



## FISH RECEIVER LICENCE APPLICATION

Please Print

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 (please <input checked="" type="checkbox"/> one): CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> SOCIETY <input type="checkbox"/>
CITY	PROVINCE	POSTAL CODE	
EMAIL ADDRESS (providing e-mail address indicates your approval to communicate via e-mail)			
CONTACT NAME		POSITION TITLE	
PHONE #	CELL #	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
<b>Total Fees Remitted</b>		<b>\$</b>
<ul style="list-style-type: none"> <li>• Cheque made payable to Minister of Finance</li> <li>• \$30 service charge for dishonoured cheques</li> </ul>		

Do you receive fish directly from a commercial fisher? <span style="margin-left: 100px;"><input type="checkbox"/> YES</span> <span style="margin-left: 50px;"><input type="checkbox"/> NO</span>
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**APPLICATION CONTINUED ON REVERSE**

**TYPE OF FISH RECEIVER: Select (✓) one only**

<b>VEHICLE</b>	Year	Make	Model
	Licence Plate #		VIN

**Copy of vehicle registration must be submitted with your application.**

<b>SHORE STATION</b>	Shore Station Address/Geographic Location		
	City	Province	Postal Code

<b>VESSEL</b>	Name of Vessel
	VRN

I am the registered owner of the vehicle or vessel above:  YES  NO

**If NO**, the registered owner of the vehicle or vessel must provide their written consent below. Failure to provide this information will result in your application being returned.

**REGISTERED OWNER'S CONSENT:**

I, \_\_\_\_\_ am the registered owner of the vehicle or vessel shown above.  
 Print **Owner's Name** (and company - if applicable)

I acknowledge that if this application is approved, my vehicle or vessel information will be identified on the licence.

\_\_\_\_\_  
**Registered Owner's signature**    Phone #    Date Signed

**APPLICANT DECLARATION:**

I hereby 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 under the authority of the Fish and Seafood Act (S.B.C.) and section 26 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, 2500 Cliffe Avenue, Courtenay BC V9N 5M6 250-897-7540 or 250-897-7542.*