

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

MAIL: PO Box 9244/ Victoria, BC V8W 9J2

FAX: (250) 920-7181 P: (604) 320-1664 TF: 1 888 564-9963

www.consumerprotectionbc.ca

Motion Picture Licence Application for Additional location/s

The personal information requested in this form is 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.

	ADDITIONAL LICENSED LOCATION INFORMATION			
Please note: Each additional location requires a separate licence.				
1. Le	egal name:			
	(Exact name in CAPITAL LETTERS)			
2. Tr	ade/DBA names (if any):			
3. Pł	(Exact name in CAPITAL LETTERS) nysical address:			
	(Suite #, Street Address, City & Province/State Postal/Zip Code)			
4. M	ailing address: (Suite #, Street Address, City & Province/State Postal/Zip Code)			
	LICENSING INFORMATION			
Indicate which type of business you wish to operate :				
Retail	Retailer			
	Video retailer (general release videos only)			
	Adult film retailer (may include adult, restricted and general release videos)			
	re (per screen)			
Ш	Number of general release only screens			
	Number of adult /restricted screens (includes general release)			
	Adult - one person booths			
Distributors				
	Video distributor (general release videos)			
	Adult film distributor (adult motion pictures and/or adult videos)			
	Motion picture distributor (general release - unlimited number of titles)			
	Motion picture distributor (general release - up to 6 titles per licence year)			
	Motion Picture distributor (general release – 1 title per year)			
	Multi-purpose distributor (unlimited number of adult and general release motion pictures and videos)			
5 M				
5. Manager who will have charge of the applicant's business at this location:				
Na	AME: (Surname) (First Name) (Middle Names in Full)			
General Manager □ Manager □ Director of Operations □ Other:				
Ph	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	
7.	Complaints Contact (person to contact regarding consumer complaints):	
	Name: (Surname) (First Name) (Middle Names in Full)	
	(Surname) (First Name) (Middle Names in Full) Phone Number () E-mail Address	
	APPLICANT DECLARATION	
The	e applicant hereby:	
	Certifies that I/we have obtained, read and understood the Business Practices and Consumer Protection Act and the Motion Picture Act and Motion Picture Act Regulations;)
	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 Consumer Protection BC to verify memberships and all other matters in this application;	
Αι	uthorized signing officer of applicant:	
Sig	naturePrint Name	
Da	te Title	
	LICENCE APPLICATION FEES	
Ca	icence application fees under the Motion Picture Act are located in the Consumer Protection BC fee schedule. The fee schedule an be obtained from our website or by calling our office. Please include the application fee with this application. Licence oplication fees are non-refundable.	
	APPLY USING CHEQUE OR MONEY ORDER	
M	lail completed form, applicable attachments and cheque or money order payable to Consumer Protection BC to:	
_	onsumer Protection BC	
	O Box 9244 Courier: 307-3450 Uptown Blvd. Victoria, BC V8Z 0B9 ictoria BC V8W 2Y9	
	(a service charge will be levied on any dishonoured payments – see current fee schedule)	
	APPLY USING CREDIT CARD	
	ou may fax your completed application form, applicable attachments and a credit card payment authorization form available at ww.consumerprotectionbc.ca Motion Pictures – forms.	
	onsumer Protection BC AX: 250 920-7181	
Li	cence application payments may be made using VISA, MASTERCARD or AMERICAN EXPRESS.	
	(a service charge will be levied on any dishonoured payments – see current fee schedule)	
	INCOMPLETE ADDLICATIONS WILL BE DETLIDNED LINDDOCESSED	_



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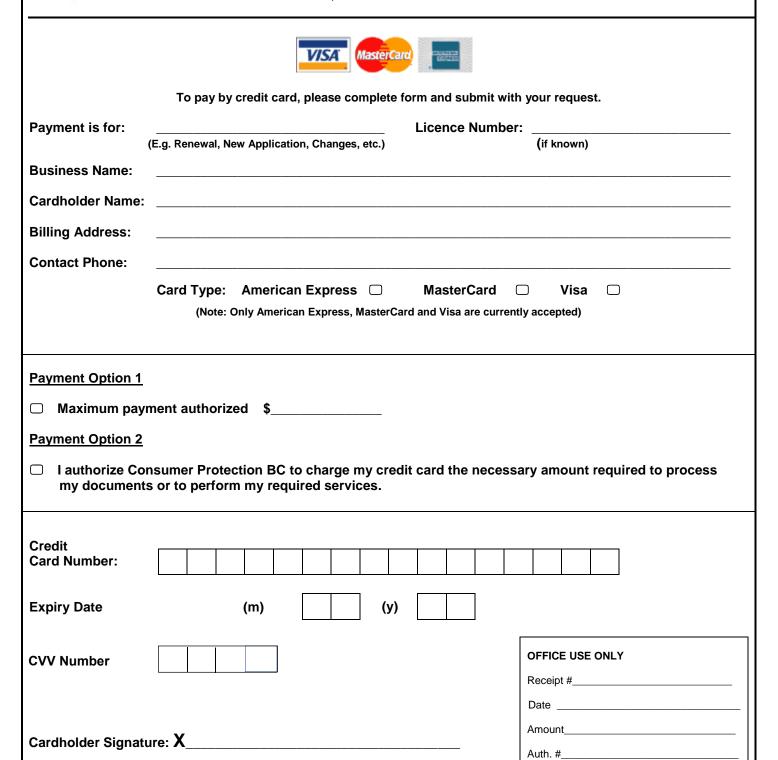
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Email: operations@consumerprotectionbc.ca

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Credit Card Payment Authorization Form



<u>Privacy Statement:</u> 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.