



**APPLICATION FOR A FISH OR MARINE PLANT PROCESSING AND/OR COLD STORAGE LICENCE**

NAME OF REGISTERED COMPANY OR INDIVIDUAL APPLYING FOR LICENCE (PLEASE PRINT)		FOR LICENCE YEAR (ALL LICENCES EXPIRE ON DECEMBER 31 <sup>ST</sup> )	
DOING BUSINESS AS (IF DIFFERENT THAN ABOVE)		2008	
MAILING ADDRESS OF COMPANY OR INDIVIDUAL APPLYING FOR LICENCE		CONTACT PERSON	
CITY OR TOWN		BC COMPANY NUMBER	
NAME TO APPEAR ON LICENCE (IF DIFFERENT THAN ABOVE)		PROVINCE	POSTAL CODE
STREET ADDRESS (if your mailing address is a box number, you must also identify a physical address on the line below)		TELEPHONE NUMBER	FAX NUMBER
FACILITY ADDRESS (If different from above)		CELL NUMBER	
INDIVIDUALS ONLY - Enclose a copy of your identification (ie: drivers licence, birth certificate etc) Please indicate type of ID enclosed:		EMAIL ADDRESS	

Please indicate the categories you are requesting, total the fees and write the total amount in the fees remitted box. Cheques should be made payable to the **Ministry of Finance**. A service charge of \$20 will be levied for all dishonored cheques.

<input type="checkbox"/> Commercial Salmon Cannery (Producing 72,000+ lbs or 1500+ STANDARD CASES)	\$ 1800.00	<input type="checkbox"/> Marine Plants	\$ 210.00
<input type="checkbox"/> Commercial Salmon Cannery (Producing less than 72,000 lbs or 1500 standard cases)	\$ 900.00	<input type="checkbox"/> Fish not for human consumption	\$ 210.00
<input type="checkbox"/> Cold Storage for facilities in excess of 80 cubic meters capacity	\$ 420.00	<input type="checkbox"/> Roe Herring	\$ 640.00
<input type="checkbox"/> Cold Storage for facilities not in excess of 80 cubic meters capacity	\$ 110.00	<input type="checkbox"/> Sport Caught Fish	\$ 210.00
<input type="checkbox"/> Other finfish	\$ 290.00	<input type="checkbox"/> Salmon	\$ 640.00
<input type="checkbox"/> Invertebrates	\$ 290.00	<input type="checkbox"/> Trout	\$ 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		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>If yes, please indicate:</b>	1) Workers' Compensation Board Registration Number		
	2) Revenue Canada Employer Account Number		
I (we) do not purchase the fish, I (we) custom process the fish:		<input type="checkbox"/> YES	<input type="checkbox"/> NO

**If yes, indicate below, the names of companies or individuals for whom you are processing:**

Name of Company/Individual	Telephone Number	Name of Company/Individual	Telephone Number

**STATEMENT OF AGREEMENT**

Permanent residency is required to obtain a Fish Processing Licence in the Province of BC. If an individual resides outside Canada, the enterprise must incorporate as a BC company and operate from a permanent location in BC.

I (we) the undersigned certify that the information provided on this application form is true, correct and complete.

SIGNATURE OF APPLICANT	PRINTED NAME OF APPLICANT	DATE SIGNED
<b>Please note: Unsigned applications will be returned. The Ministry reserves a 30 day turnaround policy on all applications received.</b>		
MINISTRY USE ONLY	LICENCE #	