CONSUMER PROTECTION BC

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

PLACE OF INTERMENT
Cemetery Operator
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 55 of the *Cremation, Interment and Funeral Services Act*. This information will be used to determine eligibility for licensing in the Province of British Columbia. **By signing this form, you are authorizing the Consumer Protection BC to obtain a credit report for the persons named below as part of this application.**

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. Office Telephone: (____) _____ Fax: (____) _____ Web: _____

7. Fiscal year end: (DD/MM): _____ / _____ Email: _____

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

Incorporation Date: _____ Jurisdiction: _____

Incorporation Number: _____

If the applicant is a partnership/proprietorship 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 operated under this licence.

COMPLETE THE FOLLOWING IF APPLICANT IS A CORPORATION

NAMES IN FULL OF SENIOR OFFICERS (First, Last)	RESIDENCE		POSITION HELD
	TELEPHONE & EMAIL	ADDRESS	
	( )		☐ President ☐ Treasurer ☐ Secretary ☐ Chief Operating Officer ☐ Others _____
	Email:		
	( )		☐ President ☐ Treasurer ☐ Secretary ☐ Chief Operating Officer ☐ Others _____
	Email:		
	( )		☐ President ☐ Treasurer ☐ Secretary ☐ Chief Operating Officer ☐ Others _____
	Email:		

COMPLETE THE FOLLOWING IF THE APPLICANT IS A PARTNERSHIP OR /PROPRIETORSHIP			
NAMES IN FULL OF SENIOR OFFICERS (First, Last)	RESIDENCE		
	TELEPHONE & EMAIL	ADDRESS	
	( )		☐ Proprietor / Partner
	Email:		
	( )		☐ Partner
	Email:		
	( )		☐ Partner
	Email:		

1. Have you previously held a place of interment operator licence in any jurisdiction? ..... ☐ Yes ☐ No
2. If **YES** above, were any of those licences ever suspended or cancelled? ..... ☐ Yes ☐ No
3. Have you ever been refused a place of interment operator licence in any jurisdiction? ..... ☐ Yes ☐ No
4. Have any of the individuals identified above had 2 or more bankruptcies? ..... ☐ Yes ☐ No
5. 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

☐ If **YES** to questions 1 through 4 above, provide details on a separate sheet, including date(s) and location(s) and parties involved.

☐ **ALL APPLICANTS** that reside in Canada 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.

☐ **ALL APPLICANTS** that do not reside in Canada MUST submit a certified criminal record check from their home jurisdiction.
Please note, your application will not be processed until the criminal record check is received

LICENSING INFORMATION

1. Is the place of interment located at the business address listed above? ..... Yes ☐ No ☐
   If no, where is the place of interment located? .....
2. Application is for a (check all that apply):
   - Cemetery ..... ☐
   - Mausoleum ..... ☐
   - Columbarium ..... ☐
3. Included in the application is a map that shows:
   - i. each proposed area for interment in relation to the other areas of the place of interment ..... ☐
   - ii. every lot, fence, walk, road, watercourse or building in the place of interment and the dimensions of each ..... ☐
   - iii. the total area of the lots and the total area of the land in the place of interment ..... ☐
   - iv. descriptive names and numbers for each proposed area of interment ..... ☐
4. Included in this application is a detailed plan for the future care and maintenance of the property including:
   - i. the way the applicant proposes to fund the care and maintenance of the place of interment ..... ☐
   - ii. the manner the applicant intends to keep monies for the care and maintenance of the place of interment separate from all other monies of the applicant ..... ☐
5. Included in this application is a financial feasibility study for the place of interment for each year of the 5 year period following the projected date of receipt of the licence that includes:
   - i. the amount the applicant expects to spend on land, development and maintenance ..... ☐
   - ii. the source of the funds for the operation of the place of interment ..... ☐

6. **Senior Officer** 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 _____

7. **Administrative Contact (person to contact regarding licensing and related issues):**

Name: _____
(Surname) (First Name) (Middle Names in Full)

Phone Number (_____) _____ E-mail Address _____

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

Name: _____
(Surname) (First Name) (Middle Names in Full)

Phone Number (_____) _____ E-mail Address _____

PRENEED CEMETERY OR FUNERAL SERVICES AND INTERMENT RIGHT CONTRACTS

Fiscal year end for reporting purposes (MM / DD): _____

Will you offer preneed cemetery or funeral services? ..... ☐ Yes ☐ No

If Yes: ☐ Trust only ☐ Insurance only ☐ Trust & Insurance

Attach a copy of your preneed cemetery or funeral services contract and a copy of the preneed trust agreement with your savings institution.

APPLICANT DECLARATION

I/We hereby confirm that the information supplied is complete and true to my best knowledge and belief.

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.

Sent 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