

Funeral Establishment Operator and Transfer Service Operator Licence Application Checklist

The Bereavement Authority of Ontario (BAO) is responsible for ensuring Ontario's funeral establishments and transfer services are licensed in accordance with the *Funeral, Burial and Cremation Services Act, 2002* (FBCSA). Since a licence is not transferable under the FBCSA, any individual with an interest in establishing or operating a new funeral establishment and / or a transfer service or purchasing an existing business must comply with the licensing requirements of the FBCSA outlined below.

Prior to commencing the completion of a licence application, an individual should review the FBCSA and or on the BAO website: www.thebao.ca under the legislation tab.

The numbered list below sets out the required documents for a operator licence application; for each item, tips are included to help the applicant fill out the forms correctly, and information is included regarding applicability of each item.

Applicants must submit their complete licence application at least sixty (60) days prior to the proposed opening/purchase date. The BAO will review the submitted documentation, usually within ten (10) business days and contact the applicant by phone or email if necessary. Incomplete applications will be returned.

The BAO will issue the relevant operator licence within forty-five (45) days of receipt of a complete application.

In the case of the purchase of an existing business from a licensed operator, if a complete application is received, the BAO will issue the relevant licence to the new operator within forty-five (45) days of receipt of a complete application.

Unless otherwise indicated, documents may be submitted by fax, scan/email, or regular mail. To avoid licensing delays and to discuss the licensing application process, feel free to contact the BAO Licensing Officers at (647) 483-2645 / (844) 493-6356, or send an email to info@thebao.ca.

Application Requirements

1. Operator Licence Application Form

- This form must be included in all applications.
- The primary contact person is the single point of contact for all communication related to the licence application.
- The name of the licensed operator is the name of the corporation, partnership, or sole proprietor applying for the licence to operate that business. In the case of a corporation, the corporation name must exactly match the name as shown on the Articles of Incorporation / Amalgamation / Amendment (as applicable).
- The address of the licensed operator is the registered address of the corporation, partnership, or sole proprietor.

Application Requirements (contd..)

- The business name is the operating/trade name, and can be the same as or different than the licensed operator name. If the applicant is operating the business under a name that is different from the corporation name, then proof of registration of the business name with Service Ontario is required, i.e. a copy of the Master Business Licence. Please visit: www.appmybizaccount.gov.on.ca for more information.

2. Business Ownership Form

- If you are applying for a licence to operate a business as a partnership or sole proprietor, provide the name(s) and contact information of the partners or proprietor.
- In the case of corporate ownership: in section A, include the names and contact information of the officers and directors of the corporation (i.e. the licensed operator). The names of the officers and directors must match exactly those as shown on the Ontario Form 1 – Initial Notice / Notice of Change re. Officers and Directors, or in the case of a federal corporation, the equivalent federal documents from Industry Canada.
- Equity Ownership: In section B, list the name(s) and address(es) of the sole proprietor, or all persons who own a percentage of the equity of the partnership or corporation. Pursuant to section 15 of the FBCSA, the names and addresses of every “person” holding 10% or more of the equity must be provided. Only shares having voting rights are used in the calculation of equity ownership; shares that carry the right to more than one vote are calculated as the number of shares equaling the total number of votes carried.
- A "person" can be an individual or a legal entity such as a trust or a corporation.
- Sections C, D and E apply when ownership of the licensed operator is held indirectly by one or more holding companies or trusts.
- Note: An individual controls a corporation when he or she owns 51% or more of the equity shares of the corporation.

3. Evidence of Transfer of Ownership – Asset Purchase

In the case of an asset purchase, the BAO must be provided with evidence of the transfer of ownership from one party to another on a specific date. Please provide a copy of the pages of the asset purchase agreement that set out the parties to the transaction and the transaction date. Note: An operator licence is not transferrable.

4. Certificate of Inspection

Where there is an onsite holding/embalming room at the proposed/existing location, this form must be completed by a Medical Officer of Health, a Public Health Inspector or a person designated by the Registrar, BAO. Completed reports are valid for six months.

Application Requirements (contd..)

5. Request for One Person to Manage More Than One Business Form

If the intent is that one person will manage more than one business location, then this form must be submitted with the application to allow the Registrar time to assess the request prior to licensing the business.

