



APPLICATION FOR A SECURITY
BUSINESS LICENCE

OFFICE USE ONLY

TO CARRY ON BUSINESS AS:

☒ ALARM SERVICE ☒ PRIVATE INVESTIGATOR ☒ SECURITY PATROL
☐ LOCKSMITH ☐ SECURITY CONSULTANT ☐ ARMoured CAR SERVICE

AS AN INDIVIDUAL
(Complete Parts I and II)

AS A PARTNERSHIP
(Complete Parts I and II)

AS A CORPORATION
(Complete Parts I and III)

LICENCE NUMBER
LICENCE ISSUE DATE
LICENCE EXPIRY DATE
LICENCE FEE

PART I — TO BE COMPLETED BY ALL APPLICANTS

(The term "applicant" in questions 9 to 15, in the case of a corporation, includes any of those persons mentioned in PART III, Question 4)

1. NAME AND ADDRESS OF BUSINESS (Trade name under which applicant wishes to do business)

FOOT PRINTS SECURITY SYSTEMS (V.I.), INC.

Telephone

752-3433

Postal Code

V0R2T0

MAILING ADDRESS (If different from above)

Box 1920, Qualicum Beach, B.C. Postal Code: V0R2T0

2. IF APPLICATION IS BEING MADE ON BEHALF OF A BRANCH OFFICE, COMPLETE THE FOLLOWING:

(a) NAME AND ADDRESS OF APPLICANTS HEAD OFFICE (NUMBER AND STREET) (CITY, TOWN, VILLAGE) (POSTAL CODE)

TELEPHONE No.:

(b) NAME OF MANAGER OF BRANCH OFFICE BIRTHDATE:

(c) RESIDENT ADDRESS OF BRANCH MANAGER (NUMBER AND STREET) (CITY, TOWN, VILLAGE) (POSTAL CODE)

(d) BRANCH MANAGER WILL OPERATE THE BRANCH ON A FULL TIME PART TIME BASIS (If part time, state other occupation)

3. IS THE BUSINESS CONDUCTED FROM:

An office building or similar business premises? NO YES

A private residence? NO YES

(a) If yes, is office set apart from dwelling? NO YES

(b) Is office readily accessible to general public by means of separate entrance? NO YES

4. DOES THE APPLICANT INTEND TO OPERATE A BUSINESS ON A FULL TIME BASIS? OR PART TIME

5. NUMBER OF SECURITY EMPLOYEES 7 (Attach list showing names of security employees)

6. AMOUNT OF BOND (Submit proof of bonding)

7. WHAT TYPE OF INVESTIGATIVE WORK DOES THE APPLICANT INTEND TO CARRY OUT?

ROYAL BANK, Qualicum Beach

8. LIST CHARTERED BANK, TRUST COMPANY OR OTHER FINANCIAL INSTITUTION WHERE THE APPLICANT HAS BEEN KNOWN DURING PAST 10 YEARS GIVING BRANCH AND ACCOUNT No. (Attach separate sheet if necessary)

9. (a) HAS THE APPLICANT EVER APPLIED FOR A SECURITY EMPLOYEE OR BUSINESS LICENCE IN ANY PROVINCE, TERRITORY, STATE OR COUNTRY? NO YES (If YES give particulars)

A.G. Office, Victoria, B.C.

(b) HAS THE APPLICANT EVER BEEN REGISTERED OR EMPLOYED AS A SECURITY EMPLOYEE IN ANY PROVINCE, TERRITORY, STATE OR COUNTRY? NO YES (If YES give particulars)

BY: Qualicum Security, Qualicum Beach, V0R2T0

10. HAS THE APPLICANT EVER USED, OPERATED UNDER OR CARRIED ON BUSINESS UNDER ANY OTHER THAN THE NAME IN WHICH THE APPLICATION IS SUBMITTED? NO YES (If YES give particulars)

Qualicum Security

11. DOES THE APPLICANT HAVE ANY FINANCIAL OR INTEREST IN ANY OTHER SECURITY BUSINESS?

NO YES (If YES give particulars)

FOOT PRINTS SYSTEMS, INC. (Fed. Company)

