

- Applicants should review the *Funeral, Burial and Cremation Services Act, 2002* and Regulations prior to submitting an application.
- If the applicant does not already have a licence to operate a cemetery, an application for a cemetery operator's licence must be submitted with this application.
- Only complete applications that include the required supporting documents will be reviewed. Incomplete applications will be returned.

For BAO Office Use Only

Licence/Site Number

Checked By:

Date (yyyy/mm/dd)

Approved By:

Date (yyyy/mm/dd)

1. The applicant is applying for consent to establish, alter or increase the capacity of the following:

Application for: Cemetery Crematorium Columbarium Mausoleum Scattering Ground

Reason for Application for: Establish Alter Increase Capacity/Expansion

Please Note: Prior consent is required from the Registrar to establish, alter or expand a crematorium on cemetery land. The applicant also requires a Crematorium Operator's licence.

Applicant Category:

Municipality Religious Business Corporation Trustee/Volunteer Board
 Sole Proprietorship Partnership Limited Partnership

For the above indicate: Profit Not-for-Profit

2. Cemetery Operator Information and Crematorium Operator Information (if applicable)

| | | |
|-----------------|------------------|----------------|
| Legal Last Name | Legal First Name | Middle Initial |
|-----------------|------------------|----------------|

| | |
|---|--|
| Carrying on business as (if name is different from above) | Ontario Corporation number (if applicable) |
|---|--|

| | |
|---|--|
| Operator's licence number (if presently licensed) | Business Registration number (if applicable) |
|---|--|

Business Address in Ontario

| | | | | | |
|----------------|---------------|--------|-------------|-------------|-----------|
| Unit/Suite/Apt | Street Number | Suffix | Street Name | Street Type | Direction |
|----------------|---------------|--------|-------------|-------------|-----------|

| | | | | |
|--------|---------|-------------|------------------------|-----------------|
| PO Box | Station | Rural Route | Lot/Part/Block/Section | Concession/Plan |
|--------|---------|-------------|------------------------|-----------------|

| | | | |
|------------------------|----------|-----------------|-------------|
| City/Town/Municipality | Province | County/District | Postal Code |
|------------------------|----------|-----------------|-------------|

| | | |
|--------------------------------------|--------------------------------|---------------|
| Telephone Number (include area code) | Fax Number (include area code) | Email Address |
|--------------------------------------|--------------------------------|---------------|

Mailing address (if different from business address)

| | | | | | |
|----------------|---------------|--------|-------------|-------------|-----------|
| Unit/Suite/Apt | Street Number | Suffix | Street Name | Street Type | Direction |
|----------------|---------------|--------|-------------|-------------|-----------|

| | | | | |
|--------|---------|-------------|------------------------|-----------------|
| PO Box | Station | Rural Route | Lot/Part/Block/Section | Concession/Plan |
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| | | | |
|------------------------|----------|-----------------|-------------|
| City/Town/Municipality | Province | County/District | Postal Code |
|------------------------|----------|-----------------|-------------|

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|--------------------------------------|--------------------------------|---------------|
| Telephone Number (include area code) | Fax Number (include area code) | Email Address |
|--------------------------------------|--------------------------------|---------------|

3. Primary Contact:

| | | | | | | |
|--|---------------|--------|-------------|------------------------|-------------|-----------------|
| Person in Charge of Day-to-Day Operations: | | | | Position/Title | | |
| Unit/Suite/Apt | Street Number | Suffix | Street Name | | Street Type | Direction |
| PO Box | Station | | Rural Route | Lot/Part/Block/Section | | Concession/Plan |
| City/Town/Municipality | | | Province | County/District | Postal Code | |

4. Cemetery Details

Name of Cemetery

Cemetery/Crematorium Address

| | | | | | | |
|--------------------------------------|---------------|--------|--------------------------------|------------------------|----------------|-----------------|
| Unit/Suite/Apt | Street Number | Suffix | Street Name | | Street Type | Direction |
| PO Box | Station | | Rural Route | Lot/Part/Block/Section | | Concession/Plan |
| City/Town/Municipality | | | Province | County/District | Postal Code | |
| Telephone Number (include area code) | | | Fax Number (include area code) | | E-mail address | |

Land owner informationName of person who owns the land on which the cemetery is located. **Please provide a copy of the land registration title documents and survey.**

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|--------------------------------------|---------------|--------|--------------------------------|------------------------|----------------|-----------------|
| Unit/Suite/Apt | Street Number | Suffix | Street Name | | Street Type | Direction |
| PO Box | Station | | Rural Route | Lot/Part/Block/Section | | Concession/Plan |
| City/Town/Municipality | | | Province | County/District | Postal Code | |
| Telephone Number (include area code) | | | Fax Number (include area code) | | E-mail address | |

Land owner's signature giving consent to the applicant:

Print name in full

| | | | |
|---|-------------------|------------------------------|--------------|
| <input type="checkbox"/> Cemetery (Acres/Hectares) | Current size | Proposed expansion/reduction | Total size |
| <input type="checkbox"/> Crematorium | Number of retorts | Proposed expansion | Total size |
| <input type="checkbox"/> Columbarium (Number of Niches) | Current number | Proposed expansion | Total number |
| <input type="checkbox"/> Mausoleum (Number of Crypts) | Current number | Proposed expansion | Total number |
| <input type="checkbox"/> Scattering Ground | Current size | Proposed expansion | Total size |

5. Care and Maintenance Fund to be established by new operator

Note: To establish a cemetery the prescribed amount of \$100,000.00 is required to be deposited with a Trustee, unless an exemption has been granted. Please attach a letter signed by the Trustee as confirmation. A Municipality is exempted from this requirement.