6. Corporate Documents – Corporation is to be licensed as an Operator

In the case of corporate ownership, provide corporate documents including:

- Articles of Incorporation / Amalgamation / Amendment (as applicable)
- Ontario Form 1 – Initial Notice / Notice of Change re. Officers and Directors, or in the case of a federal corporation, the equivalent federal documents from Industry Canada
- Shareholder’s register confirming equity ownership.

The above documents must be provided for each corporation having ownership in the business (including holding companies). For Ontario corporations, online filing may be completed at: www.oncorp.com. For federal corporations, online filing may be completed at: www.ic.gc.ca/app/scr/cc/CorporationsCanada/hm.html?locale=en_CA. Please check with your legal counsel for more information.

7. Plans or Drawings

Prior to beginning construction of a new building or renovations to an existing building, submit plans or drawings that will allow the Registrar, BAO to assess that the building meets the requirements outlined in sections 23, 46, 47 and 48 of O. Reg. 30/11. Drawings must detail the ventilation (exhaust directly to the outside) and plumbing, including location of backflow preventers on the water supply in and leading into the holding/embalming room. If the establishment has a lift/elevator or other device to move a dead human body from one level to another, a copy of the current TSSA licence and last inspection report shall be submitted.

8. Police Records Check (PRC)

Original Police Records Check (PRC) reports must be submitted for every officer, director, shareholder or other interested or associated person who has an interest in the operation of the business. The PRC report must be obtained from your local/regional Police Service or Provincial Police Detachment. Copies of the PRC will not be accepted.

The normal waiting time to receive a PRC can range from a week to six weeks. Should there be a delay in receiving the PRC and it is the only outstanding document required for an application, the Registrar may consider issuing a licence on the condition that the PRC be provided within 60 days.

Application Requirements – (contd..)

9. Business Plan

Submit a business plan outlining financial projections for the first five years of operation. The plan must include a detailed outline of anticipated revenue and expenses, and information on all loans and mortgages obtained in support of the business, including lender name, amount and monthly payment.

10. Notification to Prepaid Purchasers (See sections 114 & 121 of Ontario Regulation 30/11)

In the case of an asset purchase only, the existing prepaid purchasers must be notified of the change in ownership. Prior to sending the notification please submit a copy of the proposed letter to the BAO for review. The notification must be sent to all purchasers of prepaid contracts advising them of the change of ownership and their cancellation rights under the FBCSA.

11. List of Prepaid Purchasers

In the case of a purchase of an existing business, supply a list of all the prepaid contracts in effect as of the purchase and sale transaction date. The list must be signed by both the purchaser and the vendor of the business, and submitted as soon as possible after the purchase and sale transaction date.

12. Proof of Zoning

Provide proof of compliance with zoning by-laws. Below are some examples of acceptable documents:

- A letter of compliance from the municipality in which the business is located;
- Where zoning information is available on the municipality’s website, the section of the zoning map indicating the zoning designation of the property, and the corresponding section of the zoning bylaws indicating that the proposed use is permitted under the zoning in question.

13. Occupancy Permit

In the case of a new construction or structural renovation that requires permits from the municipality, include a copy of the occupancy permit or similar document provided by the municipality to confirm the building is ready for operation and open to the public.

14. Proof of Liability Insurance

The items below must be provided with all applications. (In the case of a purchase of an existing business, please provide proof of insurance as soon as possible after the purchase and sale transaction date.)

Application Requirements – (Contd..)

- *Commercial General Liability*
Obtain a certificate of insurance in the name of the operator at the business address, specifying the amount of insurance. An expired certificate will not be accepted, nor an invoice from the insurer. There is no set minimum for liability insurance; an insurance agent can provide advice on recommended amounts.
- *Liability Insurance on Owned or Leased Vehicles*
Proof of liability insurance on owned and leased vehicles; including a list of vehicles insured. There must be at least one vehicle insured that is used for the transferring of deceased human remains. If an applicant is planning on only having “immediate access” to a vehicle for transporting deceased human remains, then written confirmation that such access is being granted by a third party must be submitted.

