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TELEMARKETING
 Licence 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 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 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 Telephone: (____) _____ Fax: (____) _____ Web: _____
7. 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 under 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 (First, Last)	RESIDENCE		POSITION HELD
	TELEPHONE & EMAIL	ADDRESS	
	()		<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Chief Operating Officer <input type="checkbox"/> Others _____
	Email:		
	()		<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Chief Operating Officer <input type="checkbox"/> Others _____
	Email:		
	()		<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Chief Operating Officer <input type="checkbox"/> Others _____
	Email:		

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

NAMES IN FULL OF SENIOR OFFICERS (First, Last)	RESIDENCE		
	TELEPHONE & EMAIL	ADDRESS	
	()		<input type="checkbox"/> Proprietor / Partner
	Email: _____		
	()		<input type="checkbox"/> Partner
	Email: _____		

- Have you previously held a telemarketer operator licence in any jurisdiction? Yes..... No
 - If **YES** above, were any of those licences ever suspended or cancelled?..... Yes..... No
 - Have you ever been refused a telemarketer operator licence in any jurisdiction?..... Yes..... No
 - Have any of the individuals identified above had 2 or more bankruptcies? Yes..... No
 - 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, 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, your application will not be processed until the criminal record check is received

LOCATION INFORMATION *(Copy this page and attach to application for each location being licensed)*

- Physical address:
(Suite #, Street Address, City & Province/State, Postal/Zip Code)
- Mailing address:
(Suite #, Street Address, City & Province/State, Postal/Zip Code)
- Office Tel: (____) _____ Fax: (____) _____
- This location will be the principal location: Yes No If no, indicate principal location: _____
- The business activity engaged in at this location: Distance Sales Third Party Fundraising Both
- 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 _____
- Administrative Contact (person to contact regarding licensing 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 Telemarketer Licensing 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 bank relationships, memberships and all other matters in this application;

Authorized signing officer of applicant:

Signature _____ Print Name _____

Date _____ Title _____

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

Calculation of Fee

Location Amount (see current fee schedule) (A) \$ _____

Business located within BC: Number of *FTE's engaged in distance sales or 3rd party fundraising from this location (B) _____

OR

Business located outside BC: Number of *FTE's engaged in distance sales or 3rd party fundraising with BC consumers from this location (C) _____

Multiply (\$ current fee from fee schedule) for each FTE = (B) or (C) X (\$ current fee from fee schedule) (D) \$ _____

Total Fee (A) + (D) \$ _____

*A Full Time Equivalent (FTE) represents 1957.5 hours of distance sales or 3rd party fundraising work for the licence year October to September. Can be based on prior year actual or projected future year amounts rounded to the closest whole number.

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.

Send 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
Victoria, BC V8Z 0B9

APPLICATION CHECKLIST

You are required to provide the following to be licensed.

Step 1: Provide proof of registration or incorporation

You must provide proof of incorporation or registration during the application process. To register your business in BC, visit [OneStop BC Business Registry](#).

If you are starting a new business, visit [Small Business BC](#).

If you are set up as a proprietorship, partnership, or society, you must provide:

- names of all directors, senior officers, partners or proprietors
- current copy of any trade name registration(s) under which you intend to operate

If you are set up as a corporation, you must provide:

- names of all directors, senior officers, and beneficial owners with voting shares
- current copy of any trade name registration(s) under which you intend to operate
- copies of the most recent financial statements or, if a newly incorporated company, a statement of the proposed financial organization of the company

Step 2: Provide municipal business licence

You must provide a copy of your business licence issued by your local municipality.

Step 3: Complete criminal record check

Senior officers, partners or proprietors of your business must complete a criminal record check.

For Canadian residents, get your criminal record check through our third-party supplier. The results will be sent directly to us.

[Get a criminal record check](#).

For non-Canadian residents, a criminal record check from your home jurisdiction is required.

Step 4: Apply for a licence

If your business has more than one location, each location requires its own licence. You must submit your supporting documents with your application. Each application may take up to four weeks to process.

If you are operating from your home, a statutory declaration is required confirming that your residence is also a place of business.

Review this [application checklist](#).

Submit a [licence application form](#).

Submit a [statutory declaration form](#).

Step 5: Review and understand your obligations

It is your responsibility to review all applicable laws pertaining to your industry and to understand your obligations. [Review your obligations](#).