



**COURIER:** 307-3450 Uptown Blvd. Victoria, BC V8Z 0B9  
**MAIL:** PO Box 9244 Victoria, B.C. V8W 9J2  
**FAX:** (250) 920-7181 **P:** (604) 320-1664 **TF:** 1 888.564.9963  
**EMAIL:** operations@consumerprotectionbc.ca  
 www.consumerprotectionbc.ca

**MOTION PICTURE  
 LICENCE APPLICATION  
 FORM**

**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.

**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: ( ..... ) ..... E-Mail: .....

**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 operating under this licence.

**COMPLETE THE FOLLOWING IF THE APPLICANT IS A CORPORATION**

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

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

| ALL PART./PROP. 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 applied for or held a Film Industry 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 Film Industry 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? (Adult Products Applicants only) .....  Yes .....  No

- If **YES** to questions 1 through 4 above, provide details on a separate sheet, including date(s) and location(s).
- ALL APPLICANTS** applying to distribute, exhibit or retail adult film or video 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.
- Adult video store managers** who are not corporate officers or partners/proprietors included in the above must also complete an online criminal record check.
- ALL APPLICANTS** applying to distribute, exhibit or retail adult film or video that do not reside in Canada **MUST** submit a certified criminal record check from their home jurisdiction.
- ALL Applicants** applying who wish to affix decals to adult films from outside of British Columbia must provide the director with \$10,000 of acceptable security. Please call 1 888 777-4393 for details.

## LICENSING INFORMATION

Indicate which type of business you wish to operate :

### Retailer

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Video retailer (general release videos only)                                   |
| <input type="checkbox"/> | Adult film retailer (may include adult, restricted and general release videos) |

### Theatre (per screen)

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Number of general release only screens _____                         |
| <input type="checkbox"/> | Number of adult /restricted screens (includes general release) _____ |
| <input type="checkbox"/> | Adult - one person booths _____                                      |

### Distributors

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Video distributor (general release videos)   |
| <input type="checkbox"/> | Adult film distributor (adult motion pictures and/or adult videos)                                   |
| <input type="checkbox"/> | Motion picture distributor (general release - unlimited number of titles)                            |
| <input type="checkbox"/> | Motion picture distributor (general release - up to 6 titles per licence year)                       |
| <input type="checkbox"/> | Motion Picture distributor (general release – 1 title per year)                                      |
| <input type="checkbox"/> | 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**

**The applicant hereby:**

- 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 \_\_\_\_\_

**LICENCE APPLICATION FEES**

Licence application fees under the Motion Picture Act are located in the Consumer Protection BC fee schedule. The fee schedule can be obtained from our website or by calling our office. Please include the application fee with this application. Licence application fees are non-refundable.

**APPLY USING CHEQUE OR MONEY ORDER**

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

**Consumer Protection BC  
PO Box 9244  
Victoria BC V8W 2Y9**

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

(a service charge will be levied on any dishonoured payments – see current fee schedule)

**APPLY USING CREDIT CARD**

You may now fax your completed application form, applicable attachments and a credit card payment authorization form (available from the Film Classification forms area on the [www.consumerprotectionbc.ca](http://www.consumerprotectionbc.ca) web site) to:

**Consumer Protection BC  
FAX: 250 920-7181**

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

(a service charge will be levied on any dishonoured payments – see current fee schedule)

**INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED**



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## 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) 

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 (y) 

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**CVV Number**

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**Cardholder Signature:** **X** \_\_\_\_\_

|                        |
|------------------------|
| <b>OFFICE USE ONLY</b> |
| 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.