



**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

**MOTION PICTURE  
 LICENCE APPLICATION  
 FORM**

**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 8.1 of the *Motion Picture Act Regulations*. This information will be used to determine eligibility for licensing in the Province of British Columbia.

**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. Head office Tel: (.....) ..... Fax: (.....) .....
7. E-Mail: .....
8. You must provide a copy of your business licence issued by your local municipality. Date of Issue .....

**If the applicant is a corporation, please complete the following:**

Incorporation Date.....Jurisdiction:..... Incorporation Number: .....

**If the applicant is a partnership/proprietorship and/or is operating 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 operating under this licence. If your business is incorporated or registered **outside of BC**, you must provide proof of incorporation or registration from your local jurisdiction in your application.

COMPLETE THE FOLLOWING IF APPLICANT IS A CORPORATION			
NAMES IN FULL OF SENIOR OFFICERS (First, Last)	RESIDENCE		POSITION HELD
	TELEPHONE & EMAIL	ADDRESS	
	( ) 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: _____		<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Chief Operating Officer <input type="checkbox"/> Others _____

**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:		

If you answer **YES** to any of the questions 1 through 4 below, provide details on a separate sheet, including date(s) and location(s).

- Have you previously applied for or held a Film Industry licence in any jurisdiction? .....  Yes.....  No  
If **YES** above, were any of those licences ever suspended or cancelled? .....  Yes.....  No
- Have you ever been refused a Film Industry licence in any jurisdiction? .....  Yes.....  No
- Have any of the individuals identified above had two or more bankruptcies? .....  Yes.....  No
- 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

**FOR ADULT RETAILERS, DISTRIBUTORS AND ADULT/RESTRICTED THEATRE SCREENS ONLY**

**(Do not complete this section is you are applying for General Release only)**

- ALL APPLICANTS** that reside in Canada applying to distribute, exhibit or retail adult film or video **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. **Adult video store managers** who are not corporate officers or partners/proprietors included in the above must also complete an online criminal record check.
- ALL APPLICANTS** applying to distribute, exhibit or retail adult film or video that do not reside in Canada **MUST** submit a certified criminal record check from their home jurisdiction.
- ALL APPLICANTS** applying to distribute, exhibit or retail adult film or video must clearly indicate on your current municipal business licence this is included in your local licensing.
- ALL Applicants** applying who wish to affix decals to adult films from outside of British Columbia must provide the director with \$10,000 of acceptable security. Please call 1 888 777-4393 for details.

**LICENSING INFORMATION**

Indicate which type of business you are applying a licence for: **(choose one only per category).**

**Retailer**

- Video retailer (general release videos only)
- Adult film retailer (may include adult, restricted and general release videos)

**Theatre**

- 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)

**LICENSING CONTACT INFORMATION**

**Manager** 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 \_\_\_\_\_

**Administrative Contact (person to contact regarding licensing, fees and related issues):**

Name: \_\_\_\_\_  
(Surname) (First Name) (Middle Names in Full)

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_    E-mail Address \_\_\_\_\_

**Complaints Contact (person to contact regarding consumer complaints):**

Name: \_\_\_\_\_  
(Surname) (First Name) (Middle Names in Full)

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_    E-mail Address \_\_\_\_\_

**APPLICANT DECLARATION**

As a Licensed distributor, retailer, or theatre, you must follow the law and ensure you maintain your good standing as a business. You must read and understand [your obligations](#) under the Motion Picture Act and the Motion Picture Act Regulations.

1. I certify that all the information given in this application is true and correct to the best of my/our knowledge and belief;
2. I give permission to Consumer Protection BC to verify memberships and all other matters including in this application.
3. I understand that any film submitted for classification must be a final copy, free of watermarks.

Authorized signing officer of applicant:

Signature \_\_\_\_\_    Print Name \_\_\_\_\_

Date \_\_\_\_\_    Title \_\_\_\_\_

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

Sent completed application form, applicable attachments and application fee by mail or by email.

**Email**            [operations@consumerprotectionbc.ca](mailto: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**

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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.

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