

APPLICATION FOR PERMIT TO SERVE MEAT OF WILD ANIMAL
A \$20.00 permit fee must accompany this application.

SEND THIS APPLICATION AND FEE TO:

WILDLIFE PERMITS CLERK
MANITOBA CONSERVATION
WILDLIFE AND ECOSYSTEM
PROTECTION BRANCH
BOX 24-200 SAULTEAUX CRESCENT
WINNIPEG MB R3J 3W3
TELEPHONE: 204-945-1893
FAX NO.: 204-948-2756

OR THE NEAREST MANITOBA CONSERVATION
DISTRICT OFFICE TO THE EVENT.
ATTN.: NATURAL RESOURCE OFFICER

- Your cheque should be made payable to "The Minister of Finance."
- An application shall be made not less than 15 days before the proposed date when the meat is to be served.
- A Serve Meat of Wild Animal Permit authorizes a commercial food preparation facility to possess/serve the meat of a wild animal.
- A Serve Meat of Wild Animal Permit does not authorize the sale, trade or barter of the meat or the meal which the meat is part of.
- For information on this or any other permit contact the WILDLIFE PERMITS CLERK.

NAME OF COMMERCIAL FOOD PREPARATION FACILITY:	FACILITY CONTACT PERSON:	TELEPHONE NUMBER BUSINESS:
		RESIDENCE:
ADDRESS:	CITY OR TOWN:	POSTAL CODE:
MB		

PROVIDE THE FOLLOWING PARTICULARS CONCERNING WHERE THE MEAT WILL BE PREPARED AND SERVED (if locations are different list both):

NAME AND COMPLETE ADDRESS/LOCATION OF PREMISES
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PROVIDE THE FOLLOWING INFORMATION ON THE ORGANIZATION/EVENT THE MEAT IS BEING PREPARED OR SERVED FOR:

NAME OF ORGANIZATION/EVENT:	ORGANIZATION/EVENT CONTACT PERSON:	TELEPHONE NUMBER BUSINESS:
		RESIDENCE:
ADDRESS:	CITY OR TOWN:	POSTAL CODE:
MB		
NATURE OR PURPOSE OF THE EVENT	EVENT DATE:	
	EVENT TIME:	

PROVIDE THE INFORMATION INDICATED BY THE FOLLOWING HEADINGS CONCERNING THE ORIGIN OF THE MEAT TO BE SERVED (attach sheet if space is insufficient):

NAME	SPECIES	LICENCE/PERMIT NUMBER	QUANTITY

It is hereby certified that the information provided in this application is accurate to the best of my knowledge. It is understood that the restrictions applicable to the serving of the meat of a wild animal, and request that a permit to serve the meat of wild animal for the purposes described herein be issued.

SIGNATURES:

DATE SIGNED:

ORGANIZATION/EVENT

COMMERCIAL FOOD PREPARATION FACILITY

FOR DEPARTMENT USE ONLY

DISTRICT COMMENTS:

RECOMMENDED:

YES - NO -

DATE:

OFFICER'S SIGNATURE: