

Manitoba 

Application for Licensure Under The Prearranged Funeral Services Act

INFORMATION ABOUT APPLICANT:

To be eligible, the applicant person or entity ("applicant") must regularly carry on the business of supplying funeral services.

1. Legal Name in which the Applicant will carry on business, and in which the license to provide funeral services under a prearranged funeral plan will be issued:

2. List all business/trade names that will be used if different from question #1:

3. Is the organization a: ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ Other (if other, specify):

4. Name of the Chief Officer of the Company/Corporation:

5. Name of the Chief Officer/Manager in Manitoba:

6. **(Applies to new applicants only – skip if renewing)** Attach a copy of the Articles of Incorporation and/or Business Name Registration(s) as listed above to this application.

7. Business/Physical Address:

8. Mailing Address:

(City)

(Province)

(Postal Code)

DECLARATION BY APPLICANT:

CANADA) IN THE MATTER OF "*The Prearranged Funeral Services*
) *Act*" R.S.M. 1987, Cap. F200 (Act); and IN THE MATTER OF
PROVINCE OF MANITOBA) Application for License by

TO WIT:) _____
(Legal Name in which the Applicant regularly carries on the business
of supplying funeral services and in which the license will be issued.)

I, _____ of the _____ of _____
(Name of Signing Authority, ie: Chief Officer) (City/Town) (Name of Province)

make oath and say as follows:

- 1) That I am the chief officer of _____ and as such have
(Name of Company/Corporation)
personal knowledge of the matters and facts herein deposed to by me;
- 2) That I am authorized to complete, sign and submit this application for licensure under *The Prearranged Funeral Services Act*;
- 3) That I am responsible for receiving all notices from, and providing required communication to, the Consumer Protection Office;
- 4) That this application is for:
- i. An initial license ☐ or
- ii. A renewal to replace License No. _____, previously issued on _____ ;
(Issue date as noted on your license)
- 5) That the Applicant regularly carries on the business of supplying funeral services within the meaning of Section 1 of *The Prearranged Funeral Services Act*;

6) That no alteration or variation has been made by the Applicant:

- (a) In the form of Contract submitted under Section 2 of the Regulations of the said Act since those forms were submitted without the approval of the Consumer Protection Office;
- (b) In the Agreement with _____, an authorized Trustee under the said Act;
- (c) In the schedule of cost, type of casket(s), and services provided under prearranged funeral plans since the date of application for initial license, except as acknowledged by the Consumer Protection Office prior to this application;

7) That the surety bond with _____, a bonding company authorized to carry on business in Manitoba, in the sum of \$1,000.00 in the name of the Crown and ensuring to the benefit of persons entering into prearranged funeral plans with the Applicant, is in good standing;

8) That as at the date of this application, or April 1, 2026 if applying for license renewal,

- (a) I authorize the following person(s) to act:

As Agent(s) of the Applicant, and submit their name(s) here as application for licensure to provide and sell prearranged services under the said Act:

(Names of licensed agents may be published on the Consumer Protection Office of Manitoba website)

As Salesperson(s) of the Applicant, and submit their name(s) here as application for licensure to sell prearranged funeral services under the said Act:

(Names of licensed salespersons may be published on the Consumer Protection Office of Manitoba website)

- (b) And furthermore that:

Agent _____ authorizes the following person(s) to act as his/her salesperson(s),
(name)

and submits their name(s) here as application for licensure to sell prearranged funeral services under the said Act:

(Names of licensed salespersons may be published on the Consumer Protection Office of Manitoba website)

9) That during the last fiscal year (April 1, 2025 to March 31, 2026), the Applicant, their agents, and salespersons, complied with all requirements pursuant to *The Prearranged Funeral Services Act* R.S.M. 1987, Cap. F200, Regulation F200-388/87R and Amendments thereto;

10) That during the last calendar year (January 1, 2025 to December 31, 2025), the Applicant had in trust _____ accounts valued at \$ _____ (per Form 3), and that during the previous calendar year (January 1, 2024 to December 31, 2024), the Applicant had in trust _____ accounts valued at \$ _____ (per Form 3);

11) That during the last calendar year (January 1, 2025 to December 31, 2025) the Applicant sold _____ accounts valued at \$ _____ (per Form 1) and withdrew _____ accounts valued at \$ _____ (per Form 2);

AND I MAKE THIS DECLARATION conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of “The Manitoba Evidence Act”.

DECLARED before me at the _____ of _____)
(City/Town)

_____, in the Province of _____,)
(Name of City/Town)

this _____ of _____, A.D. 20____.)
(Day) (Month) (Year)

(Signature of Signing of Authority)

(Signature of Commissioner for Oaths or Notary Public)

(Date commission expires)

Fees (as per sections 1(2) and 1(5) of the *Funeral Directors Regulation* under *The Prearranged Funeral Services Act*)

Initial Licence: \$500.00

Renewal Fees (based on the number of active prearranged funeral plans for the previous calendar year):

- | | |
|-----------------------------|--------|
| a) For up to 100 plans | \$100 |
| b) For 101 to 250 plans | \$175 |
| c) For 251 to 500 plans | \$300 |
| d) For 501 to 1000 plans | \$550 |
| e) For 1001 to 2500 plans | \$1300 |
| f) For more than 2500 plans | \$2050 |

Payment Information

Payment can be made via cheque payable to the Minister of Finance to Room 302-258 Portage Avenue, Winnipeg MB R3C 0B6 or online with a Visa or MasterCard by visiting www.manitoba.ca/cpopayment. If paying online, please mail the payment confirmation number along with the original signed application form for processing.

**** ONLY ORIGINAL APPLICATION FORMS WILL BE ACCEPTED ****