15. Contracts, Price List

Submit copies of proposed at-need, prepaid trust and/or prepaid insurance-funded contracts (as applicable) and price lists. It is recommended that the BAO sample contracts and price lists be used, and they are available at www.thebao.ca. Notwithstanding the use of BAO sample price lists and contracts, licensees are responsible for ensuring that their documents meet all statutory and regulatory requirements and properly reflect their own company policies. Applicants are encouraged to have their price lists and contracts reviewed by their legal counsel.

16. Signage and Advertising

Submit copies of proposed building signage (to ensure compliance with s.119 of O. Reg. 30/11). Submission of future advertising is recommended, to ensure compliance with the FBCSA.

17. Trust Agreements

If the trust funds received are to be invested in a pooled trust, provide for review a copy of the trust agreement between the operator and the trustee.

18. Hazardous Waste Generator Number

For businesses where preparation of bodies will take place, apply online for a hazardous waste generator number from the Ministry of the Environment at: <https://www.hwin.ca/hwin/index.jsp>, and submit a copy of the registration confirmation.

Application Requirements (contd..)

19. Fees

The following fees are applicable to Funeral and Transfer Service operator licence applications:

- Licensing application fee of \$500. Payment may be made by cheque payable to the Bereavement Authority of Ontario, or by credit card (use Credit Card Payment Form).
- Compensation Fund fee of \$270 (\$250 plus 8% PST = \$270). Payment must be made by cheque payable to the "Bereavement Authority of Ontario Compensation Fund."
- Credit cards are not charged and cheques are not cashed until the day the licence is issued.

If you have any questions on the above items, please do not hesitate to contact a BAO Licensing Officer at (647) 483-2645 / (844) 493-6356, or send an email to info@thebao.ca. We look forward to working with you during the licensing application process.

Yours truly,



Manager, Licensing and Trusts
Bereavement Authority of Ontario



SECTION 1 – PRIMARY CONTACT			
Name of Primary Contact:			
		<i>First Name</i>	<i>Last Name</i>
Phone:	Email:	Fax:	
SECTION 2 – LICENSED OPERATOR (Check one of the five options on the line below.)			
<input type="checkbox"/> Corporation <input type="checkbox"/> Corporation (no share capital) <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other			
Licensed Operator Name:			
Licensed Operator Address:		<i>Number</i>	<i>Street name</i>
		<i>City/town</i>	
		<i>Province</i>	<i>Postal code</i>
Phone:		Fax:	
Email:		Website:	
Address of Service <i>(if different than address above)</i>		<i>Number</i>	<i>Street name</i>
		<i>City/town</i>	
		<i>Province</i>	<i>Postal code</i>
Does the licensed operator own or operate other establishments in the bereavement sector?			
<input type="checkbox"/> No OR <input type="checkbox"/> Yes <i>(please attach details)</i>			
SECTION 3 - BUSINESS INFORMATION			
<input type="checkbox"/> New Business <input type="checkbox"/> Purchase of Existing Business <input type="checkbox"/> Share Purchase OR <input type="checkbox"/> Asset Purchase			
Business Name:		Existing Licence # if applicable:	
Select one of the four operator licence classes below:			
<input type="checkbox"/> Funeral Establishment – Class 1		<input type="checkbox"/> Transfer Service Operator – Class 1	
<input type="checkbox"/> Funeral Establishment – Class 2		<input type="checkbox"/> Transfer Service Operator – Class 2	
Business Address:		<i>Number</i>	<i>Street name</i>
		<i>City/town</i>	
		<i>Province</i>	<i>Postal code</i>
Phone:		Fax:	
Email:		Website:	
Proposed Establishment Manager:		Licence #:	
Phone:	Email:	Fax:	
Proposed Opening/Purchase Date:		Fiscal Year End:	
Holding Room:	<input type="checkbox"/> On Site	<input type="checkbox"/> Off Site - Address:	
Embalming Room:	<input type="checkbox"/> On Site	<input type="checkbox"/> Off Site - Address:	
Elevating Device? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date of Last TSSA Inspection: _____			
<i>Note: If the business is to be carried out at a dwelling, permission of the Registrar is required.</i>			

