

COURIER: 321-3600 Uptown Blvd. Victoria, BC V8Z 0B9 MAIL: PO Box 9244 Victoria, B.C. V8W 9J2 FAX: (250) 920-7181 P: (604) 320-1664 TF: 1 888.564.9963 EMAIL: operations@consumerprotectionbc.ca www.consumerprotectionbc.ca TRAVEL AGENT / WHOLESALER / ACCOMMODATION PROVIDER / ACCOMMODATION WHOLESALER Branch 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 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.

	BRANCH BUSINESS INFORMATION All of the contact information that you provide to us may be made public. Your business address, even if it's a home address, will be published on our website. We consider this to be your business contact information and must be available should a customer need to reach you.			
Bra	anch Application for (check applicable): Image: Travel Agent Image: Travel Wholesaler Image: Travel Agent Image: Travel Wholesaler Image: Travel Wholesaler Image: Travel Agent Image: Travel Wholesaler Image: T			
1.	Legal name:			
2.	Trade/DBA names (if any):(Exact name in CAPITAL LETTERS)			
3.	. Branch Physical address:			
4.	Mailing address:			
5.	Office tel: (

HEAD OFFICE BUSINESS INFORMATION

6.	Licence Number:
7.	Address: (Suite #, Street Address, City & Province/State Postal/Zip Code)
8.	Office tel: ()
9.	Email:

BRANCH LICENSING INFORMATION

1.	Location Mana	aqer who will	have charge	of the ap	plicant's l	business a	t this location:

	Name:			
	(Surname)		(First Name)	(Middle Names in Full)
	General Manager 🗆	Manager 🗆	Director of Operations \Box Other: _	
	Phone Number ()		E-mail Address	
2.	Administrative Contact	(person to co	ntact regarding licensing and relat	ted issues):
	Name:(Surname)			
	(Surname)		(First Name)	(Middle Names in Full)
	Phone Number ()		E-mail Address	
3.	Complaints Contact (pe	erson to conta	ct regarding consumer complaints	s):
	Name:			
	Name:(Surname)		(First Name)	(Middle Names in Full)
	Phone Number ()		E-mail Address	
4.	Are the business financia	I records held	at the above address? If no, give the	address where heldYes 🗌 No [
	Location:			

5.	Are the financial statements for the applicant combined with any other businesses?	<u> </u>	No	
6.	Do any other travel agents or travel wholesalers carry on operations at any of the listed premises?	<u> </u>	No	
7.	Is the proposed licensed location a residence?Yes [<u> </u>	No	

APPLICANT DECLARATION

To be completed by the Authorized Signing Officer of the Head Office agency, travel wholesaler, accommodation provider/ wholesaler.

The Authorized Signing Officer hereby:

1. Certifies that I/we have obtained, read and understood the Business Practices and Consumer Protection Act and Travel Industry 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 the 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)

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