



COURIER: 321-3600 Uptown Blvd. Victoria, BC V8Z 0B9
MAIL: PO Box 9244 Victoria, BC V8W 9J2
FAX: (250) 920-7181 **TF:** 1 888.564.9963
EMAIL: operations@consumerprotectionbc.ca
 www.consumerprotectionbc.ca

HIGH-COST CREDIT GRANTOR
 Additional Licensed Location 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*. This information will be used to determine eligibility for licensing in the Province of British Columbia. **Please note: each additional high-cost credit grantor location requires a separate licence.**

ADDITIONAL LOCATION 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)
This address is: Commercial Residential
4. Mailing address:
(Suite #, Street Address, City & Province/State Postal/Zip Code)
5. Location telephone: (.....)
6. Location fax: (.....)
7. Email:
8. Name of head office:.....
Licence number (if known):.....

LICENSING INFORMATION

1. **Person** who oversees the applicant's high-cost credit grantor business at this location:
 Name:
(First name) (Last name)
 General Manager Manager Director of Operations Other:
 Phone number: (.....) Email:
2. **Administrative contact** (person to contact regarding licensing and related issues):
 Name:
(First name) (Last name)
 Phone number: (.....) Email:
3. **Complaints Contact** (person to contact regarding consumer complaints and the person responsible for handling compliance and enforcement issues):
 Name:
(First name) (Last name)
 Phone number (.....) Email:.....

You must notify us of changes to your business or your licence within 14 days.

APPLICANT DECLARATION

I/We hereby:

1. Confirm that the information supplied is complete and true to my best knowledge and belief.
2. Certify that I/we have obtained, read and acknowledge the legal responsibilities within the [Business Practices and Consumer Protection Act](#) and [High-Cost Credit Products Regulation](#).
3. Give permission to Consumer Protection BC to verify bank relationships, memberships and all other matters in this application.

Authorized signing officer of applicant:

Signature Date

Print name: Title:.....

APPLICATION FEE & CONSUMER FINANCIAL EDUCATION FUND CONTRIBUTION

For a list of licence application fees, charges and other amounts, please see the [current fee schedule](#).

Licence application fees and other charges may be paid in the following ways:

- By cheque or money order
- By Visa, Mastercard or American Express Credit Card – complete a [credit card authorization form](#)

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