



Section 1: Primary Contact

Name of Primary Contact:	Position:
Email address:	Telephone #:

Section 2: Licensed Operator

Business Structure Type (choose one only):
 Corporation: Private Publicly Traded Not for Profit Religious Cooperative
 Other: Sole proprietorship Partnership (all types)

Licensed Operator Name (name of corporation, partnership or sole proprietor operating the business):

Registered Office Address:

Telephone #:	Fax #:
Email Address:	Website:

Full Address for Service: Same as above

Does the licensed operator own or operate other licensed businesses in the bereavement sector?
 Yes (if yes, please attach details with this application) No

Section 3: Business Information

Choose one of the following application types:
 New business
 Purchase of Existing Business - Licence #: _____ (Share Purchase or Asset Purchase)
 Relocation of existing business
 Upgrade of licence class (from transfer service to funeral establishment)

Licence class applying for (choose one only):
 Funeral Establishment Operator - Class 1 Transfer Service Operator - Class 1
 Funeral Establishment Operator - Class 2 Transfer Service Operator - Class 2

Business model (choose one only):
 Open to Public Not Open to Public

Business Name: (If same as licensed operator name, check here:)

Full Business Address:

Proposed Opening/Purchase Date:	Fiscal Year End (month and day only)
Telephone #:	Fax #:
Email Address:	Website:
Name of Proposed Person in Charge of Day-to-Day Operations:	Licence #:
Telephone #:	Email Address:

Holding Room:	<input type="checkbox"/> Onsite	<input type="checkbox"/> Offsite - Provide full address:
Elevating Device:	<input type="checkbox"/> Yes - provide copy of TSSA licence <input type="checkbox"/> No	
Will the business be accepting prepaid funds?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes - List names of financial institutions where trust/insurance/annuity funds will be held:	
	Name:	
	Name:	

Section 4: Checklist

Refer to the Checklist and ensure all applicable documents listed below are completed and included with this application.

Check items included:

1. Completed Business Licence Application form
2. Evidence of transfer of ownership (asset purchase only)
3. Attestation for Holding/Embalming Room form or letter re. access
4. Request for One Person to Manage More than One Business Form
5. Corporate Documents (for each corporation):
 - Articles of Incorporation/Amalgamation/Amendment (as applicable)
 - Officer/Director Registers or ON Form 1, or equiv. Federal docs
 - Shareholder's register confirming equity ownership
 - Business name registration (if applicable)
6. Plans/ drawings and TSSA licence (if lift/elevator exists)
7. Occupancy permit
8. Debt financing Info
9. Police Record Checks and Attestation forms (Officers, Directors and Shareholders)
10. Proposed letter to prepaid purchasers (asset purchase and relocation only)
11. List of prepaid contracts in force at time of purchase
12. Proof of Zoning
13. Copy of lease agreement
14. Proof of liability insurance (CGL & Vehicle)
15. Contract(s) & Price List
16. Signage and Advertising
17. Hazardous Waste Generator Number
18. Fees:
 - \$611.17 Licence Application Fee (payable to "Bereavement Authority of Ontario" by cheque or Credit Card Payment Form)
 - \$270.00 (\$250 + 8% PST) Compensation Fund cheque payable to "Bereavement Authority of Ontario Compensation Fund"

Section 5: Signature and Acknowledgment

This application form is governed by the Funeral, Burial and Cremation Services Act, 2002 (the Act) and its Regulations, and has been approved by the Registrar. The Registrar may refuse to issue 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.).

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.

Authorized Signature:	Print Full Name:	
Position:	Telephone #:	Date (dd/mm/yyyy):