SECTION 4 – BUSINESS FINANCIAL INFORMATION (Complete the following charts, if applicable)		
Funds in Trust	Total # of Prepaid Contracts	Total Value in Trust (principal & interest)
Name of Financial Institution(s)		
Address of Financial Institution where funds held in Trust		
<i>Number</i>	<i>Street name</i>	<i>City/town Postal code</i>
Address of Financial Institution where funds held in Trust:		
<i>Number</i>	<i>Street name</i>	<i>City/town Postal code</i>
Insurance contracts	Total # of Prepaid Contracts	Total Value of policies (current death benefit)
Name of Insurance Company(ies)		
Address of Financial Institution where Insurance contracts are held:		
<i>Number</i>	<i>Street name</i>	<i>City/town Postal code</i>
Address of Financial Institution where Insurance contracts are held:		
<i>Number</i>	<i>Street name</i>	<i>City/town Postal code</i>
Pooled Trust held	Total # of Prepaid Contracts	Total Value of pooled trust
Name of Trustee		
Address of trustee holding prepaid trust money		
<i>Number</i>	<i>Street name</i>	<i>City/town Postal code</i>
SECTION 5 – SIGNATURE, WITNESS AND FEES		
The answers and statements on the application are true.		
Applicant Name:		Witness Name:
Applicant Signature:		Witness Signature:
Date:		Date:
Include the following fees with this form:		
<input type="checkbox"/> Licence Application Fee of \$500 payable to the “Bereavement Authority of Ontario” (by cheque, Visa or Mastercard - use Payment Form for credit cards)		
<input type="checkbox"/> Compensation Fund \$250 + 8% PST = \$270.00 payable to the “Bereavement Authority of Ontario Compensation Fund” (by cheque <u>only</u>)		



Information provided by:				
Print Name:				
	<i>First name</i>		<i>Last name</i>	
Signature:		Date:		
Business Information:				
Business Name:			Business Licence No., if applicable:	
Business Address:				
	<i>Number</i>	<i>Street name</i>	<i>City/town</i>	<i>Province</i> <i>Postal code</i>
Licensed Operator Information: Check one option below:				
<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation (no share capital)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:
Licensed Operator Name:				
Licenced Operator Address:				
	<i>Number</i>	<i>Street name</i>	<i>City/town</i>	<i>Province</i> <i>Postal code</i>

Section A	Section A applies only if the Licensed Operator is a Corporation (with or without share capital). Provide Officer & Director information for the above-named corporation; attach additional pages as necessary.			
Name of Officer / Director (1):				<input type="checkbox"/> Director
	<i>First name</i>		<i>Last name</i>	
Office Held	<input type="checkbox"/> President	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Other:
Address:				
	<i>Number</i>	<i>Street name</i>	<i>City/town</i>	<i>Province</i> <i>Postal code</i>
Name of Officer / Director (2):				<input type="checkbox"/> Director
	<i>First name</i>		<i>Last name</i>	
Office Held	<input type="checkbox"/> President	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Other:
Address:				
	<i>Number</i>	<i>Street name</i>	<i>City/town</i>	<i>Province</i> <i>Postal code</i>
Name of Officer / Director (3):				<input type="checkbox"/> Director
	<i>First name</i>		<i>Last name</i>	
Office Held	<input type="checkbox"/> President	<input type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Treasurer	<input type="checkbox"/> Other:
Address:				
	<i>Number</i>	<i>Street name</i>	<i>Province</i>	<i>Postal code</i>

Section B	Equity Ownership: List name of sole proprietor, or names of partners, or names of all persons (i.e. individuals, corporations or trusts) with 10% or more equity in the above-named corporation; attach additional pages as necessary.				
Name:				Equity %:	
	<i>First name</i>	<i>Last name</i>			
Address:					
	<i>Number</i>	<i>Street name</i>	<i>City/town</i>	<i>Province</i>	<i>Postal code</i>
Name:				Equity %:	
	<i>First name</i>	<i>Last name</i>			
Address:					
	<i>Number</i>	<i>Street name</i>	<i>City/town</i>	<i>Province</i>	<i>Postal code</i>
Name:				Equity %:	
	<i>First name</i>	<i>Last name</i>			
Address:					
	<i>Number</i>	<i>Street name</i>	<i>City/town</i>	<i>Province</i>	<i>Postal code</i>

