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FUNERAL PROVIDER
 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:		
	()		<input type="checkbox"/> Partner
	Email:		

1. Have you previously held a funeral provider 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 funeral provider 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, 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

LICENSING INFORMATION

1. **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 _____

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 _____

FACILITY INFORMATION

- 1. Does the proposed location have an appropriate business office? Yes No
If the location is a residence, there must be signage on a separate entrance and business area.
- 2. Does the proposed location have a private arrangement area to meet with families? Yes No
- 3. Does the proposed location have on-site refrigeration for the storage of human remains? Yes No
If yes, what is the capacity? _____
- 4. Does the proposed location 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
- 5. Does the proposed facility have a preparation facility which is sufficient for the storage and preparation of human remains? Yes No
- 6. Does the proposed facility have a preparation facility which is sufficient for the disinfection, preservation or restoration of human?
- 7. Does the proposed location have book, brochure, internet site or other information showing the entire product line? Yes No
- 8. Does the proposed location have a display room for containers? Yes No
- 9. Does the proposed location have public liability insurance for all premises and vehicles? 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 _____

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

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

INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED

APPLICATION CHECKLIST

You are required to provide the following to be licensed as a funeral provider.

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 licence

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

Step 3: Complete a 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: Employees must meet licensing requirement

You must have at least one dedicated licensed funeral director assigned to your location. If you provide preparation and embalming services, you must have at least one licensed embalmer assigned to your location. If a funeral director holds both licences, they can act as the funeral director and embalmer for your location.

Step 5: Meet funeral facility requirements

As a funeral provider, your facility must meet specific requirements. You must make sure that your facility has:

- a separate and private entrance from the street or public area
- a separate and private arrangement or meeting rooms
- adequate on-site refrigeration that is acceptable for storing human remains, or access to refrigeration elsewhere that is acceptable to the director
- met the requirements for displaying containers

If you do not have on-site refrigeration in your facility, you must complete a refrigeration agreement declaration in your application.

Read the Cremation, Interment and Funeral Services Regulation, [section 33](#) and [section 34](#).

Complete a [funeral provider refrigeration agreement declaration](#).

If you accept human remains but do not disinfect, preserve, or restore human remains at your facility, you must have at least one separate room for the care and preparation of human remains prior to disposition and meet the requirements outlined under the Cremation, Interment and Funeral Services Regulation.

Read the Cremation, Interment and Funeral Services Regulation, [section 32\(2\)](#).

If you disinfect, preserve, or restore human remains at your facility, you must have at least one separate room and meet the requirements outlined under the Cremation, Interment and Funeral Services Regulation.

Read the Cremation, Interment and Funeral Services Regulation, [section 32\(2\)](#) and [section 32\(3\)](#).

- **Step 6: Set up and maintain liability insurance**
You must set up and maintain public liability insurance for each business location.

- **Step 7: Set up a trust account**
If you offer preneed cemetery or funeral services, you must set up a preneed trust account with a savings institution in BC and provide:
 - a copy of your preneed trust agreement with your savings institution
 - a copy of your preneed cemetery or funeral services contract

- **Step 8: Apply for a licence**
You must submit all supporting documents with your application. If your business has more than one location, each location requires its own licence
Review this [application checklist](#).
Submit a [licence application form](#).

- **Step 9: Schedule a facility pre-inspection**
A pre-inspection of your facility is required prior to licensing.

- **Step 10: Read and understand your obligations**
It is your responsibility to review the law pertaining to your business sector and to understand your obligations.
[Review your obligations](#)