

# APPLICATION FOR REGISTRATION OF AGGREGATE QUARRIES

(In accordance with section 197 of The Mines and Minerals Act)

Manitoba  
Industry, Economic  
Development  
and Mines



NAME OF OPERATOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Town/City

Province

Postal Code

Telephone No.

## LEGAL DESCRIPTION:

A. Provide a full legal description (Legal Subdivision, Section, Township and Range or geographical coordinates) of the parcel of land on which the aggregate pit or quarry is located and the aggregate quarry mineral to be mined. (Where applicable, list the "Interim Authorization Number" issued beside the legal land description).

### (COMPLETE ONE APPLICATION PER PIT OR QUARRY LOCATION)

PRIVATE PIT/QUARRY LOCATION (LEGAL LAND DESCRIPTION)	QUARRY MINERAL	INTERIM AUTHORIZATION NUMBER
Rural Municipality: _____		
If under government contract, state authority and contract numbers: _____		

(TO ASSIST IN IDENTIFYING PIT LOCATION, COMPLETE TOWNSHIP SKETCH ON REVERSE)

PIT OR QUARRY OWNER (Section must be completed)	
NAME OF OWNER: _____	LAND TITLE NO. _____
ADDRESS: _____	
_____	POSTAL CODE: _____ TELEPHONE NO.: _____

## B. DECLARATION

I, \_\_\_\_\_, of the \_\_\_\_\_ of \_\_\_\_\_, in the  
Province of \_\_\_\_\_, \_\_\_\_\_, declare that:  
(occupation)

1. I am the applicant or authorized representative of the applicant.
2. This application is true and complete in all respects.

**NOTE: IT IS AN OFFENCE UNDER THE MINES AND MINERALS ACT TO MAKE A FALSE STATEMENT ON THIS DOCUMENT.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

### Application to be filed at the Office of the Recorder:

Unit 360 - 1395 Ellice Avenue  
Winnipeg, MB R3G 3P2  
Telephone : (204) 945-6503  
Fax: (204) 948-2578

Barrow Building  
143 Main Street  
Flin Flon, MB R8A 1K2  
Telephone: (204) 687-1630

**FEE: \$13.00 fee per pit or quarry location as defined as "Parcel of Land" in Part 5 of Quarry Minerals Regulation M R 65/92**

OFFICIAL USE ONLY
Cheque/Receipt No. _____
Amount _____
Payer _____
Client No. _____
CASH STAMP



**Tp.** \_\_\_\_\_ **Rge.** \_\_\_\_\_ **P.M.** \_\_\_\_\_

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