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Mail: PO Box 9244 Victoria, BC V8W 9J2
Fax: 250.920.7181 **P:** 604.320.1664 **Toll free:** 1.888.564.9963
Email: operations@consumerprotectionbc.ca
 www.consumerprotectionbc.ca

LICENCE APPLICATION
FUNERAL PROVIDER

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. **By signing this form, you are authorizing the 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 tel: (.....) Fax: (.....) Web:
7. Email: Fiscal year end: (DD/MM): /

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		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 Partnership/Proprietorship 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

PROPRIETOR, PARTNER, OFFICER INFORMATION

- Have you previously held a funeral provider 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 funeral provider 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 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

- 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.....
- Proposed facility opening date:
- Funeral Director representing funeral provider at licensed location:
 (must be an active licensed employee)
- Embalmer representing funeral provider at the licensed location:

Does the proposed location:

- 7. Have an appropriate business office? Yes No
(Note: if located at a residence there must be signage on a separate entrance and business area)
- 8. Have a private arrangement area to meet with families?..... Yes No
- 9. Have on-site refrigeration for the storage of human remains?..... Yes No
If Yes – Capacity # _____
- 10. Have off-site refrigeration for the storage of human remains?..... Yes No
If yes, attach a copy of the Refrigeration Contract Statutory Declaration signed by yourself and the provider:

Address: _____ City: _____ Prov: _____ Postal Code: _____

Phone: (____) _____

- 11. Have a preparation facility which is sufficient for the storage and preparation of human remains?..... Yes No
- 12. Have a preparation facility which is sufficient for the disinfection, preservation or restoration of human remains?..... Yes No
- 13. Have a book, brochure, internet site or other information showing entire product line? Yes No
- 14. Have a display room for containers? Yes No
- 15. Have public liability insurance for all premises and vehicles used by the applicant?..... Yes No

Insurance Carrier:_____

APPLICANT DECLARATION

I/We hereby confirm that the information supplied is complete and true to my best knowledge and belief.

Authorized signing officer of applicant:

Signature _____ Print Name _____

Date _____ Title _____

LICENCE APPLICATION FEES

See the funeral provider fee schedule available at www.consumerprotectionbc.ca for application fees.

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 9J2

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

(a service charge will be levied on any dishonoured cheques)

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 **VISA, MASTERCARD OR AMEX**

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

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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.