Section C	Section C applies when one or more corporations or trusts are listed in Section B as equity owner. Provide Officer & Director information for the corporation, and trustee names for the trust. Attach additional pages as necessary.				
Corporation/Trust Name:					
Name of Officer / Director / Trustee (1):				<input type="checkbox"/> Director	
	<i>First Name</i>	<i>Last Name</i>			
<input type="checkbox"/> President	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Other:	<input type="checkbox"/> Trustee	
Address:					
	<i>Number</i>	<i>Street name</i>	<i>City/town</i>	<i>Province</i>	<i>Postal code</i>
Name of Officer / Director / Trustee (2):				<input type="checkbox"/> Director	
	<i>First name</i>	<i>Last name</i>			
<input type="checkbox"/> President	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Other:	<input type="checkbox"/> Trustee	
Address:					
	<i>Number</i>	<i>Street name</i>	<i>City/town</i>	<i>Province</i>	<i>Postal code</i>
Name of Officer / Director / Trustee (3):				<input type="checkbox"/> Director	
	<i>First name</i>	<i>Last name</i>			
<input type="checkbox"/> President	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Other:	<input type="checkbox"/> Trustee	
Address:					
	<i>Number</i>	<i>Street name</i>	<i>City/town</i>	<i>Province</i>	<i>Postal code</i>

Section D		Equity Ownership: List names of all persons with 10% or more equity in the corporation listed in Section C. If there is more than one corporation, attach additional pages as necessary.			
Corporation/Trust Name from Section C:					
Name:				Equity %:	
	<i>First name</i>	<i>Last name</i>			
Address:					
	<i>Number</i>	<i>Street name</i>	<i>City/town</i>	<i>Province</i>	<i>Postal code</i>
Name:				Equity %:	
	<i>First name</i>	<i>Last name</i>			
Address:					
	<i>Number</i>	<i>Street name</i>	<i>City/town</i>	<i>Province</i>	<i>Postal code</i>
Name:				Equity %:	
	<i>First name</i>	<i>Last name</i>			
Address:					
	<i>Number</i>	<i>Street name</i>	<i>City/town</i>	<i>Province</i>	<i>Postal code</i>

Section E		For any corporations listed in Section D: on a separate page, provide Officer / Director information and names of all persons with 10% or more equity in each corporation, and attach the page to this form.				
Name of Officer / Director / Trustee					Equity %:	
		<i>First name</i>	<i>Last name</i>			
<input type="checkbox"/> President	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Other:	<input type="checkbox"/> Trustee		
Address:						
	<i>Number</i>	<i>Street name</i>	<i>City/town</i>	<i>Province</i>	<i>Postal code</i>	



This is to certify that _____, an officer of the
Health Unit of _____, in the Province of Ontario,

has on the date of this certificate, inspected the Embalming Room Holding Room

at: Funeral Establishment Operator – Class 1
 Transfer Service Operator – Class 1
 Transfer Service Operator – Class 2

(Name of Business)

INSPECTION REPORT:

Requirements for Holding room/ and Embalming room: (Per. s.47, 48 and 50 of Ontario Regulation 30/11 made under the <i>Funeral, Burial and Cremation Services Act, 2002 (FBCSA)</i> , with exceptions as noted)		
	Yes	No
All surfaces (floor, walls, cabinets, counters, tables, etc.) are capable of being easily cleaned, sanitized and disinfected.		
All equipment is capable of being easily cleaned, sanitized and disinfected.		
The room is equipped with materials and equipment necessary to clean, sanitize and disinfect the room and the equipment used in the room.		
The room is found to be in a clean, sanitary and disinfected condition.		
The room is equipped with materials and equipment necessary to clean, sanitize and disinfect dead human bodies.		
There is a supply of running water with a device to prevent back-flow of water.		
There is mechanical ventilation directly to the outside of the building.		
There is a sufficient supply of personal protective equipment and clothing for each person in the room handling a dead body.		
First aid kit (OHS requirement)		
Eye wash station (OHS requirement)		
Additional requirement for Embalming room only: (Per. s.48 of Ontario Regulation 30/11 made under the FBCSA)		
The room contains facilities to dispose of bodily fluids and waste appropriately.		

Comments or if you have answered **NO** to any of the above statements, please explain:

(Please attach additional sheets if required)

NOTE: Incomplete or improperly completed forms do not qualify for a licence and will be returned.

