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TRAVEL
AGENT / WHOLESALER /
ACCOMMODATION PROVIDER
 Licence Application

TO BE COMPLETED BY APPLICANT ONLY

The personal information requested in this form and the results of the Criminal Record check are collected and retained under the authority of Section 26 (c) of the BC *Freedom of Information and Protection of Privacy Act* and Section 144 of the *Business Practices and Consumer Protection Act*. This information will be used to determine eligibility for licensing in the Province of British Columbia.

BUSINESS INFORMATION

All of the contact information that you provide to us may be made public. Your business address, even if it's a home address, will be published on our website. We consider this to be your business contact information and must be available should a customer need to reach you.

Application for (check applicable):

- Travel Agent Travel Wholesaler Accommodation Provider

1. Legal name:
(Exact name in CAPITAL LETTERS)
2. Trade/DBA names (if any):
(Exact name in CAPITAL LETTERS)
3. Physical address:
(Suite #, Street Address, City & Province/State Postal/Zip Code)
4. Mailing address:
(Suite #, Street Address, City & Province/State Postal/Zip Code)
5. Office tel: (.....) Fax tel: (.....)
6. Email: Web:
7. Business type: corporation partnership sole proprietorship society
8. Fiscal year end for financial reporting purposes: (MM/DD):.....

If the applicant is a corporation, please complete the following:

Incorporation Date: _____ Jurisdiction: _____
 Incorporation Number: _____

If the applicant is a partnership/proprietorship or is operating Trade/DBA names, please complete the following:

Registration Date(s): _____ Jurisdiction: _____
 Registration Number(s): _____

COMPLETE THE FOLLOWING IF APPLICANT IS A CORPORATION			
NAMES IN FULL OF SENIOR OFFICERS (First, Last)	RESIDENCE		POSITION HELD
	TELEPHONE & EMAIL	ADDRESS	
	Email: _____		<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Chief Operating Officer <input type="checkbox"/> Others _____
	Email: _____		<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Chief Operating Officer <input type="checkbox"/> Others _____
	Email: _____		<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Chief Operating Officer <input type="checkbox"/> Others _____

COMPLETE THE FOLLOWING IF THE APPLICANT IS A PARTNERSHIP OR /PROPRIETORSHIP

NAMES IN FULL OF SENIOR OFFICERS (First, Last)	RESIDENCE		
	TELEPHONE & EMAIL	ADDRESS	
			<input type="checkbox"/> Proprietor / Partner
	Email:		
			<input type="checkbox"/> Partner
	Email:		
			<input type="checkbox"/> Partner
	Email:		

1. Have you previously applied for or held a travel agent/wholesaler licence in any jurisdiction? Yes..... No
 2. If **YES** above, were any of those licences ever suspended or cancelled? Yes..... No
 3. Have you ever been refused a travel agent or travel wholesaler licence in any jurisdiction? Yes..... No
 4. Have any of the individuals identified above had 2 or more bankruptcies? Yes..... No
 5. Have any of the individuals identified above ever been convicted of an offence under the Criminal Code of Canada or any other statute? Yes..... No
- If **YES** to questions 1 through 4 above, provide details on a separate sheet, including date(s) and location(s) and parties involved.
- ALL APPLICANTS** that reside in Canada **MUST** complete an online criminal record check within one day of sending this application to Consumer Protection BC by going to the following link: <http://www.sterlingtalentsolutions.ca/Consumer-Protection-BC> and following the instructions for completion. (Please note, once complete a copy will be sent directly to Consumer Protection BC.
- ALL APPLICANTS** that do not reside in Canada **MUST** submit a certified criminal record check from their home jurisdiction. Please note, your application will not be processed until the criminal record check is received

LICENSING INFORMATION

1. **Senior Officer** who will have charge of the applicant's business at this location:

Name: _____
(Surname) (First Name) (Middle Names in Full)

General Manager Manager Director of Operations Other: _____

Phone Number (____) _____ E-mail Address _____

2. **Administrative Contact (person to contact regarding licensing and related issues):**

Name: _____
(Surname) (First Name) (Middle Names in Full)

Phone Number (____) _____ E-mail Address _____

3. **Complaints Contact (person to contact regarding consumer complaints):**

Name: _____
(Surname) (First Name) (Middle Names in Full)

Phone Number (____) _____ E-mail Address _____

4. Are the business financial records held at the above address? If no, give the address where held.....Yes No

Location: _____

5. Are the financial statements for the applicant combined with any other businesses?Yes No
6. Do any other travel agents or travel wholesalers carry on operations at any of the listed premises?Yes No
7. Is the proposed licensed location a residence?Yes No
8. Birth date of the applicant if an individual.....(Day_____Month_____Year_____)
9. Are you a franchisee or affiliated with another travel provider?Yes No

If yes, Name of Franchisor or Affiliation_____

APPLICANT DECLARATION

I/We hereby confirm that the information supplied is complete and true to my best knowledge and belief.

Authorized signing officer of applicant:

Signature_____ Print Name _____

Date_____ Title_____

APPLICATION FEE (see [current fee schedule](#))

Pay by cheque or money order, or

Pay by Credit Card – complete [credit card authorization form](#) using Visa, Mastercard or American Express.

Application fees are non-refundable. A service charge will be applied for any dishonoured payments.

Send completed application form, applicable attachments and application fee by mail or by email.

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INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED