

Fisheries and Aquaculture Licensing and Compliance Branch

2500 Cliffe Avenue Courtenay BC V9N 5M6 Phone: 250-897-7540

G.A. Service Code: 0550

Fax: 250-334-1410

APPLICATION FOR A FISH VENDING LICENCE

NAME OF INDIVIDUAL APPLYING FOR LICENCE (PLEASE PRINT)					FOR LICENCE YEAR (ALL LICENCES EXPIRE ON		
				DECEMBER 31 ST)	DECEMBER 31 ST) 2007		
ADDRES	SS			TELEPHONE NUM	1BER	FAX NUMBER	
CITY	TOWN	DDOV/MCE	DOCTAL COD	CELL MUMPED		MECCACECAUMEE	
CITY OR TOWN		PROVINCE	POSTAL CODE	E CELL NUMBER		MESSAGES NUMBER	
EMAIL ADDRESS						FRC#	
If your mailing address is a box number, a physical address must also be identified below:							
,							
	NAME(S) OF FISHING VESSEL(S) VRN I						
	I HAVE ENCLOSED A COPY OF MY 2007 FISHER REGISTRATION CARD (FRC's identify you as						
	being a licenced commercial fisherman and they are issued annually by Fisheries & Oceans Canada)						
	Failure to provide this information will cause a delay in issuing your licence.						
	- analo to provide the information will educe a delay in leading your licence.						
	I HAVE ENCLOSED THE \$30.00 LICENCE FEE (cheque or money order made payable to the Minister						
	of Finance) Note: a service charge of \$20 will be levied for all dishonored chaques.						
, , , , , , , , , , , , , , , , , , , ,							
STATEMENT OF AGREEMENT							
VIAILMENT OF AUNCEMENT							
Γο obtain a Fish Vending Licence, Ministry policy is that the vendor must be a bona fide commercial fisher							
under the Fisheries Act (Canada). Canada currently requires that a vendor be a Canadian Citizen or refugee							
with a working visa to qualify.							
f you are selling fish directly to the public, you must complete a "fish slip" as the fish are being removed							
rom the vessel. The appropriate forms can be obtained by contacting your local Fisheries and Oceans							
Canada office. Forms must be submitted on a weekly basis to:							
Fisheries & Oceans Canada, Suite 200 – 401 Burrard Street, Vancouver BC V6C 3S4.							
certify that the information provided on this application form is true, correct and complete.							
colony that the information provided on this application form is true, confect and complete.							
		DDINT		ADDLICANT		ATE CICNED	
	SIGNATURE OF APPLICANT	PRINT	ED NAME OF	APPLICANT	D	ATE SIGNED	
Please note: Unsigned applications will be returned.							
The Ministry reserves a 30 day turnaround policy on all applications received.							
MINISTR	Y USE ONLY	- say tarriar carra	- 5 on an	_pp	LICEN	CE#	