



COURIER: 307-3450 Uptown Blvd. Victoria, BC V8Z 0B9
MAIL: PO Box 9244, Victoria, BC V8W 9J2
FAX: 250.920.7181 **P:** 604.320.1664 **TF:** 1.888.564.9963
EMAIL: operations@consumerprotectionbc.ca
 www.consumerprotectionbc.ca

LICENCE APPLICATION
Payday Lender

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 144 of the *Business Practices and Consumer Protection Act*. 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. Head office Tel: (.....) Fax: (.....)
7. Web:..... E-Mail:
8. Fiscal year end for aggregate loan data reporting purposes: (DD/MM):

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

Incorporation Date:..... Jurisdiction:
 Incorporation Number:.....

If the applicant is a partnership/proprietorship and/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		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/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

COMPLETE THE FOLLOWING INFORMATION

1. Have you previously applied for or held a payday lender 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 payday lender 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. **Manager** who will have charge of the applicant's payday lending business at this location:
 Name:
(Surname) (First Name) (Middle Names in Full)
 General Manager Manager Director of Operations Other:
 Phone Number: (.....) E-mail Address
2. **Administrative Contact (person to contact regarding licensing and related issues):**
 Name:
(Surname) (First Name) (Middle Names in Full)
 Phone Number (.....) E-mail Address
3. **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 Payday Loans Regulation and Disclosure of the Cost of Consumer Credit Regulation;
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 all memberships and all other matters in this application.

Authorized signing officer of Payday Lender applicant:

Signature Print Name

Date Title

APPLY USING CHEQUE OR MONEY ORDER

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

**Consumer Protection BC
PO Box 9244
Victoria BC V8W 9J2**

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 fax your completed application form, applicable attachments and a credit card payment authorization form (available at www.consumerprotectionbc.ca) to:

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

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

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)

--	--

CVV Number

--	--	--	--

OFFICE USE ONLY

Receipt # _____

Date _____

Amount _____

Auth. # _____

Cardholder Signature: **X** _____

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.