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

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	
	( )		☐ 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:		

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).

1. 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
2. Have you ever been refused a Film Industry licence in any jurisdiction? ..... ☐ Yes ☐ No
3. Have any of the individuals identified above had two or more bankruptcies? ..... ☐ Yes ☐ No
4. 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

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

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.