Dated at _____, Ontario, this _____ day of _____, 20 _____
(city, town, village)

Signature of Medical Officer of Health or Public Health Inspector

Sample - Five Year Business Plan - Financial Projection
Submitted to the Bereavement Authority of Ontario

BUSINESS NAME

[Date submitted]

Revenue: Year 1 Year 2 Year 3 Year 4 Year 5

Anticipated number of calls:					
Revenue per call:*					
Other Revenue**					
Other Revenue:**					

Total Gross Revenue:

Expenses: Year 1 Year 2 Year 3 Year 4 Year 5

Cost of merchandise (caskets, urns, vaults, etc.)					
Preparation room supplies & equipment					
Salaries - full-time					
Salaries - part-time					
Employee benefits					
Utilities					
Office supplies					
Telephone/long distance/cell phones					
Advertising					
Vehicle loan(s) (Principal & Interest)					
Vehicle lease/rental					
Vehicle maintenance/fuel					
Building maintenance					
Insurance - auto					
Insurance - property					
Insurance - professional liability & other					
Legal fees					
Accounting fees					
Association fees/dues					
Licensing fees					
Building lease/rent expense***					
Mortgage expense*** (Principal & Interest)					
Other loan expense*** (Principal & Interest)					
Property taxes					
Other					
Other					
Other					

Total Expenses:

Net Income before taxes:

- * Revenue per call (registered death), excluding taxes and disbursements
- ** Other Revenue, e.g. coach rentals, rental income
- *** Please include details regarding total borrowings, payment terms, etc. on page two.

Five year Business Plan - Financial Projection
Submitted to the Bereavement Authority of Ontario

Name of Business

[Date submitted]

Revenue:

Anticipated number of calls:
Revenue per call:*
Other Revenue**

Details of the Revenue

[Provide a brief explanation of how you came up with this projection.]
[Provide a brief explanation of how you came up with this projection.]
[Provide relevant details of any other sources of revenue]

Expenses:

Salaries - full-time
Salaries - part-time
Vehicle loan(s)
Vehicle lease/rental
Insurance - auto
Insurance - property
Insurance - liability
Building lease/rent expense***
Mortgage expense***
Other loan expense***
Other

Details of the Expense

[Provide details of number of staff]
[Provide details of number of staff]
[Provide name of creditor]
[Provide name of owner/leasing company & contact information]
[Provide name of insurer]
[Provide name of insurer]
[Provide name of insurer]
[Provide name of owner/landlord & contact information]
[Provide name of creditor]
[Provide name of creditor & reason for loan]
[Provide relevant details of any other expenses]

* Revenue per call (registered death), excluding taxes and disbursements

** Other Revenue, e.g. coach rentals, rental income

*** Please include details regarding total borrowings, payment terms, etc.

Attach this payment form with the application(s).

Transaction Type	Name(s) of Applicant(s) – <i>Please Print</i>	Licence Number <i>(if applicable)</i>	Fee	
			\$	¢
1 <input type="checkbox"/> Licence – Renewal <input type="checkbox"/> Licence – New <input type="checkbox"/> Other				
2 <input type="checkbox"/> Licence – Renewal <input type="checkbox"/> Licence – New <input type="checkbox"/> Other				
3 <input type="checkbox"/> Licence – Renewal <input type="checkbox"/> Licence – New <input type="checkbox"/> Other				
4 <input type="checkbox"/> Licence – Renewal <input type="checkbox"/> Licence – New <input type="checkbox"/> Other				
5 <input type="checkbox"/> Licence – Renewal <input type="checkbox"/> Licence – New <input type="checkbox"/> Other				
<i>(Attach a separate page, if necessary)</i>				
I authorize the cost of this application to be debited to my credit card			TOTAL ➔	

Do not detach: Payment information will be destroyed upon processing by the Bereavement Authority of Ontario.

Payment Information	
Check appropriate box <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Card Number	Expiry Date (MM/YYYY)
Name of Cardholder (<i>please print</i>)	
Signature of Cardholder	Date (YYYY/MM/DD)

Information will be treated in accordance with the Bereavement Authority of Ontario's Privacy Policy available at www.thebao.ca.