

## Ministry of Agriculture Plant and Animal Health Branch Livestock Health Management

Plant and Animal Health Branch Livestock Health Management and Regulatory Unit 1767 Angus Campbell Rd Abbotsford BC V3G 2M3 Ph: (604) 556-3093

Fax: (604) 556-3015 Toll Free: 1-877-877-2474

## GAME FARM LICENCE APPLICATION

Part A: Applicant Informati	ion					
IF APPLICANT IS A COMPANY, INCLUDE	COMPANY NAME AND INCORPO	RATION NU	MBER. ALSO LIST FULL NAMES	S, TITLES A	ND ADDRESSES OF THE OFFICE	RS ON BACK OF APPLICATION FORM.
APPLICANT NAME Surname			First			Initial
MAILING ADDRESS			CITY	Y POSTAL CODE		FAX NO.
EMAIL ADDRESS			HOME PHONE NO.	E	BUSINESS PHONE NO.	CELL PHONE NO.
Part B: Farm Details						
PROVIDE DIRECTIONS TO THE FARM ON	BACK OF APPLICATION FORM.					
FARM ADDRESS (if different from mailing	g address)			(	CITY	POSTAL CODE
,	,					
PROPOSED FENCED AREA (HECTARES)	LAND OWNERSHIP		BC ASSES	SMENT RO	LL	PARCEL IDENTIFIER (PID)
,	PRIVATE ☐ LEASED ☐	AREA	JURISDICTION	ROLL		` '
LEGAL LAND DESCRIPTION (e.g. Section,						
ATTACU CODY OF LAND TITLE OR CURRE	ALT DE ACCECCAMENT AUTHORIT	/ NOTICE IF	LEASED ATTACH CERTIFIED	ND 4107401	750 CODY OF LEASELIOLD AGD	FERMENT
ATTACH COPY OF LAND TITLE OR CURRE	NI BC ASSESSMENT AUTHORIT	NOTICE. IF	LEASED, ATTACH CERTIFIED O	JR NOTAKI.	ZED COPY OF LEASEHOLD AGKI	EEMENI.
Part C: Development Plan						
FACILITIES DRAWING: SKETCH YOUR PR	OPERTY ON THE BACK OF THIS	APPLICATION	N FORM OR ON A SEPARATE SE	HEET OF PA	APER.	
SPECIES	M F		FENCING TYPE AND HEIGHT			
BREEDING STOCK SUPPLIER (Name and A	ddress)					
Part D: Additional Informa	tion					
IF YOU WISH TO PROVIDE ADDITIONAL	INFORMATION (E.G. RELATED E)	(PERIENCE)	OR REQUEST SPECIFIC INFORM	ATION, PL	LEASE INCLUDE IT ON A SEPARA	ATE SHEET AND ATTACH TO APPLICATION.
Part E: Payment and Declar	ration					
REMIT \$200.00 APPLICATION FEE BY CHE		E TO THE MI	NISTER OF FINANCE.			
	DES NOT IMPLY APPROVAL FOR T	HE ISSUANC	E OF A GAME FARM LICENCE.	I ALSO AU	THORIZE THE MINISTRY OF AGE	RICULTURE TO OBTAIN FURTHER INFORMATION
PREMISES IDENTIFICATION NUMBER IN T	THE MAIL IF YOU HAVE NOT PREV NTIFYING, PREVENTING, CONTRO	/IOUSLY REG DLLING OR E	SISTERED YOUR PREMISES. PRE RADICATING A NOTIFIABLE OR	EMISES IDE REPORTAE	NTIFICATION INFORMATION M BLE DISEASE; 2. ASSESSING AND	NTIFICATION SYSTEM. YOU WILL RECEIVE A AY BE USED FOR THE FOLLOWING PURPOSES: ADDRESSING THREATS TO ANIMAL HEALTH;
	SIGNATURE					DATE
Office Use Only	<del>-</del>					
Office Use Only						

THE INFORMATION REQUESTED ON THIS FORM IS COLLECTED AND MAY BE DISCLOSED UNDER THE AUTHORITY OF PART 2 AND 3 OF THE ANIMAL HEALTH ACT, AND THE GAME FARM REGULATION.

IF YOU HAVE ANY QUESTIONS ABOUT THE COLLECTION AND USE OF THIS INFORMATION, PLEASE CONTACT THE LIVESTOCK HEALTH MANAGEMENT AND REGULATORY UNIT.

Part A: Applicant Information (for a company)						
OFFICERS' NAMES	TITLES	ADDRESSES				
Part B: Farm Details (continued)						
DIRECTIONS TO THE FARM AND FACILITIES (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 right)						
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## Part C: Development Plan (continued)

FACILITIES DRAWING: INCLUDE PROPOSED PERIMETER AND INTERNAL FENCES, GATES, BUILDINGS, HANDLING FACILITIES, APPROX DIMENSIONS OF FENCED AREAS, AND GEOGRAPHICAL LANDMARKS SUCH AS DUGOUTS, CREEKS, WOODED AREAS, HILL, ETC.