



Please refer to the instruction/information sheet at the end of this application.

- Applicants should review the *Funeral, Burial and Cremation Services Act, 2002* and Regulations prior to submitting an application.
- To establish a cemetery, this form must be submitted with the Application for Consent to Establish, Alter or Increase the Capacity of a Cemetery and the required supporting documents.
- The fee for a cemetery operator licence is \$ 611.17 Please provide a cheque or money order payable to the Bereavement Authority of Ontario.

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 a Licence to Operate a Cemetery:

Cemetery will include: Columbarium Crematorium Mausoleum Scattering Garden/Ground
(check all that apply)
 Funeral Establishment 1 Funeral Establishment 2 Other, please specify: _____

Note: If the applicant will also be operating a crematorium, the applicant must also complete a licence application for a Crematorium Operator.

Is this application for a licence to operate an **Existing** cemetery? Yes No
Does the application relate to a **Burial Site Disposition Agreement**? Yes No

2. Applicant Category:

Corporation Sole Proprietor Trustee/Volunteer Board Limited Partnership Municipality Partnership Religious
 Other, please specify _____ For the above indicate: Profit Not-for-profit
Date of Establishment (if known) (yyyy/mm/dd) _____

3. Applicant Information:

| | |
|---|--|
| Full Legal name of applicant | Ontario Corporation number (if applicable) |
| Carrying on business as (if name is different from above) | 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 | |
| City/Town/Municipality | | Province | County/District | Postal Code | |
| Telephone Number (include area code) | | Fax Number (include area code) | Email Address | | |

Contact Information

Manager, Officer, Director or other Contact Person

Contact telephone number (include area code)

Alternate Contact Person

Alternate contact telephone number (include area code)

4. Cemetery Information:

Full name of cemetery

Cemetery 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 | |
| Legal Description of Cemetery | | | Property Identifier Number - PIN | | |

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

Are there any other cemetery sites or crematoriums in Ontario that are owned and/or operated by the applicant? Yes No

Please provide a complete list of all cemetery sites or crematoriums owned or operated by the operator, or over which the same person who exercises direct or indirect control over the operator also exercises direct or indirect control, include the addresses and contact information of all cemetery sites or crematorium locations, and where applicable, a description of licensed supplies and services offered for sale at the location. Also include the other types of supplies and services offered at each location and indicate whether the operator sells caskets and/or monuments. Attach a separate page if necessary.

| Cemetery/Crematorium Name/Address | Contact Person | Business Phone Number | Cell Phone Number | Types of Licensed Supplies/Services |
|-----------------------------------|----------------|-----------------------|-------------------|-------------------------------------|
| | | | | |
| | | | | |
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| | | | | |

Persons in charge of day-to-day operations:

- Applicants must provide the name of a person in charge at each cemetery and crematorium.
- Attach a separate page if necessary.

| Cemetery/Crematorium Name | Person in Charge | Business Phone Number | Cell Phone Number | E-mail Address |
|---------------------------|------------------|-----------------------|-------------------|----------------|
| | | | | |
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| | | | | |

5. Land Owner's Information (if different from Operator):

Name of person who owns the land on which the cemetery is located. Please provide a copy of the registered land title document and survey.

| | | | | | | |
|--|---------------|--------|--------------------------------|-----------------------------|-----------------|-----------------|
| 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 | |
| Land owner's signature giving consent to the application | | | | Name in full (please print) | | |

Municipal Assessment Roll No.

6. Location of Operator's Business and Cemetery Records:

- It is a condition of the licence that if the applicant intends to carry on business from a dwelling that satisfactory arrangements have been made for the Registrar to access the records.
- Indicate the name and address of the person responsible and the location where the operator's business and cemetery records are held and/or stored.

| | | | | | | |
|----------------------------|---------------|--------|-------------|------------------------|--------------------------------------|-----------------|
| Name of Person or Location | | | | | Telephone Number (include area code) | |
| 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 |

7. Operator's Storage Facilities:

- Must be completed if the operator is storing cremated human remains.
- Indicate the name of the person responsible for storing cremated human remains and the name and location of the storage facility.

| | | | | | | |
|---|---------------|-------------|------------------------|--------------------------------------|-----------------|-----------|
| Name of Person and/or Storage Facility, Contact Person and/or Manager | | | | Telephone Number (include area code) | | |
| 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 | | |

