



**APPLICATION FOR REGISTRAR'S CONSENT TO
BORROW FROM THE CAPITAL OF THE CARE AND
MAINTENANCE FUND/ACCOUNT IN ORDER TO
INCREASE THE CAPACITY OF A CEMETERY**

Funeral, Burial and Cremation Services Act, 2002 (FBCSA)

- Applicants should review subsection 53 (18) of the *Funeral, Burial and Cremation Services Act, 2002 (FBCSA)* and section 94 of Ontario Regulation 30/11 (O. Reg 30/11) prior to submitting an application.
- Ensure that the operator's Annual Licensure Reports (including Form 1 and Form 2 – Report on Care & Maintenance) for the most recent fiscal year have been filed prior to submitting this application.
- Only complete applications with the required supporting documents will be processed. Incomplete applications will be returned.

For BAO Office Use Only	
Licence/Site Number	
Reviewed by:	Date (dd/mm/yyyy)
Approved by:	Date (dd/mm/yyyy)

1. The applicant – Landowner or Operator, is applying for consent to borrow from the capital of the care maintenance fund/account to increase the capacity of the cemetery;

Application for:

- Purchase adjoining land
 Establish columbarium
 Increase capacity of existing Columbarium
 Establish a Mausoleum
 Establish a lot or scattering ground
 Increase the dimensions of a scattering ground in the cemetery
 Increase the capacity of existing mausoleum

Applicant Category:

Note: Only a cemetery operator that is not a commercial cemetery operator can apply for this consent as per section 94 of O. Reg. 30/11.

- Municipality
 Religious
 Not for Profit Corporation
 Trustee/Volunteer Board
 Sole Proprietorship
 Partnership
 Limited Partnership
 Other, specify _____

2. Cemetery Operator Information

Legal Name

Carrying on business as (if name is different from above)	Ontario Corporation number (if applicable)
Licensed operator number (7-digit number)	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		



3. Primary Contact:

Name		Position/Title	Telephone Number (include area code)
Unit/Suite/Apt	Street Name / Number	Postal Code	City/Town
Are you in charge of day-to-day operations of the cemetery?		<input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail address

4. Cemetery Details

Landowner information

Name of person who owns the land on which the cemetery is currently located. **Please provide a copy of the land registration title documents 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)	E-mail address		

Landowner's signature giving consent to the applicant (if not the same):

Print name in full

5. Expansion Details

<input type="checkbox"/> Cemetery (Acres/Hectares)	Current size	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

Details of site where expansion is proposed.

Site Number #	Name of Cemetery Site	Address
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6. Details on Care and Maintenance Fund/Account

Trustee Public Guardian & Trustee Other

Name of Trustee / Financial Institution	Trust Fund/Account Number:	Capital (as per the most recent month end)	Date of Capital Amount Statement dd/mm/yyyy	Income from fund for the most recent fiscal year
		\$		\$
		\$		\$
		\$		\$

Attach a separate sheet if necessary

7. Details on Operating Fund/Account

Name of Financial Institution	Account Number	Ending Balance (as per most recent month)	Ending Balance Date (Statement Date) dd/mm/yyyy
		\$	
		\$	
		\$	

Attach a separate sheet if necessary

8. Details on other accounts (Operating account and any other accounts held by the cemetery operator that are not described above)

Name of Financial Institution	Account Number	Ending Balance (as per most recent month)	Ending Balance Date (Statement Date) dd/mm/yyyy
		\$	
		\$	
		\$	

Attach a separate sheet if necessary



9. Details on Other Income

Please indicate any other sources of income for the cemetery.

Other income source	Income received in the past 12 months	Explanation

10. Financial Information

Information on Income and Expenses for the past 3 years;

Description	Fiscal Year End 20__	Fiscal Year End 20__	Fiscal Year End 20__
Total Sales / Revenue	\$	\$	\$
Total Other Income	\$	\$	\$
Total Expenditures	\$	\$	\$
Excess of Revenue over Expenditures	\$	\$	\$

11. Organization details (Sole proprietor, partnership, corporation, cemetery/trustee board etc.)

Total number of individual members	
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Name of Board Member	Date of Birth (dd/mm/yyyy)	Position / Title	Contact Phone Number	Email Address

Attach a separate sheet if necessary



12. Details on amount to be borrowed from capital of the Care & Maintenance Fund/Account

Please indicate the total amount you are requesting to borrow and the details of how the borrowed amount will be utilized.

Total amount to be borrowed from the capital of the Care & Maintenance Fund/Account:	\$
Preferred repayment period of the borrowed capital from the Care & Maintenance Fund/Account:	_____ years
Approximate cost of expansion / development:	\$

Please specify the account to which the borrowed funds will be deposited	Financial Institution Name	Account Number

Reason why funds for expansion cannot be obtained from another source	
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Description of how the borrowed amount will be utilized	Cost associated	Proof of cost attached with this application?
	\$ <input type="checkbox"/> Estimate <input type="checkbox"/> Exact	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain;
	\$ <input type="checkbox"/> Estimate <input type="checkbox"/> Exact	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain;
	\$ <input type="checkbox"/> Estimate <input type="checkbox"/> Exact	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain;
	\$ <input type="checkbox"/> Estimate <input type="checkbox"/> Exact	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain;
	\$ <input type="checkbox"/> Estimate <input type="checkbox"/> Exact	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain;
	\$ <input type="checkbox"/> Estimate <input type="checkbox"/> Exact	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain;

13. Document Checklist

Please check the boxes below where applicable.

Attached	Type of Document
<input type="checkbox"/>	Land registration title documents and survey
<input type="checkbox"/>	Proof of municipal approval if the cemetery 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
<input type="checkbox"/>	Conditional land purchase agreement <i>(if applicable)</i>
<input type="checkbox"/>	Certificate of approval issued by the Ministry of Environment under section 9 of the Environmental Protection Act
<input type="checkbox"/>	Certificate signed by the Medical Officer of Health for the area, stating that the land is suitable for use as a cemetery
<input type="checkbox"/>	Architectural design of columbarium/mausoleum
<input type="checkbox"/>	Care & Maintenance Trustee fund/account statements
<input type="checkbox"/>	Operating fund/account statements
<input type="checkbox"/>	Other Financial Institution account statements <i>(if applicable)</i>
<input type="checkbox"/>	Audited Financial Statements <i>(if applicable)</i>
<input type="checkbox"/>	Unaudited Financial Statements <i>(if applicable)</i>
<input type="checkbox"/>	Feasibility Report
<input type="checkbox"/>	Cemetery (Licensed Operator) Board Approval: Approval from the board/trustees/directors/council along with minutes of the meeting where the application was discussed.
<input type="checkbox"/>	Supplier quotes
<input type="checkbox"/>	Photo Identity of Primary contact (as per section 3 of this application)

Please list any other supporting documents provided *(if applicable)*

1	4	
2	5	
3	6	



14. Notice and consent of applicants under applicable privacy laws (to be signed by each board member)

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 consent in circumstances as set out in the FBCSA. Such circumstances include the past conduct of the applicant in relation to whether the FBCSA and Regulations may be breached.

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 understand that if the cemetery operator does not use the entire amount approved under this application, the cemetery operator shall pay the amount that was not used back to the fund or account within 10 business days and notify the Registrar in writing of this refund.

I/we understand if the cemetery operator decides to cancel the expansion plan, the cemetery operator shall inform the Registrar in writing and pay the borrowed amount back to the fund or account within 10 business days of decision knowing.

I/we agree to inform the BAO once the project has been completed and provide final receipts and invoices within 15 business days of the project completion.

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

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