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TRAVEL
 Notice of Change
 Business Information

BUSINESS INFORMATION

Licensee Name: _____
 Doing Business As: _____
 Licence Number: _____ Effective Date of Change: _____

Pursuant to [section 10 of the Travel Industry Regulation](#), a licensee must report the following information to the director in writing within 14 days of the change occurring: (a) a change of address for the location from which the licensee conducts business in British Columbia; (b) if the licensee is a corporation, (i) a change in the senior officers, as defined in the [Business Corporations Act](#), of the corporation, and (ii) a material change in the beneficial ownership of the shares of the licensee; (c) if the licensee is a partnership, a change of partners in the partnership; (d) a change of name of the licensee. (2) If a licensee ceases to engage in business with another licensee because the other licensee has failed to fulfill a financial commitment made to the licensee, the licensee must report that cessation to the director.

TYPE OF CHANGE

Change of Licensed Location Address **Fee Required**

- Provide municipal business licence of the new address
 - The licensed location is now a residential address.
- If Yes, a [Statutory Declaration Residence is a Place of Business Form](#) is required.

Change of Mailing Address

Change of Corporate Office Address

Change of Corporate Name: addition / Deletion of Trade Name **Fee Required**

- Provide certificate from BC Registrar of Companies certifying the change

Change of Business Model to _____ Retail only _____ Wholesale only _____ Both

- Please review [Security Requirement](#) for potential security changes.

Change in Location Manager or Licensing Contact

Change of Phone, Fax, or Email Address

Change of Trust Bank Account(s)

- Provide [Verification of Financial Institution Form](#)

Change of Fiscal Year End

- Provide approval letter of filing change from Canada Revenue Agency

Change of My Account user email

DETAILS OF CHANGE

All of the contact information that you provide to us may be made public. Your business address, even if it's a home address, will be published on our website. We consider this to be your business contact information and must be available should a customer need to reach you.

From: _____ To: _____

Authorized signing officer:

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 form, applicable attachments and application fee by email.

Email: businesspractices@consumerprotectionbc.ca