8. Indicate all Other Licences Held by the Applicant Under the *Funeral, Burial and Cremation Services Act, 2002*:

| Licence type | Licence number | Date Licence issued |
|---|----------------|---------------------|
| <input type="checkbox"/> Crematorium Operator | | |
| <input type="checkbox"/> Funeral Establishment Operator - Class 1 | | |
| <input type="checkbox"/> Funeral Establishment Operator - Class 2 | | |
| <input type="checkbox"/> Funeral Director - Class 1 | | |
| <input type="checkbox"/> Funeral Director - Class 2 | | |
| <input type="checkbox"/> Transfer Service Operator - Class 1 | | |
| <input type="checkbox"/> Transfer Service Operator - Class 2 | | |
| <input type="checkbox"/> Sales Representative - Cemetery | | |
| <input type="checkbox"/> Sales Representative - Crematorium | | |
| <input type="checkbox"/> Sales Representative - Transfer Services | | |
| <input type="checkbox"/> Funeral Preplanner | | |

9. Heritage Designation:**Date Cemetery was Established (if known):**

Does the cemetery, or a part of the cemetery, have a heritage designation under the *Ontario Heritage Act*, R.R.O. 1990, c. 0.18 Yes No
 If yes, please provide a copy of the designation or any relevant documents. If no, has one been applied for? Yes No

10. Care and Maintenance Fund/Account Information:

Does the Applicant have a care and maintenance trust fund or account? Yes No

Please indicate whether the care and maintenance funds of the cemetery are held in a fund or account:

- a Care and Maintenance fund
 a Care and Maintenance account

Does the applicant: sell, assign or transfer interment rights? Yes No Or intend to sell, assign or transfer interment rights? Yes No

Who holds the Care and Maintenance Funds or account? Public Trustee Trust Company Credit Union

Municipality, please specify name of municipality _____ Other, please specify _____

| | |
|--|----------------|
| Name of Trustee or Municipality holding fund/account | 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 | | |
| Telephone Number (include area code) | | Fax Number (include area code) | E-mail Address | | | |

11. Prepaid Trust Fund/Account Information:

Does the applicant sell or intend to sell (a) Prepaid: Services? Yes No (b) Prepaid Supplies? Yes No

List the type of prepaid services and supplies to be provided:

Who holds the prepaid trust money? Public Trustee Trust Company Credit Union Other, please specify _____

Is the prepaid account: (a) pooled (b) individual?

Name of Trustee

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 | | |
| Telephone Number (include area code) | | Fax Number (include area code) | E-mail Address | | | |

Note: • Applicants must provide a copy of any trust agreements in place relating to care and maintenance trust money or prepaid trust money.
• If the application relates to the establishment of a new cemetery, the applicant must provide written proof that the initial deposit of \$165,000 has been deposited into the care and maintenance.

12. Complete This Section for Each Officer, Director, Partner, Sole Proprietor, Cemetery Trustee, or Board Member:

Note: • If more space is required, please copy or attach a separate page.
• Each Officer, Director, Partner, Sole Proprietor, Cemetery Trustee or Board Member must also complete Section 14 of this application.

1. Officer, Director, Partner, Sole Proprietor, Cemetery Trustee or Board Member:

| | | | | | | |
|--------------------------------------|---------------|--------------------------------------|----------------------------|-------------|-----------------|----------------|
| Last Name | | | First Name | | | Middle Initial |
| 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) | | Telephone Number (include area code) | Date of Birth (yyyy/mm/dd) | | | |

Employment History

| Name/Full Address of Employer/Organization | Job Title/Description of Work/Activity | Period (for past three years) | |
|--|--|-------------------------------|----|
| | | From | To |
| | | | |
| | | | |
| | | | |

2. Officer, Director, Partner, Sole Proprietor, Cemetery Trustee or Board Member

| | | | | | | | |
|------------------------|---------------|--------|--------------------------------------|------------------------|----------------------------|-----------------|-----------|
| Last Name | | | First Name | | | Middle Initial | |
| 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 | |
| Position Held | | | Telephone Number (include area code) | | Date of Birth (yyyy/mm/dd) | | |

