____

Card Type: American Express MasterCard Visa

(Note: Only American Express, MasterCard and Visa are currently accepted)

Payment Option 1

Maximum payment authorized \$ _____

Payment Option 2

I authorize Consumer Protection BC to charge my credit card the necessary amount required to process my documents or to perform my required services.

Credit Card Number:

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Expiry Date

(m)

--	--

(y)

--	--

Cardholder Signature: X _____

OFFICE USE ONLY

Receipt # _____

Date _____

Amount _____

Auth. # _____

Privacy Statement: Your completion of this authorization form helps us to protect you from credit card fraud. All information entered on this form will be kept strictly confidential by Consumer Protection BC.