12. HAS ANY CIVIL JUDGEMENT OF ANY COURT BEEN ISSUED AGAINST THE APPLICANT? (If YES give particulars)

13. HAS THE APPLICANT BEEN CHARGED, INDICTED OR CONVICTED OF ANY OFFENCE UNDER ANY LAW OF ANY PROVINCE, TERRITORY, STATE OR COUNTRY? (If YES give particulars)

14. (a) IS THE APPLICANT AN UNDISCHARGED BANKRUPT? (If YES give particulars)

(b) HAS THE APPLICANT BEEN INVOLVED AS AN OFFICIAL IN ANY COMPANY WHICH IS A DECLARED BANKRUPT OR IS IN THE PROCESS OF BANKRUPTCY? (If YES give particulars)

15. (a) IS APPLICANT OR ANY EMPLOYEE A MEMBER OF A POLICE FORCE (INCLUDE AUXILIARY)?

NO YES (If YES name Force)

(b) IS APPLICANT A COLLECTOR OR COLLECTION AGENT AS DEFINED IN THE DEBT COLLECTION ACT? NO YES

(c) IS THE APPLICANT A BAILIFF? NO YES

HAS THE APPLICANT EVER BEEN REFUSED A LICENCE UNDER THE DEBT COLLECTION ACT? NO YES

1. NAME OF CORPORATION

FOOT PRINTS SECURITY SYSTEMS (V.I.), INC.

2. THE APPLICANT IS A CORPORATION

(a) WHOSE HEAD OFFICE IS LOCATED OUTSIDE BRITISH COLUMBIA AT

(b) WHOSE BRITISH COLUMBIA HEAD OFFICE IS LOCATED AT

3. THE APPLICANT IS A CORPORATION

(a) WHOSE HEAD OFFICE IS LOCATED IN BRITISH COLUMBIA AT

(b) WHOSE BRANCH OFFICES ARE LOCATED AT

NOTE: ATTACH COPY OF CERTIFICATE OF INCORPORATION OR CERTIFICATE OF REGISTRATION ISSUED BY THE REGISTRAR OF COMPANIES.

4. (a) LIST NAMES, BIRTHDATES AND RESIDENT ADDRESSES OF CORPORATION DIRECTORS AND SENIOR OFFICERS AS DEFINED IN THE COMPANY ACT.

NAME IN FULL	BIRTHDATE	RESIDENT ADDRESS	Active As Security Employees		TITLE
			Yes	No	
MICHAEL THOMAS COLLERY	s.22	Box 876, Qualicum Beach	✓		Sec.
SARAH ANN COLLERY		Box 876, Qualicum Beach	X	✓	PRES.

(b) LIST NAMES, BIRTHDATES AND RESIDENT ADDRESSES OF PERSONS HOLDING SHARES OF THE CORPORATION CARRYING MORE THAN 30% OF THE VOTES FOR THE ELECTION OF DIRECTORS WHETHER SHARES ARE HELD BENEFICIALLY OR IN TRUST — IF SHARES HELD IN TRUST, INCLUDE NAMES OF PERSONS FOR WHOM THEY ARE HELD BENEFICIALLY.

NAME IN FULL	BIRTHDATE	RESIDENT ADDRESS	Active as Security Employee	
			Yes	No

5. HAS THE APPLICANT (CORPORATION) EVER BEEN CHARGED, INDICTED OR CONVICTED OF ANY CRIMINAL OFFENCE UNDER ANY LAW OF ANY PROVINCE, TERRITORY, STATE OR COUNTRY? (If YES give particulars, place, date, Police Dept., offence, sentence)

WE ARE PRESIDENT Sarah A. Collery
I AM Co. SECRETARY M. Collery OF THE APPLICANT COMPANY AND CERTIFY THAT THE INFORMATION

SET OUT BY ME IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF I HEREBY AUTHORIZE/CONSENT TO THE RELEASE TO THE REGISTRAR OF ANY PERSON AUTHORIZED BY HIM ALL CREDIT OR PERSONAL INFORMATION RELATIVE TO THIS APPLICATION.