Initial deposit of \$ 100,000 has been deposited with Trustee Public Guardian & Trustee Other

Name of Trustee

Trust account number

Trustee's address

| | | | | | |
|--|---------------|-------------|------------------------|-----------------|-----------|
| Unit/Suite/Apt | Street Number | Suffix | Street Name | Street Type | Direction |
| PO Box | Station | Rural Route | Lot/Part/Block/Section | Concession/Plan | |
| City/Town/Municipality | | Province | County/District | Postal Code | |
| Contact telephone number (include area code) | | | Contact person | | |

In support of this application, the following documents are attached:

- Proof of municipal approval if the cemetery/crematorium is located in an area with municipal organization; or proof of approval from the Ministry of Natural Resources if the cemetery is located on Crown Land.
- Copy of the Approval Notice published by the Municipality.
- Two (2) copies of legal description and general plan of the cemetery and crematorium, approved by the local municipality, drawn to scale showing compass bearings, lot numbers and the location and dimensions of every lot, walk, fence, road, watercourse, building and adjoining road in the portion of the cemetery to be available for interments.
Note: The general plan of the cemetery must be prepared by an Ontario Land Surveyor or prepared from a Deposited Reference Plan or Survey.
- Two (2) copies of any site plan agreement under the Planning Act, that is relevant to the cemetery or crematorium.
- Two (2) copies of the proposed by-laws for the cemetery and crematorium if applicable.
- Copy of the designation if the cemetery or crematorium, or any part thereof, is designated under the *Ontario Heritage Act*.
- A certificate signed by the Medical Officer of Health for the area, stating that the land is suitable for use as a cemetery.
- Two (2) copies of a detailed layout plan of the part of the cemetery that is to be offered for sale.
- A completed licence application. (if applicable)

To alter a cemetery to include a crematorium or to expand an existing crematorium, include:

- Two (2) copies of detailed plans of drawings of the site, building(s), location of the retorts, processing area and body storage areas. (Showing engineer's seal, signature and date.)
- A copy of the certificate of approval issued by the Ministry of Environment under section 9 of the *Environmental Protection Act*.
- A copy of the building permit.

For a mausoleum/columbarium, also include:

- Two (2) copies of detailed plans and specifications of the structure including the crypt/niche numbering system.
- Two (2) copies of detailed construction plans and specifications of the structure. (Showing engineer's seal, signature and date.)
- A copy of the building permit.

If there are any interment rights holders within 9.14 metres or 30 ft. of the proposed establishment, alteration or increase, also attach:

- Details of public notification

Notice of application for consent shall be:

- a) Published once a week for two consecutive weeks in a newspaper with general circulation in the locality in which the cemetery/crematorium is located (provide the two newspaper tear sheets for this notice). This notice is completely separate from the Municipalities "Notice of Decision"; and
- b) Posted on a sign in a conspicuous place at the entrance to the cemetery or posted in the area of the proposed alteration/increase and clearly visible to interment rights holders in that area for four (4) consecutive weeks. Provide photo of signage that was posted for four (4) weeks with the beginning and end dates on the reverse side of the photo.

6. Notice and consent of applicants under applicable privacy laws

This application form is governed by the *Funeral, Burial and Cremation Services Act, 2002* ("Act") and its Regulations. The application form and content have been approved by the Registrar. The Registrar may refuse to issue a licence or renew a licence in circumstances set out in the Act. Such circumstances include the past conduct of the applicant in relation to whether the Act and Regulations may be breached.

Therefore, I/we understand that the Bereavement Authority of Ontario (BAO) collects and uses this information to process this application to verify the information provided on this form and to determine in accordance with the Act and the Regulations whether a licence should be issued, renewed or revoked. Without limiting the generality of the foregoing, I/we understand that the collection/disclosure may include information from the Canadian Police Information Centre (C.P.I.C).

In addition, this information may, in the Registrar's discretion, be disclosed to organizations in or out of Ontario including: licensing or regulatory authorities, government regulators or other law enforcement agencies, professional and industry associations.

I/we also understand that the information collected pursuant to this application and in relation to the conduct as a licensee under the *Funeral, Burial and Cremation Services Act, 2002*, may be shared with regulating authorities and/or law enforcement agencies in or out of Ontario and that such information may be used in determining my/our licence status in this and other jurisdictions in which I am/we are licensed or have/has applied to be licensed.

I/we also understand the BAO may also use this information for the purpose of conducting quality assurance surveys and other similar programs and may contact me/us for such a purpose either directly or through an agent.

I/we understand the BAO may also disclose to the public by telephone, in writing or any other manner, including the internet, my/our licence information including but not limited to: licence number, licence type and status, applicable dates, business name, business/contact person, business/contact address, business/contact telephone number, business/contact facsimile number and business e-mail address.

I/we consent to the collection, use and disclosure of information for the purposes stated above and to determine whether I/we are and remain qualified for licensing in all jurisdictions.

I/we also certify that the information provided is, to the best of my/our knowledge and belief, true.

| | | |
|-----------|------|-------------------|
| Signature | Name | Date (yyyy/mm/dd) |
| Signature | Name | Date (yyyy/mm/dd) |
| Signature | Name | Date (yyyy/mm/dd) |