12. Complete this section for each Officer, Director, Partner, Sole Proprietor, Cemetery Trustee, or Board Member (Continued):**Employment History**

| Name/Full Address of Employer/Organization | Job Title/Description of Work/Activity | Period (for past three years) | |
|--|--|-------------------------------|----|
| | | From | To |
| | | | |
| | | | |
| | | | |

13. Information for Corporations Only:

| Name/Address of Shareholders Who Own 10% or More Shares | Gender | Occupation of Shareholder | Date of Birth (yyyy/mm/dd) | Number of Shares Held | Number of Voting (Equity) Shares Held | Percentage of Equity Shares Held of Total |
|---|--------|---------------------------|----------------------------|-----------------------|---------------------------------------|---|
| | | | | | | % |
| | | | | | | % |
| | | | | | | % |
| | | | | | | % |
| | | | | | | % |
| Total Number of Shares Issued to Date | | | | | | % |

Enter total number of Voting (Equity) Shares beneficially owned directly or indirectly by non-residents of Canada or over which non-residents of Canada exercise control or direction.

(a) Is the corporation entitled to offer its shares to the public? Yes No

(b) Are any of the above shares held for a beneficial shareholder? Yes No

If "Yes", provide full details and any relevant documents.

Corporations are required to provide a copy of the **Articles of Incorporation** or **Letters Patent** outlining all officers and directors of the corporation.

Applicant is attaching: Articles of Incorporation Letters of Patent

For business applicants that are not corporations, please provide a copy of your business registration/business name documents.

14. This section must be completed by each Officer, Director, Partner, Sole Proprietor, Cemetery Trustee, or Board Member:**Note:**

- Copy and attach a separate page for each Officer, Director, Partner, Sole Proprietor, Cemetery Trustee, or Board Member.
- If the answer to any of the following questions is "Yes", provide full details on a signed/dated sheet and include any relevant documentation.

| It is a serious offence to make a false statement on this application. A false statement may delay the processing of this application and/or result in the Registrar's refusal to issue a licence. | Check Appropriate Response | | |
|---|----------------------------|--------------------------|--|
| | Yes | No | |
| A. Are you engaged, occupied, employed or associated directly or indirectly, in any other business, occupation or profession? | <input type="checkbox"/> | <input type="checkbox"/> | Provide full details on a separate signed and dated page. |
| B. Are you registered, licenced or appointed under this or any other legislation in any province, territory, state or country? (Exclude driver/motor vehicle licences) | <input type="checkbox"/> | <input type="checkbox"/> | Provide full details on a separate signed and dated page (include type, licence number, jurisdiction, registration, or appointment). |
| C. Do you currently have any outstanding unpaid judgement(s) against you? Are you or were you an officer, director or controlling shareholder of a corporation, which has outstanding unpaid judgement(s)? | <input type="checkbox"/> | <input type="checkbox"/> | Attach a copy of each judgment. Outlining the amount outstanding and the repayment plans on a separate signed and dated page. |
| D. Have you ever had a registration, licence or appointment of any kind in any province, territory, state or country (including driver/motor vehicle licences), refused, suspended, revoked or cancelled? | <input type="checkbox"/> | <input type="checkbox"/> | Provide full details on a separate signed and dated page (include type, jurisdiction and any other relevant details). |
| E. Have you ever been an officer, director or controlling shareholder of a corporation that has had a registration, licence or appointment of any kind, in any province, territory, state or country refused, suspended, revoked or cancelled? | <input type="checkbox"/> | <input type="checkbox"/> | Provide full details on a separate signed and dated page (include type, jurisdiction and any other relevant details). |
| F. Have you ever been, or are you now an officer, director or majority shareholder of a corporation which has been declared bankrupt or is presently a party to bankruptcy proceedings? | <input type="checkbox"/> | <input type="checkbox"/> | Attach a copy of the bankruptcy assignment or discharge papers and a list of creditors. |
| G. Have you ever pleaded guilty or been found guilty or convicted of an offence under any law of any province, territory, state or country, or are you currently the subject of any charges? (This includes absolute or conditional discharges. You do not have to disclose any offence for which a pardon has been granted under the <i>Criminal Records Act</i> and which has not been revoked. A pardon is not granted simply because of the passage of time. You do not have to disclose convictions under the <i>Youth Criminal Justice Act</i> or minor traffic violations such as speeding or parking tickets.) | <input type="checkbox"/> | <input type="checkbox"/> | Provide full details on a separate signed and dated page. |
| H. Have you ever been or are you now an officer, director or controlling shareholder of a corporation which has ever pleaded guilty or been convicted of an offence under any law of any province, territory, state or country, or is currently the subject of any charges? | <input type="checkbox"/> | <input type="checkbox"/> | Provide full details on a separate signed and dated page. |
| I. Have you ever had an employment or business relationship terminated for cause based on breach of trust or confidentiality, deceit, fraud, theft, forgery, misappropriation of funds, harassment or assault or other similar conduct? | <input type="checkbox"/> | <input type="checkbox"/> | Provide full details on a separate signed and dated page. |

