

## Ministry of Agriculture, Food and Fisheries Food Safety and Quality Branch Health Management and Regulatory

## LICENCE APPLICATION

Part A: Applicant Inform	ation							
IF APPLICANT IS A COMPANY, INCLUDE NA	ME AND INCORPORA	TION #; ADDI	TIONALLY, LIST THE FULL NAM	IES, TITLES AND ADDRES	SES OF THE OFFI	CERS. USE BACK OF APPLIC	CATION FORM.	
APPLICANT NAME IN FULL Surname				First		Initial		
2. MAILING ADDRESS		POSTAL	CODE					
				CITY		1 001112	0002	
3. TELEPHONE (BUSINESS) AREA CODE		TELEPHONE AREA CODE	(RESIDENCE)	FA	X REA CODE			
( )		(	)	1(	)			
Part B: Farm Details		772						
1. PROVIDE DIRECTIONS TO THE FARM. US	E BACK OF APPLICA	TION FORM.						
2. FARM ADDRESS (IF DIFFERENT FROM AE	BOVE)							
3 DROPOSED EENICED AREA (hactaras)	4. LAND OWNERSH	up.	E BRODERTY TAY FOLIO MIL	4050	a paper inc	NITIFICATION NI IMPER		
A SELECTION ASSESSMENT A SELECTION OF THE EXAMPLE BY COMPANY OF THE ASSESSMENT TO		EASED	5. PROPERTY TAX FOLIO NUMBER		b. PARCEL IDE	6. PARCEL IDENTIFICATION NUMBER		
7. LEGAL DESCRIPTION OF FENCED AREA	PHIVATE L	LEASED						
<ol> <li>ATTACH COPY OF (a) LAND TITLE, OR (b) IF LEASED, ATTACH CERTIFIED OR NOTA</li> </ol>								
Part C: Development Pla	n (In this sect	ion, pleas	se describe your prop	osal thoroughly)			Selva Pri	
1. FACILITIES DRAWING: SKETCH YOUR PR					ER.			
2. SPECIES						CING MANUFACTURER		
6. BREEDING STOCK SUPPLIER		7. ADDRESS	3			8. GAME FARM LI	CENCE NO.	
Part D: Additional inform	200000000000000000000000000000000000000							
IF YOU WISH TO PROVIDE ADDITIONAL INFO ATTACHING IT TO THIS APPLICATION.	ORMATION (E.G., REI	LATED EXPE	RIENCE) OR REQUEST SPECIF	C INFORMATION, PLEASE	DO SO BY INCLU	DING IT ON A SEPARATE SH	IEET AND	
Part E: Payment and Dec	claration	Members						
REMIT APPLICATION FEE OF \$200.00 BY CH	EQUE OR MONEY OF	RDER PAYAB	LE TO THE MINISTER OF FINAN	ICE AND CORPORATE RE	LATIONS.			
I RECOGNIZE THAT THIS APPLICATION DOE	S NOT IMPLY APPRO	OVAL FOR TH	E ISSUANCE OF A GAME FARM	LICENCE. I ALSO AUTHO	RIZE THE MINISTE	RY OF AGRICULTURE, FISHE	ERIES AND	
FOOD TO OBTAIN FURTHER INFORMATION	AS NECESSARY AND	DECLARE T	HAT THE ABOVE INFORMATION	N IS TRUE AND ACCURAT	E.			
SIGNATURE						DATE		
NAME AND TITLE PRINTED						2019-01-201		
Office Use Only								
LICENCE FEE (\$) RECEI	PT NUMBER		DATE RECEIVED	B.C.A.A. CON	FIRMATION	FACILITIES SKETCH		
COLUMENTO								
COMMENTS								
					The state of the s			
PROVISIONAL APPROVAL						DATE		

The personal information requested on this form is collected under the authority of the *Game Farm Act* and is subject to the provisions of the *Freedom of Information and Protection of Privacy Act* (RSBC 1996, c.165). If you have any questions about the collection and use of this information, please contact the Health Magazanest and Pagazanest and the Health Management and Regulatory Unit.

Send to:
Ministry of Agriculture, Food and Fisheries
Food Safety & Quality Branch, Health Management & Regulatory 1767 Angus Campbell Road Abbotsford, B.C. V3G 2M3 Telephone (604) 556-3093, Toll Free 1-877-877-2474, Fax (604) 556-3015

Part A: Applicant Inform			
OFFICERS' NAMES	TITLES	ADDRESSES	
		-	
Part B: Farm Details (co	ontinued)		
I. DIRECTIONS TO THE FARM AND FACILI	TIES: E.G., 25 KM NORTH OF QUESNEL ON HWY 97, WEST	ON EAST LAKE RD FOR 45 KM, RIGHT ON TAYLOR RD FOR 1 KM, DRIVEWAY ON	NRIGHT.
Part C: Development Pl	an (continued)		
I. FACILITIES DRAWING: INCLUDE PROPO	SED PERIMETER AND INTERNAL FENCES, GATES, BUILDII	INGS, HANDLING FACILITIES, APPROXIMATE DIMENSIONS OF FENCED AREAS, A	ND
GEOGRAPHICAL LANDMARKS SUCH AS	DUGOUTS, CREEKS, WOODED AREAS, HILLS, ETC.		N
			A -
		W <	<b>≪</b> ≻ E
			Š
			3
<i>pa</i> *			