

## Ministry of Agriculture, Food and Fisheries Health Management and Regulatory

## LIVESTOCK DEALER LICENCE APPLICATION

April 1, 200\_ to March 31, 200\_

Name: _				
Address: _				
_				
Postal Code:				
Phone Numbe	r:			
Name Of Busi	ness Operating As:			
	not a single individual the applicant xercise of its rights and privileges u		n individual to be named	on the licence as
If you require	a BOND, please complete t	he following:		
Name in Full (	must agree with name on bon	d)		
Bond Number:	Am	ount of Bond: _		
Bond company	<i>r</i> :		_	
Local Insuranc	e Co:			
Livestock Dea	ıler Licence Fee			\$69
Signature:		Print Name	<b>)</b> :	

Please make cheque or money order payable to the *Minister of Finance* and return this renewal notice to:

B.C. Ministry of Agriculture, Food and Fisheries Health Management and Regulation 1767 Angus Campbell Road, Abbotsford, B.C. V3G 2M3

Telephone: (604) 556-3014; Toll-Free: 1 (877) 877-2474