

Application for Licence to Engage in Business

Pursuant to *The Private Investigators and Security Guards Act, 1997*
[Subsection 5(1)]

Please complete this Form and include all relevant documentation listed in **Section 4**. Upon completion, please **send this Form**, including all required documentation to the following address:

Private Investigators and Security Guards Program
Ministry of Corrections, Policing and Public Safety
2nd Floor 515 Henderson Drive,
Regina CANADA S4N 5X1

Or submit it online via email to the address: pisg@gov.sk.ca

Section 1: Business Licence Type (check appropriate box)

- Private Investigators
- Security Guards
- Dual (Private Investigators and Security Guards)
- Armoured Vehicle Service

Are you applying for a new licence or applying for renewal?

- New Licence (\$300)
- Renewed Licence (\$250) Licence number: _____

***NOTE:** A renewal is only used when the application is received at least 10 working days before the expiry date of the previous licence.

Section 2: Business Details

Name of Business (*Name under which business will be conducted*):

Business Address (*Which will be the address for service in Saskatchewan*):

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| <i>Number and Street or Box No.</i> | <i>Town, City</i> | <i>Province</i> | <i>Postal Code</i> |
| <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> |

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|--|--|--|
| <i>Business Email</i> | <i>Business Telephone</i> | <i>Business Fax Number</i> |
| <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> |

Is the listed Business Address different than the principal office or place of business?

- No
- Yes, the principal office or place of business will be located at the address:

If different from the listed Business Address, the preferred mailing address is:

Contact Information from the Primary Contact of the Business:

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|--|--|--|--|--|--|--|--|--|--|
| Name of Primary Contact: | | | Date of Birth: | | | Principal Email: | | Telephone: | |
| <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> |
| <i>Surname</i> | <i>First Name</i> | <i>Middle Name</i> | <i>Day</i> | <i>Month</i> | <i>Year</i> | <i>Principal Email</i> | <i>Telephone</i> | | |

If applicable, please list the names of all directors or partners of the business:

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The names of the following two persons, none of whom are related to me, are submitted as business references.

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|--|--|--|--|--|-------------------|--------------------|--|--|--|--|--|-------------------------------------|------------------|-----------------|--------------------|--|--|--|--|--|----------------|-------------------|--------------------|--|--|--|--|--|-------------------------------------|------------------|-----------------|--------------------|--|
| <p>Name of Reference:</p> <p>Name of Primary Contact:</p> <table border="1" style="width: 95%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><input style="width: 95%; height: 16px;" type="text"/></td> <td style="width: 20%;"><input style="width: 95%; height: 16px;" type="text"/></td> <td style="width: 20%;"><input style="width: 95%; height: 16px;" type="text"/></td> </tr> <tr> <td><i>Surname</i></td> <td><i>First Name</i></td> <td><i>Middle Name</i></td> </tr> </table> <p>Address:</p> <table border="1" style="width: 95%; border-collapse: collapse;"> <tr> <td style="width: 35%;"><input style="width: 95%; height: 16px;" type="text"/></td> <td style="width: 15%;"><input style="width: 95%; height: 16px;" type="text"/></td> <td style="width: 15%;"><input style="width: 95%; height: 16px;" type="text"/></td> <td style="width: 15%;"><input style="width: 95%; height: 16px;" type="text"/></td> <td style="width: 20%;"><input style="width: 95%; height: 16px;" type="text"/></td> </tr> <tr> <td><i>Number and Street or Box No.</i></td> <td><i>Town/City</i></td> <td><i>Province</i></td> <td><i>Postal Code</i></td> <td></td> </tr> </table> <p>Principal Email: <input style="width: 95%; height: 16px;" type="text"/> Telephone: <input style="width: 95%; height: 16px;" type="text"/></p> <p>Business or Occupation: <input style="width: 95%; height: 16px;" type="text"/> Years Known: <input style="width: 95%; height: 16px;" type="text"/></p> | <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> | <i>Surname</i> | <i>First Name</i> | <i>Middle Name</i> | <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> | <i>Number and Street or Box No.</i> | <i>Town/City</i> | <i>Province</i> | <i>Postal Code</i> | | <p>Name of Reference:</p> <p>Name of Primary Contact:</p> <table border="1" style="width: 95%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><input style="width: 95%; height: 16px;" type="text"/></td> <td style="width: 20%;"><input style="width: 95%; height: 16px;" type="text"/></td> <td style="width: 20%;"><input style="width: 95%; height: 16px;" type="text"/></td> </tr> <tr> <td><i>Surname</i></td> <td><i>First Name</i></td> <td><i>Middle Name</i></td> </tr> </table> <p>Address:</p> <table border="1" style="width: 95%; border-collapse: collapse;"> <tr> <td style="width: 35%;"><input style="width: 95%; height: 16px;" type="text"/></td> <td style="width: 15%;"><input style="width: 95%; height: 16px;" type="text"/></td> <td style="width: 15%;"><input style="width: 95%; height: 16px;" type="text"/></td> <td style="width: 15%;"><input style="width: 95%; height: 16px;" type="text"/></td> <td style="width: 20%;"><input style="width: 95%; height: 16px;" type="text"/></td> </tr> <tr> <td><i>Number and Street or Box No.</i></td> <td><i>Town/City</i></td> <td><i>Province</i></td> <td><i>Postal Code</i></td> <td></td> </tr> </table> <p>Principal Email: <input style="width: 95%; height: 16px;" type="text"/> Telephone: <input style="width: 95%; height: 16px;" type="text"/></p> <p>Business or Occupation: <input style="width: 95%; height: 16px;" type="text"/> Years Known: <input style="width: 95%; height: 16px;" type="text"/></p> | <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> | <i>Surname</i> | <i>First Name</i> | <i>Middle Name</i> | <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> | <input style="width: 95%; height: 16px;" type="text"/> | <i>Number and Street or Box No.</i> | <i>Town/City</i> | <i>Province</i> | <i>Postal Code</i> | |
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| <i>Surname</i> | <i>First Name</i> | <i>Middle Name</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Section 3: Applicant Declarations

