

Consumer Protection Division

Registration form for Film and/or Video Theatre,
Distributor or Retailer

The Film and Video Classification Act

Instructions on Applying for Registration as a Film and/or Video Theatre, Distributor or Retailer

To be registered as film and/or video theatre, distributor or retailer you will need:

- a) a registered name;
- b) a completed application form; and
- c) if licensed in British Columbia as a wholesale distributor, submit a copy of your licence.

1. **Name registration:**

All corporations and operating (business) names must be registered with the Corporate Registry of the Information Services Corporation (ISC). Phone 306-787-2962 for information on this procedure.

2. **Complete all pages of the application in full (4 pages).**

- (a) Please note the **designated mailing address** (section 4 on the application) is used for mailing of correspondence from the Film Classification Board for routine correspondence, information, complaints and renewal notice.
- (b) The **Saskatchewan address for service** is the official address in this province for actions as required by the Chairperson.
- (c) **Notice required of all changes on the application**

Where any changes occur that affect or change the information on the application, written notice to the Film Classification Board is required.

Registrations are valid for one year from date of issue unless otherwise suspended or cancelled.

3. **Mail** the following to this office:

- Completed registration form(s) – with signatures.
- A copy of your British Columbia licence, if licensed as a wholesale distributor in British Columbia.

Saskatchewan Film Classification Board

500 - 1919 Saskatchewan Drive

Regina, Saskatchewan S4P 4H2

Telephone: 306-787-5550 • 1-877-880-5550 (toll-free) • Fax: 306-787-9779

Email: skfilmclass@gov.sk.ca

Web address: <http://www.justice.gov.sk.ca/cpb>

4. **General Remarks**

The application information is to be legible or it will be returned.

Every applicant for a registration should become familiar with the Act and Regulations. Also every applicant should exercise care in completing the application form. Extra care will avoid delays which occur when applications must be returned because of incomplete answers.

A complete copy of [*The Film and Video Classification Act*](#) is available free of charge online at gp.gov.sk.ca or for a nominal fee for a print copy contacting the Office of the Queen's Printer at Telephone: 1-800-226-7302 (Sask. residents only) • 306-787-6894 • Fax: 306-798-0835 E-mail: qprinter@gov.sk.ca

Application for Registration as a Film and/or Video Theatre, Distributor or Retailer

1. **Business Name** – must be an active registration with the Corporate Registry of Information Services Corporation
Please print

2. **Legal Name (select A, B or C which ever applies)** - Please print

- A. **Corporation Name** – must be an active registration with the Corporate Registry of Information Services Corporation

- B. **Sole Proprietorship** – must be legal name

- C. **Partnership** – names of **all** partners – must be legal name Check (✓) if additional pages are used.

<i>i</i>
<i>ii</i>
<i>iii</i>
<i>iv</i>
<i>v</i>

Application for Registration as a Film and/or Video Theatre, Distributor or Retailer

3. Location of the business
(include the full civic address, postal code **OR** legal land description, including R.M. name and number,)

Location:	
Phone:	Email:
Fax:	Website:

4. Designated mailing address for correspondence from this office OR Same as #3 – Yes
(include the full address, postal code, a box number is acceptable)

Mailing Address:

5. Saskatchewan address for the servicing of legal documents (physical or mailing address may be used). If using an address other than your business address, include the name of the person/law firm as well as their physical or mailing address.
(include the full address, postal code, or legal land description, including R.M. name and number).

Address for servicing legal documents:		
Phone:	Fax:	Email:

6. a) Please indicate the applicant's type(s) of business.

- | | |
|---|---|
| <input type="checkbox"/> Movie Theatre | <input type="checkbox"/> Distributor to Theatres ** |
| <input type="checkbox"/> Retail Adult (XXX) | <input type="checkbox"/> Wholesale Adult (XXX) ** |
| <input type="checkbox"/> Retail Videos | <input type="checkbox"/> Wholesale Videos ** |

- b) ** If you are a wholesale distributor licensed in British Columbia, please submit a copy of your licence.

7. How many Adult (XXX) videos do you offer for sale or rent? None Less than 100 Greater than 100

Application for Registration as a Film and/or Video Theatre, Distributor or Retailer

1. During the past ten years, has the sole proprietor, any partner, or director/officer of the corporation had a business licence refused, suspended or cancelled under the laws of any province, territory, state or country?

No Yes (If "yes", attach details).

2. Has the sole proprietor, any partner, or any director/officer of the corporation been convicted of a criminal offence within the previous 10 years? No Yes

Statements respecting criminal records are subject to verification.

AUTHORIZATION FOR CRIMINAL RECORD CHECK - include Maiden Names separately if applicable

To be completed by all partners, directors or officers:

I authorize the Chairperson or his designate to obtain a criminal record check during the time of application, or period of licence granted pursuant to this application and any renewals:

Check (✓) if additional pages are used.

Legal Name	Place of Birth	Date of Birth (yyyy/mm/dd)	Signature

Application for Registration as a Film and/or Video Theatre, Distributor or Retailer

DECLARATION

I solemnly declare that the information provided by me in this application is true, and I make this solemn declaration conscientiously believing it to be true and knowing that providing false information may result in sanctions and licence cancellation.

I hereby authorize the Film Classification Board to collect additional information from other government regulators and law enforcement agencies, as well as former and current employers (if applicable), to complete and verify information provided in this form.

I will provide the Film Classification Board with written notice, when any changes occur that affect or change the information on the application.

I also hereby consent to the Film Classification Board sharing information collected under this application and *The Film and Video Classification Act* with regulating authorities in other jurisdictions.

Signed:

Print name of Applicant

Dated _____, _____



Signature of Applicant
(must be signed by a person authorized to sign on behalf of the business)

If the application is not completed properly, or if any of the information requested is not included, processing delays may result.