



**APPLICATION FOR A  
MINERAL EXPLORATION LICENCE**

**PLEASE PRINT**

I/We, \_\_\_\_\_, holder of prospecting licence No. \_\_\_\_\_  
(Applicant)  
of \_\_\_\_\_  
(Address)  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

hereby make application for a Mineral Exploration Licence in:

ZONE A

ZONE B

pursuant to Subsection 6(1) of the Mineral Disposition and Mineral Lease Regulation MR 64/92 under The Mines and Minerals Act.

If the applicant is not a resident of Manitoba, the name and address of a resident agent must be supplied.

Name & Address of Resident Agent \_\_\_\_\_  
City \_\_\_\_\_ Province **MANITOBA** Postal Code \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**Enclosed are:**

1. An application fee of \$359.00. Make cheque payable to the Minister of Finance, Manitoba,
2. Cash deposit of \$.50 per hectare based on area applied for.
3. An outline of the proposed exploration program,
4. Location map of the area of the licence applied for,
5. Such other information that will enable the recorder to determine the boundaries of the licence area.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant)

**NOTE:**

1. It is an offence under The Mines and Minerals Act to make a false statement on this document.
2. If this application is signed by an agent, the authority of the agent must be filed with the recorder.
3. If the applicant is a corporation, the corporation must be registered to do business in Manitoba.

**Application to be filed at the office of the Recorder**

WINNIPEG  
Unit 360  
1395 Ellice Avenue  
WINNIPEG, Manitoba  
R3G 3P2  
Phone: (204) 945-6527  
Fax: (204) 948-2578

FLIN FLON  
Barrow Building  
Room 201, 143 Main Street  
FLIN FLON, Manitoba  
R8A 1K2  
Phone: (204) 687-1630  
Fax: (204) 687-1634

| OFFICIAL USE ONLY           |                   |
|-----------------------------|-------------------|
| Cheque/Cash/Auth. No. _____ | Date _____        |
| Amount _____                | Receipt No. _____ |
| Payer _____                 | Amount _____      |
| Licence No. _____           |                   |