

PLEASE PRINT OR TYPE

RETURN THIS FORM TO: erta OR

Service Alberta North Field Services 3B Commerce Place 10155 102 Street Edmonton AB T5J 4L4

Service Alberta South Field Services 301 7015 Macleod Trail Calgary AB T2H 2K6

Application for a Cemetery Pre-Need Contract Sales Licence

(Under the Provisions of the Cemeteries Act)

1. Trade	e Name of Business					
2. Name	e of Sole Proprietor, Partnership or Corpo	Date of Birth (year/month/day)				
If Par	tnership, list up to three names and attac	Date of Birth (year/month/day)				
Nan	ne:					
				Date of Birth (year/month/day)		
Nan	ne:	Date of Birth (year/month/day)				
Nan	ne:					
3. If Cor	rporation, show Alberta Corporate Access	s Number				
4. Busin	ness Address / Location (street address or	Business Fax Number (include area code)				
5. Mailir	ng Address (if different from the business add	dress - include a box number, if applicable)				
6. Name of Applicant (last, first, initial)		Official Title (for business, if applicable)	Date of Birth (year/month/day)	Telephone Number (include area code)		
7. BRA	NCH INFORMATION (attach an extra	page if necessary)				
	List Name and Addres	Telephone Number (include area code)	Fax Number (include area code)			
8. In th	e past 10 years, has the applicant, a	ny of the partners, directors or officer				
a)	a) been convicted of an offence (excluding traffic violations) under any criminal law or other law in force for which a pardon has not been granted?					
b)	been the subject of bankruptcy or r					
C)	been the subject of a court judgem					
d)	had a cemetery or funeral business					
e)	held a business licence or operated					
If the	e answer is Yes to any of these ques	stions, please provide complete details	S (attach a separate sheet if ne	ecessary):		
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9. The business must retain a trust account Name of Trustee	ınt with an authorize	d trustee. Please com	plete the following:	
Address of Trustee Street		City / Town	Province	Postal Code
10. Fiscal year end of business is:	Month	Day		
AUTHORIZATION FOR CRIMINAL I			:	
I authorize the Director or his designate pursuant to this application and any renew	to obtain a criminal		_	or period of licence granted
Name (please PRINT)		Date of Birth (year/month/day)		Signature
NOTE: A Credit			tion with this applicati	
I make application for a Cemetery Pre-Ne record check in connection with this appli	eed Contract Sales L	icence and authorize t	pension or cancellation the Alberta Government	
STATUTORY DECLARATION		-	Signature of A	Applicant
I solemnly declare that the information probelieving it to be true and knowing that it Act.	•	• •		
DECLARED before me at the City of	•			
dated	, Alberta,	(must be signed by a pe	of Applicant erson authorized to sign on the business)	Date
A Commissioner for Oaths in and for the Prov	ince of Alberta	Name of Commission	ner (please PRINT)	Expiry Date

This information is being collected for the purposes of applying for a Cemetery Pre-Need Contract Sales Licence in accordance with Part 4 of the Cemeteries Act. Questions about the collection of this information can be directed to the Alberta Government, Director of Cemeteries, 3rd Floor, Commerce Place, 10155 - 102 Street, Edmonton, Alberta T5J 4L4, 427-5210 (Outside of Edmonton, call 310-0000 to be connected toll free).

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