Has the applicant used, operated or carried on business under a name other than the Name of Business provided in this application?

- No
- Yes. Please provide particulars regarding business names associated with the Applicant:

The following information is to be supplied respecting the following persons:

- If the applicant is a sole proprietor who is an individual, the individual;
- If the applicant is a sole proprietor who is a corporation, each individual that directly or indirectly owns 25% or more of the corporation's outstanding shares;
- If the applicant is a corporation, each individual that directly or indirectly owns 25% or more of the corporation's outstanding shares;
- If the applicant is a partnership, each partner of the partnership who is an individual;
- If the applicant is a co-operative, each director of the co-operative.

1. Have you been convicted of a criminal offence in Canada or in any other state or country?

No Yes (*Please provide details below)

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2. Do you have any outstanding criminal matters in Canada or in any other state or country?

No Yes (*Please provide details below)

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3. Have you been refused a licence to engage in business pursuant to *The Private Investigators and Security Guards Act, 1997* in Saskatchewan or in any other province, state or country?

No Yes (*Please provide details below)

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4. Have you previously held a licence that became suspended or cancelled in Saskatchewan or in any other province, state, or country?

No Yes (*Please provide details below)

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Section 4: Application Requirements

- 1. Commercial Surety Bond in the amount of \$5,000 (Form D)** – Contact a broker or an insurance agency if you are not using Form D for the Bond.
- 2. Proof of Registration with the Saskatchewan Corporate Registry, Information Services Corporation (ISC)** - Code 56161 - Nature of Business - Applicant must register as Investigation, Guards and Armoured Car Services.
- 3. Criminal Record Check:** The following persons are required to submit a criminal record check dated not more than 30 days before the date the application is submitted for every year a licence to engage in business is maintained pursuant to *The Private Investigators and Security Guards Act, 1997*:
 - If the applicant is a sole proprietor who is an individual, the individual;
 - If the applicant is a sole proprietor who is a corporation, each individual that directly or indirectly owns 25% or more of the corporation's outstanding shares;
 - If the applicant is a corporation, each individual that directly or indirectly owns 25% or more of the corporation's outstanding shares;
 - If the applicant is a partnership, each partner of the partnership who is an individual;
 - If the applicant is a co-operative, each director of the co-operative.

4. List of Employees working as Security Guards and/or Private Investigators (if applicable).

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- 5. Payment of Application Fee:** The fee for this application is dependent on the licence type. Please include with this Application a cheque in the amount identified in Section 1 of this Form, payable to the "**Minister of Finance**". Payment of application: Money Orders, Cheques, Visa & Mastercard are accepted. Do not staple or glue the cheque to this Form.

I am applying for a licence to engage in the above-named business pursuant to *The Private Investigators and Security Guards Act, 1997*.

The information given by me in the attached application is true.

Date

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| | | |
|--|--|--|

Day Month Year

Applicant signature:

1. Forms are valid only 30 days.
2. Incomplete forms will be returned; if no response within 30 days of date above, applicant will have to re-apply.
3. Application fees are non-refundable.