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MOTION PICTURE

Additional Licensed
 Location Application

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 8.1 of the *Motion Picture Act Regulations*. This information will be used to determine eligibility for licensing in the Province of British Columbia.

ADDITIONAL LICENSED LOCATION INFORMATION

Please note: Each additional location requires a separate licence.

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)

LICENSING INFORMATION

Indicate which type of business you wish to operate:

Retailer

- Video retailer (general release videos only)
- Adult film retailer (may include adult, restricted and general release videos)

Theatre (per screen)

- Number of general release only screens _____
- Number of adult /restricted screens (includes general release) _____
- Adult - one person booths _____

Distributors

- Video distributor (general release videos)
- Adult film distributor (adult motion pictures and/or adult videos)
- Motion picture distributor (general release - unlimited number of titles)
- Motion picture distributor (general release - up to 6 titles per licence year)
- Motion Picture distributor (general release – 1 title per year)
- Multi-purpose distributor (unlimited number of adult and general release motion pictures and videos)

Manager 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 _____

Administrative Contact (person to contact regarding licensing, fees and related issues):

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

Phone Number (_____) _____ E-mail Address _____

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.

1. Certifies that I/we have obtained, read and understood the *Business Practices and Consumer Protection Act* and the *Motion Picture Act* and *Motion Picture Act Regulations*;
2. Certifies that all the information given in this application is true and correct to the best of my/our knowledge and belief;
3. Gives permission to Consumer Protection BC to verify memberships and all other matters in this application;

Authorized signing officer of applicant:

Signature _____ Print Name _____

Date _____ Title _____

APPLICATION FEE (see [current fee schedule](#))

Pay by cheque or money order, or

Pay by Credit Card – complete [credit card authorization form](#) using Visa, Mastercard or American Express.

Application fees are non-refundable. A service charge will be applied for any dishonoured payments.

Sent completed application form, applicable attachments and application fee by mail or by email.

Email operations@consumerprotectionbc.ca

Mail Consumer Protection BC
PO Box 9244
Victoria, BC V8W 9J2

Courier Consumer Protection BC
321-3600 Uptown Blvd
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INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED