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STATUTORY DECLARATION

In the application for a funeral provider licence for: _

(Agency Name)

I request the business location to be the same as my residence at:

(street address, city, province, postal code)

and agree to the following:

CANADA: PROVINCE OF BRITISH COLUMBIA TO WIT:

IN THE MATTER OF THE CREMATION,INTERMENT AND FUNERAL SERVICES ACT and REGULATION

I, .	
-	(Name in Full of the Licence Applicant or Licensee)
of	
solemnly declare that:	
1.	I/We am/are the applicant(s) in the attached application, which I/We have signed; and
2.	I/We have attached a copy of my Municipal Licence authorizing the operation of a funeral provider business from the location specified above; and
3.	I/We have a separate entrance and a distinct and signed area in the residence from which the funeral provider business will be operated. This area is in the location specified in the application for a funeral provider licence and is suitable for the purpose of operating a funeral provider business and includes a separate and private room for the making of funeral arrangements; and
4.	I/we will maintain a contract for and use a suitable facility for the refrigeration of human remains; and that this facility will be no more than 30 minutes driving time from my residence; and
5.	I/We give an undertaking to maintain all business records and information of the funeral provider business in the identified area; and
6.	I/We undertake to maintain, and to publicly disclose, a separate business telephone number to consumers; and
7.	I/We undertake to publicly disclose the residential address and other contact information of the identified location to consumers. I/We understand that a post office box is not acceptable; and
8.	I/We give an undertaking to give the Director or their authorized representative prompt physical access to the identified location for lawful purposes related to the administration and enforcement of the <i>Business Practices and Consumer Protection Act</i> and <i>the Cremation, Interment and Funeral Services Act; and</i>
9.	I/We certify that the information contained in this statutory declaration is true and correct and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.
	Signature(s) of Authorized Signing Officer(s) of the applicant

Signature of Director, CPBC authorizing residential location

FUNERAL PROVIDER

STATUTORY DECLARATION RESIDENCE IS A PLACE OF BUSINESS