CONSUMER PROTECTION BC

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

6. Email: _____

7. Business type: corporation ☐ partnership ☐ sole proprietorship ☐ society ☐

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 under Trade/DBA names, please complete the following:

Registration Date: _____ Jurisdiction: _____ Registration Number: _____

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 funeral provider 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 funeral provider 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. **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 _____

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

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

   Phone Number (_____) _____ E-mail Address _____

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

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

   Phone Number (_____) _____ E-mail Address _____

FACILITY INFORMATION

1. Does the proposed location have an appropriate business office? ☐ Yes ☐ No

2. Does the proposed location have a private arrangement area to meet with families? ☐ Yes ☐ No

3. Does the proposed location have on-site refrigeration for the storage of human remains? ☐ Yes ☐ No

   If yes, what is the capacity? _____

4. Does the proposed location have off-site refrigeration for the storage of human remains? ☐ Yes ☐ No

5. Which of the following applies to you? (Check at least one)

   ☐ You have refrigeration services at your licensed location, and do not rent/lease space to others.

   ☐ You have refrigeration services at your licensed location and are a provider for another licensed funeral provider of a different legal entity.

   ☐ You have refrigeration services at your licensed location and are a provider for another licensed funeral provider of a same legal entity.

   ☐ You do not have refrigeration services at your licensed location and rent/lease refrigeration services from another licensed funeral provider of a different entity. You must attach a copy of the Refrigeration Contract Statutory Declaration signed by yourself and the provider.

   ☐ You do not have refrigeration services at your licensed location and rent/lease from another funeral provider of a same legal entity.

6. Does the proposed facility have a preparation facility which is sufficient for the storage and preparation of human remains? ☐ Yes ☐ No

7. Does the proposed facility have a preparation facility which is sufficient for the disinfection, preservation or restoration of human? ☐ Yes ☐ No

8. Does the proposed location have book, brochure, internet site or other information showing the entire product line? ☐ Yes ☐ No

9. Does the proposed location have a display room for containers? ☐ Yes ☐ No

10. Does the proposed location have public liability insurance for all premises and vehicles? ☐ Yes ☐ No

    Insurance Carrier: _____

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.

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