

Application for a Non-Shopkeeper-Distributor Licence

Pursuant to the *Milk Act* (R.S.O. 1990, c.M12) and Regulation 761

Fields marked with an asterisk (*) are mandatory.

Type of Application *

 New

 Renewal

Licence Number (6-digit) (required if a renewal) *

Section 1. Business Information

Legal Business Name (the licence will be issued under the Legal Business Name) *

Business Operating Name (if different than Legal Business Name)

Physical Address

Unit Number	Street Number *	Street Name *	PO Box
City, Town or Village *		Province *	Postal Code *

Office or Mailing Address

 Check if same as Physical Address

Unit Number	Street Number *	Street Name *	PO Box
City, Town or Village *		Province *	Postal Code *

Section 2. Applicant Information

Last Name *	First Name *
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Position Title *

Email Address	Telephone Number * ext.
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Canada Revenue Agency (CRA) Business Number

Do you have a CRA Business Number? *

 Yes No

If yes, provide CRA Business Number (9-digit)

If no, indicate your reason for exemption (select one)

 CRA Business Number Exemption

(My business has no employees and/or it earns under \$30,000 in gross revenue. Therefore, I confirm I am not legally required to obtain a CRA business number under the *Income Tax Act* (Canada).)

 Religious Exemption

(I confirm although I am legally required to obtain a CRA business number under the *Income Tax Act* (Canada), I have not obtained one because I have a sincerely held belief that doing so would be or is contrary to my religion, belief or conscience.)

Section 3. Depot Information

Do you have one or more depot locations*

Depot locations are locations under your care and control at which fluid milk products are stored or transferred as part of your business as a non-shopkeeper-distributor.

Yes No

Depot Location 1

Unit Number

Street Number *

Street Name *

City, Town or Village *

Province *

Postal Code *

Depot Location Type * (select one)

- Building with refrigeration equipment
- Cross-dock (location where fluid milk products are transferred from one truck to another)
- Immobilized refrigerated trailer
- Refrigerated warehouse

Depot Location 2

Unit Number

Street Number *

Street Name *

City, Town or Village *

Province *

Postal Code *

Depot Location Type * (select one)

- Building with refrigeration equipment
- Cross-dock (location where fluid milk products are transferred from one truck to another)
- Immobilized refrigerated trailer
- Refrigerated warehouse

Depot Location 3

Unit Number

Street Number *

Street Name *

City, Town or Village *

Province *

Postal Code *

Depot Location Type * (select one)

- Building with refrigeration equipment
- Cross-dock (location where fluid milk products are transferred from one truck to another)
- Immobilized refrigerated trailer
- Refrigerated warehouse

Depot Location 4

Unit Number

Street Number *

Street Name *

City, Town or Village *

Province *

Postal Code *

Depot Location Type * (select one)

- Building with refrigeration equipment
- Cross-dock (location where fluid milk products are transferred from one truck to another)
- Immobilized refrigerated trailer
- Refrigerated warehouse

Section 4. Supplier Information

Please provide the business name and Non-Shopkeeper Distributor (NSD) licence number for your fluid milk suppliers. For a list of licenced NSDs, go to [Guidelines for non-shopkeeper distributors of fluid milk products | ontario.ca](https://www.ontario.ca/guidelines-for-non-shopkeeper-distributors-of-fluid-milk-products).

Supplier 1

Supplier Business Name *

Supplier NSD Licence Number (6-digit) *

Supplier 2

Supplier Business Name *

Supplier NSD Licence Number (6-digit) *

Supplier 3

Supplier Business Name *

Supplier NSD Licence Number (6-digit) *

Supplier 4

Supplier Business Name *

Supplier NSD Licence Number (6-digit) *

Do you pick up milk at your supplier's depot location(s)? *

Yes No

Do your suppliers deliver milk to your depot location(s)? *

Yes No

Section 5. Delivery Information

Are there non-dairy products that will be distributed on the vehicle(s) (e.g. produce, meat, eggs, chemicals etc.)? *

Yes No

If yes, please select the appropriate checkbox(es) below:

- chemicals
- fresh, uncooked meat, poultry, eggs, fish
- packaged food products
- produce (fruits and vegetables)
- other

If other, please specify

If yes, please select what type of segregation exists between the fluid milk products and non-dairy products? (all that apply)

- adequate space between non-compatible products
- physical barrier
- wrapped skids/pallets

Section 6. Attestations

I hereby apply for a Non-Shopkeeper-Distributor licence under the *Milk Act* and the regulations and in support of this application declare the information on this application form and attachments to be true.

By signing this form, I understand and agree the Government of Ontario may verify any information provided herein to ensure it is correct and accurate. I further understand and agree the Government of Ontario may use any information provided herein for other purposes, such as auditing, verifying other information I have provided to the Government of Ontario and the collection of any debts I may owe to the Government of Ontario.

Any information and all supporting documents required for this application are collected for and will be used to verify eligibility for a licence pursuant to Reg. 761 - Milk and Milk Products (*Milk Act*) and may be used for general enforcement and administration purposes under the *Milk Act*.

The information supplied on this form may be subject to disclosure under the *Freedom of Information and Protection of Privacy Act*.

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

Name of Applicant (First and Last Name) *
(Same as section 2 on this application)

Date (yyyy/mm/dd) *

As part of providing accessible service, you can also contact the Agricultural Information Contact Centre (AICC) at 1-877-424-1300 or by e-mail at ag.info.omafra@ontario.ca if you require this information in alternate formats.

For mail submission, send completed form and supporting documents to: Director (*Milk Act*), Ministry of Agriculture, Food and Rural Affairs, Food Safety Inspection Delivery Branch, 1 Stone Road West, 5th Floor North West, Guelph ON N1G 4Y2.