15. Notice and consent of applicants as required under applicable privacy laws

This application form is governed by the *Funeral, Burial and Cremation Services Act, 2002* (FBCSA) 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 FBCSA 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.

Dated at _____ this _____ day of _____, 20 _____

Signature of Applicant

Print Name in Full

Signature of Applicant

Print Name in Full

Note:

For Corporations, the application must be signed by two officers with signing authority.

For a Sole Proprietor, the application must be signed by the proprietor.

For Partnerships, the application must be signed by all partners.

For Municipalities, Religious Organizations, Cemetery Trustees or Boards, the application must be signed by an authorized person or official.

The official who can answer questions about the collection of this information on this application is:

The Registrar, *Funeral, Burial and Cremation Services Act, 2002*

Bereavement Authority of Ontario

5160 Yonge St., Suite 1200

North York, ON M2N 6L9

Tel: 647-483-2645 Toll-free: 844-493-6356 Fax: 647-748-2645

Email: info@thebao.ca

16. Application Instructions/Information Sheet:

Applicants should review the *Funeral, Burial and Cremation Services Act, 2002 (FBCSA)* and Ontario Regulation 30/11 prior to submitting this application. The Act and Regulations may be viewed on-line at www.e-laws.gov.on.ca.

- This application is required to apply for a Cemetery Operator's licence.
- A Cemetery Operator's licence is required to operate a cemetery in Ontario.
- To establish a cemetery, this form must be submitted with an Application for Consent to Establish, Alter or Increase the Capacity of a Cemetery and the required supporting documents.

Fees:

The licence fee for a Cemetery Operator's Licence is \$ 611.17.

Please include a cheque or money order made payable to the Bereavement Authority of Ontario with your application.

Section 1

- Applicant must indicate whether the cemetery will include a crematorium, mausoleum, columbarium, scattering ground, funeral establishment Class 1 or Class 2 and/or other.
- If the applicant will be operating a crematorium, the applicant must also complete an application for a Crematorium Operator's Licence.

Section 2 – Applicant Category:

- Information must be noted as it appears on the Articles of Incorporation, Letters Patent or business name/business registration documents.
- Any alterations or discrepancies must be explained and accompanied by supporting documents.
- Police Records Check:
Police Record Checks (P.R.C.) must be submitted for every officer, director, shareholder or other interested or associated person having an interest in the operation of the business. The PRC is obtained from your local/regional Police Service or Provincial Policy Detachment.

Corporation

- Applicant must disclose the identity of any persons that beneficially own or control 10% or more of the Corporation's equity shares.
- Applicant must indicate if there is a holding or parent company that beneficially own or control 10% or more of the Corporation's equity shares.
- Provide a copy of the Articles of Incorporation, Articles of Amendment or Letters Patent.
- If the jurisdiction of the incorporation is outside Ontario, the applicant must file the appropriate forms with the business registration section of the Ministry of Government and Consumer Services and provide a copy with this application.

Limited Partnership/Partnership

- Indicate the name of all partners.
- Provide a copy of any partnership agreements and/or any business registration documents.

Section 3 – Applicant Information:

- Applicant must have a business address or address for service in Ontario and provide the required address and contact information.

Section 4 – Cemetery Information:

- Indicate all other cemetery sites or crematoriums in Ontario that are operated by the applicant.
- Please provide a complete list of all cemetery sites or crematoriums owned or operated by the operator, or over which the same person who exercises direct or indirect control over the operator also exercises direct or indirect control, include the addresses and contact information of all cemetery sites or crematorium locations, and where applicable, a description or licensed supplies and services offered for sale at the location. Also include the other types of supplies and services offered at each location and indicate whether the operator sells caskets and/or monuments. Attach a separate page if necessary.
- Applicant must provide the name and contact information for the person in charge at each cemetery or crematorium that the applicant operates or intends to operate. Attach a separate page if necessary. Use Section 12 if more space is required.

