

Fisheries and Aquaculture Licensing and Compliance Branch

G.A. Service Code: 0550 2500 Cliffe Avenue Courtenay BC V9N 5M6

Phone: 250-897-7540 Fax: 250-334-1410

APPLICATION FOR A FISH BROKER L			
NAME OF REGISTERED COMPANY OR INDIVIDUAL APPLYING FOR LICENCE (PLEASE PRINT)	FOR LICENCE YEAR (ALL LICENCES EXPIRE ON		
	DECEMBER 31 <sup>ST</sup> )	2008	
DOING BUSINESS AS (IF DIFFERENT THAN ABOVE)	CONTACT PERSON	:	
MAILING ADDRESS OF COMPANY OR INDIVIDUAL APPLYING FOR LICENCE	BC COMPANY NUMBER		
THE REPORT OF THE PROPERTY OF			
CITY OR TOWN	PROVINCE	PROVINCE POSTAL CODE	
NAME TO APPEAR ON LICNECE (IF DIFFERENT THAN ABOVE)	TELEPHONE FAX NUMBER NUMBER		
INDIVIDUALS ONLY – ATTACH A COPY OF YOUR IDENTIFICATION (IE: DRIVER LICENCE; BIRTH CERTIFICATE ETC) Please indicate type:		BER	
IF YOUR MAILING ADDRESS IS A BOX NUMBER YOU MUST IDENTIFY A PHYSICAL ADDRESS ON THE LINE BELOW:	EMAIL: ADDRESS		
Please indicate the categories you are requesting, total the fees and write the amount in the fees remitted column. Your cheque or money order should be made payable to the Ministry of Finance. A service charge of \$20 will be levied for all dishonored cheques.			
FINFISH BROKER (OTHER THAN SALMON OR ROE HERRING)			\$ 150.00
INVERTEBRATE BROKER			\$ 150.00
ROE HERRING BROKER			\$ 230.00
SALMON BROKER			\$ 230.00
TOTAL FEES REMITTED: \$			
Workers' Compensation Board Registration Number:			
Revenue Canada Employer Account Number:			
STATEMENT OF AGREEMENT			
A Fish Broker Licence may be issued by the minister to a person who			
<ul> <li>a) is a citizen or permanent resident of Canada who resides in B.C. or who has a registered declaration under section 88 of the <i>Partnership Act</i>,</li> <li>b) maintains a registered office in B.C. under the <i>Company Act</i> or the <i>Partnership Act</i>, or</li> </ul>			
<ul> <li>b) maintains a registered office in B.C. under the Company Act or the Partnership Act, or</li> <li>c) has a registered declaration under section 81 or 88 of the Partnership Act.</li> </ul>			
I (we) the undersigned certify that the information provided on this application form is true, correct and complete.			
SIGNATURE OF APPLICANT PRINTED NAME OF APPLICA	NT	DATE SI	GNED
Please note: Unsigned applications will be returned.			
The Ministry reserves a 30 day turnaround policy on all applications received.			