



FISH RECEIVER LICENCE APPLICATION

LEGAL BUSINESS NAME <u>OR</u> LEGAL NAME OF INDIVIDUAL APPLYING FOR LICENCE			FOR LICENCE YEAR
DOING BUSINESS AS (if different from above)			BC INCORPORATION #
BUSINESS MAILING ADDRESS			BUSINESS TYPE (✓one):
CITY	PROVINCE	POSTAL CODE	CORPORATION <input type="checkbox"/>
BUSINESS EMAIL ADDRESS (providing e-mail address indicates your approval to communicate via e-mail)			FIRST NATION <input type="checkbox"/>
			PARTNERSHIP <input type="checkbox"/>
			SOCIETY <input type="checkbox"/>
			SOLE PROPRIETOR <input type="checkbox"/>
CONTACT NAME		BUSINESS CELL #	
BUSINESS PHONE #		BUSINESS FAX #	

Select (✓) the applicable categories and total the fees below:

	FINFISH (OTHER THAN SALMON OR ROE HERRING)	\$ 150.00
	INVERTEBRATE	\$ 150.00
	ROE HERRING	\$ 230.00
	SALMON	\$ 230.00
TOTAL FEE REMITTED		\$
<ul style="list-style-type: none">Cheque made payable to Minister of Finance\$30 service charge for dishonored cheques		

Do you receive fish directly from a commercial fisher?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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APPLICATION CONTINUED ON REVERSE

TYPE OF FISH RECEIVER: Select (✓) one only

<input type="checkbox"/>	VEHICLE	Year	Make	Model
		Licence Plate #		VIN

Copy of vehicle registration must be submitted with your application.

<input type="checkbox"/>	SHORE STATION	Shore Station Address/Geographic Location		
		City	Province	Postal Code

<input type="checkbox"/>	VESSEL	Name of Vessel		
		VRN		

REGISTERED OWNER CONSENT:

The registered owner of the vehicle or vessel listed above must provide their written consent.

I certify that I am the registered owner of the vehicle or vessel listed above. I acknowledge that if this application is approved, my vehicle or vessel information will be identified on the licence.

Registered Owner's Signature

Print Name

Phone #

Date Signed

APPLICANT DECLARATION:

I certify that I am authorized to sign and submit this form. I also declare that all information provided on this form is true and correct to the best of my knowledge.

Applicant Signature (or company designate)

Print Name & Position Title

Date Signed

The personal information on this application is collected by the Ministry of Agriculture and Food under the authority of the Fish and Seafood Act (S.B.C.) and section 26(c) of the Freedom of Information and Protection of Privacy Act. The information will be used for the purpose of administering and enforcing the Fish and Seafood Act (S.B.C.). For questions regarding the collection of personal information, please contact the Ministry of Agriculture and Food, 2500 Cliffe Avenue, Courtenay BC V9N 5M6 778-225-0978.