



SEAFOOD PROCESSOR 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): CORPORATION FIRST NATION PARTNERSHIP SOCIETY SOLE PROPRIETOR
CITY	PROVINCE	POSTAL CODE	
FACILITY ADDRESS (IF DIFFERENT FROM BUSINESS MAILING ADDRESS)			
CITY	PROVINCE	POSTAL CODE	
BUSINESS EMAIL (providing email indicates your approval to communicate via email)		CONTACT NAME	
BUSINESS PHONE #	BUSINESS CELL #	BUSINESS FAX #	

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

COMMERCIAL SALMON CANNERY (PRODUCING > 32.66 TONNES)	\$ 1,800.00	AQUATIC PLANTS	\$ 210.00
COMMERCIAL SALMON CANNERY (PRODUCING < 32.66 TONNES)	\$ 900.00	ROE HERRING	\$ 640.00
COLD STORAGE (CAPACITY > 80 CUBIC METRES)	\$ 420.00	SPORT CAUGHT FISH	\$ 210.00
COLD STORAGE (CAPACITY < 80 CUBIC METRES)	\$ 110.00	SALMON	\$ 640.00
FINFISH (OTHER THAN SALMON OR ROE HERRING)	\$ 290.00	FRESH WATER FISH	\$ 50.00
INVERTEBRATES	\$ 290.00		
TOTAL FEE REMITTED	\$	<ul style="list-style-type: none"> Cheque made payable to Minister of Finance \$30 service charge for dishonored cheques 	
Did you develop and implement a written Food Safety Plan & Sanitation Plan as required by regulation? Failure to develop and implement these plans may result in your licence being denied.			Yes No
Is your processing facility new or been altered in the past year? <i>*If yes, please include a copy of the design/construction plans of the processing facility with this application.</i>			Yes* No

APPLICATION CONTINUED ON REVERSE

FACILITY PROFILE:

1. **Do you export product out of British Columbia (BC)?** Yes No
2. **Are you federally licensed by the Canadian Food Inspection Agency (CFIA)?** Yes No
If Yes, please enter your Safe Food for Canadians licence number:
3. **Do you conduct retail sales of seafood from the same location as your processing facility?** Yes No
4. **Are you inspected by a Regional Health Authority (RHA)?** Yes No
5. **Is your business seasonal?** Yes No If Yes, check all months of operation:
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
6. **Do you can or retort any product?** Yes No
7. **Do you handle live oysters intended for raw consumption?** Yes No
If Yes, please indicate your supplier(s) of live oysters:
8. **Do you handle any other live products (eg: crabs, clams, rockfish)?** Yes No
If Yes, list species:
9. **Do you handle any other bivalve shellfish?** Yes No
If Yes, please indicate your supplier(s) of bivalve shellfish:
10. **Do you handle any marine cultured finfish?** Yes No
If Yes, please indicate your supplier(s) of marine cultured finfish:
11. **Do you produce any ready-to-eat products (eg: sushi, hot or cold smoked product, sashimi)?** Yes No
If Yes, list products:
12. **Do you cold store products other than fish or seafood?** Yes No
If Yes, list products:
13. **Do you handle or distribute shark fin or any shark fin derivatives?** Yes No
If Yes, please indicate your supplier(s) of shark fin:

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
(yyyy/mm/dd)

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, PO Box 9120 Stn Prov Govt, Victoria BC V8W 9B4, 778 405-1552.