



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** 1 888 777-4393
www.consumerprotectionbc.ca

**MOTION PICTURE
CHANGE OF BUSINESS
INFORMATION**

LICENSEE NAME: _____
DOING BUSINESS AS: _____
LICENCE NUMBER: _____

TYPE OF CHANGE

Effective Date of Change: _____

- CHANGE OF LICENSED LOCATION ADDRESS - \$FEE REQUIRED, \$57**
 If the new location is outside of British Columbia and decals will be affixed to adult films at the new location, the licensee must provide the director with an acceptable security in the amount of \$10,000. Please call 1888-777-4396 for details.
- CHANGE, ADDITION or DELETION OF TRADE NAME - \$FEE REQUIRED, \$57**
 Attach a certificate(s) from your home jurisdiction Registrar of Companies or similar, certifying the change of Trade Name(s).
- DUPLICATE LICENCE CERTIFICATE - \$FEE REQUIRED, \$57**
- CHANGE IN NUMBER OF LICENSED SCREENS – No charge**
- CHANGE OF PHONE, FAX, MAILING ADDRESS OR EMAIL ADDRESS ONLY – No charge**
- CHANGE OF CORPORATE OFFICE ADDRESS ONLY – No charge**

Note: CHANGE OF CORPORATE NAME or NAME CHANGE BASED ON NEW OWNERSHIP requires a new licence application. Licences are not transferable.

DETAILS OF CHANGE

From: _____ **To:** _____

Authorized Signature: _____
Date: _____
Name: _____
Please Print
Title: _____

PLEASE MAIL OR FAX THIS FORM WITH APPLICABLE PAYMENT TO CONSUMER PROTECTION BC

CHEQUES: Canadian funds payable to Consumer Protection BC
CREDIT CARD: Include Consumer Protection BC credit card payment authorization form at www.consumerprotectionbc.ca

A service charge applies on dishonoured payments. Please see current fee schedule.



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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

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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.