Section 5 – Land owner's Information:

- Indicate the name and contact information for the owner of the cemetery property and provide a copy of the land title document and survey.
- The land owner must provide signed consent authorizing the applicant to operate a cemetery on the land owner's property.

Section 6 – Location of operator's business and cemetery records:

- Applicant must provide location of the operator's business and cemetery records.

Section 7 – Operator's storage facilities:

- If applicant will be storing cremated human remains, the applicant must indicate the location of the storage facility and the person responsible for storing the cremated human remains.

Section 8 – Indicate all other licences held by the applicant under the *Funeral, Burial and Cremation Services Act, 2002*:

- Applicant must indicate all other licenses held by the applicant under the *Funeral, Burial and Cremation Services Act, 2002*.

Section 9 – Heritage designation:

- Applicant must indicate whether the cemetery, or part thereof, has a heritage designation under the *Ontario Heritage Act, 1990* and provide a copy of the designation or relevant documents.
- Applicant may provide date cemetery was established.

Section 10 – Care and Maintenance Fund/Account Information:

- A cemetery operator who sells, assigns or transfers interment rights or scattering rights must have a Care and Maintenance fund, or if the regulations permit, a Care and Maintenance account and deposit the prescribed amounts into this fund or account.
- The Care and Maintenance fund shall be established with a corporation registered under the *Loan and Trust Corporations Act* or a credit union or league as defined in the *Credit Unions and Caisses Populaires Act, 1994*.
- The applicant must indicate the name, address and contact information for the trustee and the account number and provide a copy of the trust agreement.
- To establish a new cemetery, the applicant must deposit an initial amount of \$165,000 into the Care and Maintenance fund. Applicants must provide written proof that the deposit has been made. An applicant who is a municipality is exempt from this requirement.

Section 11 – Prepaid Trust Fund/Account Information:

- Applicant must indicate whether they have prepaid contracts that are funded by insurance and the name of the insurance company.
- The applicant must indicate the name, address and contact information for the trustee holding prepaid trust money and the account number and provide a copy of the trust agreement.
- Applicant must indicate whether the prepaid trust account is pooled or individual.
- A cemetery/crematorium operator that sells licensed cemetery supplies and services in advance of the provision of those supplies and services must hold the money received from the sale of these supplies and services in an account or fund held by an eligible depository.
- Prepaid supplies and services do not include interment or scattering rights.

Section 12 – Contact Information for each Officer, Director, Partner, Sole Proprietor, Cemetery Trustee or Board Member:

- All officers, directors, partners, sole proprietors, cemetery trustees or board members must provide their full name (including middle name if applicable), address, contact information, birth date and employment history.
- Each officer, director, partner, sole proprietor, cemetery trustee or board member must also complete Section 14 of the application.
- If space is insufficient, photocopy the page and include with the application.

Section 13 – Notice Information for Corporations only:

- This section should only be completed by applicants that are corporations.
- See instructions under Section 2.

Section 14 – Information for each Officer, Director, Partner, Sole Proprietor, Cemetery Trustee or Board Member

- All officers, directors, partners, sole proprietors, cemetery trustees or board members must complete this section and Section 12 of the application.
- It is an offence to make a false statement on this application. A false statement may delay the processing of this application and/or result in the Registrar's refusal to issue a licence.
- If the answer is "YES" to any of the questions contained in this section, please provide details on a separate dated and signed page.
- If space is insufficient, photocopy the page and include with the application.

Section 15 – Notice and Consent of applicants as required under applicable privacy laws

- Applicant must read and sign the application authorizing their consent to the collection and disclosure of information in this application.
- For corporations, the application must be signed by two officers of the corporation.
- For a sole proprietor, the application must be signed by the proprietor.
- For partnerships, the application must be signed by all partners.
- For municipalities, religious organizations, cemetery trustees or boards, the application must be signed by an authorized person or official.
- The contact information for the Registrar under the *Funeral, Burial and Cremation Services Act, 2002* has been provided. For inquiries, please contact the Bereavement Authority of Ontario directly at 647-483-2645 or 844-493-6356.