

Fisheries and Aquaculture Licensing and Compliance Branch

G.A. Service Code: 0550 Avenue

2500 Cliffe Avenue Courtenay BC V9N 5M6 Phone: 250-897-7540 Fax: 250-334-1410

		PROCESSING AND/OR C		
NAME OF REGISTERED COMPANY OR INC	DIVIDUAL APPLYING FOR LICE	· ·	,	ICENSES EXPIRE ON 2007
DOING BUSINESS AS (IF DIFFERENT THAN ABOVE)			DECEMBER 31 ST) 2007 CONTACT PERSON	
MAILING ADDRESS OF COMPANY OR INDIVIDUAL APPLYING FOR LICENCE			BC COMPANY NUMBER	
CITY OR TOWN		PROVI	NCE	POSTAL CODE
NAME TO APPEAR ON LICENCE (IF DIFFE	RENT THAN ABOVE)	TELEP	PHONE NUMBER	FAX NUMBER
STREET ADDRESS (if your mailing address is a box number, you must also identify a physical address o			ne below)	CELL NUMBER
				OLLE NOMBER
INDIVIDUALS ONLY - Enclose a copy of your identification (ie: drivers licence, birth certificate etc) Please indicate type of ID enclosed:			ADDRESS	
r lease indicate type of 1D enclosed.				
Please indicate the categories you are re payable to the Ministry of Finance . A s				eques should be made
☐ Commercial Salmon Cannery	(Producing \$1900 or	n	rine Dlante	\$ 210.00
72,000+ lbs or 1500+ STANDAR		U Mai	rine Plants	\$ 210.00
Commercial Salmon Cannery (Producing \$ 900.00		_	Fish not for human \$210.00	
Cold Storage for facilities in excubic meters capacity	cess of 80 \$ 420.00	0 Roe	e Herring	\$ 640.00
	n excess of 90			
Cold Storage for facilities not i cubic meters capacity	n excess of 80 \$ 110.00	0 <u> </u>	ort Caught Fish	\$ 210.00
Other finfish	\$ 290.0		mon	\$ 640.00
Other minish	φ 290.0°			\$ 040.00
Invertebrates	\$ 290.00	O Tro	ut	\$ 50.00
TOTAL FEES REMITTED: \$				
I am (we are) the first individual(s) to purchase fish or act as first receiver of fish from the fisher YES N				ES NO
If yes, please indicate:	1) Workers' Compensat	rs' Compensation Board Registration Number		
	Revenue Canada Employer Account Number			
1/ x) de est e releva de Cale I/ x) e et en en est de Cale II -				
If yes, indicate below, the names of companies or individuals for whom you are processing:				
Name of Company/Individual	Telephone Number	Name of Company/Inc	dividual Tel	ephone Number
STATEMENT OF AGREEMENT	<u> </u>		I	
Permanent residency is required to o				resides outside
Canada, the enterprise must incorpo	rate as a BC company and	I operate from a permanent	location in BC.	
I (we) the undersigned certify that the	e information provided on t	his application form is true,	correct and comp	lete.
, ,	,		r	
SIGNATURE OF APPLICANT		NAME OF APPLICANT		TE SIGNED
Please note: Unsigned applications will be returned. The Ministry reserves a 30 day turnaround policy on all applications recommendations are all applications recommendations.				
MINISTRY USE ONLY			LICENCE	L#