

**Note:**

You will be asked to select a type of licence:

- Class 1, which permits one sale per week, has a licence fee of \$300.
- Class 2, which permits two sales per week, has a licence fee of \$600.
- Class 3, permits no limit on the number of sales per week, has a licence fee of \$1500.

Fields marked with an asterisk (\*) are mandatory.

Type of Application *	Type of Licence *	Operation Number (if applicable) (9999 )
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Revision		

**1. Business Application Type**

Type of Business \* (Select one)

☐ Corporation
 ☐ Partnership
 ☐ Individual
 ☐ Other Legal Entity (specify) \_\_\_\_\_

**2. Business Information** (for example the owner, operator or manager)

Business Registration Number (9-digit CRA Business Number)

Legal Name \*

Carrying on Business as

**Contact Information**

Last Name *		First Name *
Telephone Number *	Extension	Email Address
Website		

**Legal Address**

Unit Number	Street Number *	Street Name *	PO Box
911 Number		County	
Lot		Concession	
City/Town *		Province *	Postal Code *

**Operation Mailing Address** ☐ Check if same as Legal Address

Unit Number	Street Number *	Street Name *	PO Box
911 Number		County	
Lot		Concession	
City/Town *		Province *	Postal Code *

### 3. Location of Operation (Description)

☐ Check if same as Legal Address

Unit Number	Street Number *	Street Name *	PO Box
911 Number		County	
Lot		Concession	
City/Town *		Province *	Postal Code *

### 4. Business Profiles

Average Gross Return per sale in previous calendar year (\$) \*

#### Sales Schedule

Day of the Week	Schedule Start Time H:MM or HH:MM (AM/PM)
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

### 5. Actual Address of Operation

☐ Check if same as Legal Address

Unit Number	Street Number *	Street Name *	PO Box
911 Number		County	
Lot		Concession	
City/Town *		Province *	Postal Code *

### 6. Security

In addition to providing this information, you are required to attach a document from your Bank, Broker or Insurance Company indicating this information.

Name of Bank, Broker or Insurance Company \*

Telephone Number *	Contract Number *
Amount (\$) *	Expiry Date (yyyy/mm/dd) *

## 7. Loss and Damage Insurance

In addition to providing this information, you are required to attach a document from your Insurer indicating this information.

Insurer \*

Telephone Number *	Policy Number *	Expiry Date (yyyy/mm/dd) *
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## 8. Declaration

Personal Information on this form and all supporting documents are collected under the authority of the Livestock Community Sales Act and Regulation 729. Questions about the collection of information on this form should be directed to the Agricultural Information Contact Centre at 1-877-424-1300.

I, the undersigned, certify that the following information, to the best of my knowledge, true, and correct. I undertake to furnish to the Director, Animal Health and Welfare Branch, details of any changes from the facts stated in this application within 15 days from the date changes are made.

☐ I certify that the information submitted in this application is true and correct to the best of my knowledge. \*

Name (First and Last Name) *	Title of Official	Date (yyyy/mm/dd) *
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Cheques or money orders must be made out to the Minister of Finance. A cheque tendered to the Government of Ontario and not honoured by your bank will be subject to a service charge.

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**Completed application, supporting documents and payment should be returned to:** The Director, Ministry of Agriculture, Food and Rural Affairs, Animal Health and Welfare Branch, 1 Stone Road West, 5 North West, Guelph ON N1G 4Y2, 519-826-6601.