Dec. 6, 1986
DATE

CORPORATE
SEAL

President Sarah A. Collery
Co. Secretary M. Collery
SIGNATURE

PART II — TO BE COMPLETED BY AN APPLICANT WHO WILL CARRY ON A BUSINESS AS AN INDIVIDUAL OR IN PARTNERSHIP

1. SURNAME (Mr., Mrs., Miss, Ms.)

FULL GIVEN NAMES (No initials)

FORMER NAME, MAIDEN NAME, ALIASES, ETC.

2. RESIDENT ADDRESS (Street, Apt. No.)

City or Town

Province

Postal Code

Telephone:

3. NATIONALITY

CANADIAN

4. OCCUPATION

5. DATE OF BIRTH

OTHER (Specify)

YR. MO. DAY

6. PLACE OF BIRTH (City, Town, Village)

PROV., TERR., STATE OR COUNTRY

7. IF BORN OUTSIDE CANADA — ARRIVAL DATE IN CANADA YR. MO. DAY

8. SOCIAL INSURANCE No.

9. DRIVER'S LICENCE No.

10. MEDICAL SERVICE I.D. No.

11. WORK PERMIT No.

(8, 9, 10 — Complete any two)

(Attach copy)

12. PHYSICAL DESCRIPTION

13. MARKS, SCARS, TATTOOS

14. BLOOD GROUP FACTOR

HEIGHT

EYE COLOUR

HAIR

WEIGHT

COMPLEXION

COLOUR

15. PLACE OF RESIDENCE PAST TEN YEARS — If insufficient space attach separate sheet

STREET AND No., APT. No.

CITY, TOWN, VILLAGE

From

YEAR

To

16. EMPLOYMENT RECORD PAST TEN YEARS — If insufficient space attach separate sheet

EMPLOYER'S NAME AND ADDRESS

TYPE OF WORK

REASON FOR LEAVING

FROM MO. YR.

TO MO. YR.

17. EDUCATION AND TRAINING

NAME AND ADDRESS OF LAST PRIMARY OR SECONDARY SCHOOL ATTENDED

LAST GRADE COMPLETED

YEAR

LIST ANY POST SECONDARY DEGREES OR DIPLOMAS HELD

SPECIFY OTHER TRAINING, SKILLS OR EXPERIENCE RELATIVE TO LICENCE APPLIED FOR

18. LIST THREE B.C. RESIDENTS (NOT RELATED TO OR EMPLOYED BY YOU) WHO ARE COMPETENT TO JUDGE YOUR CHARACTER AND WHO HAVE KNOWLEDGE OF YOUR COMPETENCE AND FITNESS

FULL NAME

ADDRESS

BUSINESS OR OCCUPATION

LENGTH OF TIME KNOWN

19. (a) IS THE APPLICANT AN INDIVIDUAL WHO WILL CARRY ON THE BUSINESS ALONE? NO YES

(b) IF SO, WILL ANY OTHER PERSON HAVE ANY FINANCIAL OR OTHER INTEREST IN THE OPERATION OF THE BUSINESS? NO YES (If YES give particulars)

IF REGISTERED AS PROPRIETORSHIP, ATTACH COPY OF "DECLARATION FOR PARTNERSHIP AND BUSINESS NAME" CERTIFIED BY THE REGISTRAR OF COMPANIES.

20. IF THE APPLICANT IS IN PARTNERSHIP GIVE NAMES, ADDRESSES AND BIRTHDATES OF ALL PARTNERS

IF REGISTERED AS PARTNERSHIP, ATTACH COPY OF "DECLARATION FOR PARTNERSHIP AND BUSINESS NAME" CERTIFIED BY THE REGISTRAR OF COMPANIES.

21. WILL ANY PERSON OTHER THAN THE APPLICANT HAVE ANY FINANCIAL OR OTHER INTEREST IN THE OPERATION OF THE BUSINESS? NO YES (If YES give particulars)

I HEREBY CERTIFY THAT THE INFORMATION SET OUT BY ME IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND AUTHORIZE/CONSENT TO THE RELEASE TO THE REGISTRAR OR HIS LAWFUL AGENT ALL CREDIT OR PERSONAL INFORMATION RELATIVE TO THE APPLICATION.

DATE

SIGNATURE