

Fields marked with an asterisk (*) are mandatory.

Section 1. Plant and Profile Details

Name of Authorized Operator of Plant

Last Name *

First Name *

Email Address *

Plant Number *

Plant Name *

Reason for Licence Revocation

Describe the change to operation *

Plant Closure

Plant Sold

No Longer Conducting Regulated Activities

Obtained Federal Licence

Other (please specify) _____

Effective Date for Change (yyyy/mm/dd) *

Section 2. Declaration

Notice

Take notice that no person shall carry on a licensed activity or operate a premises where a licensed activity is carried out unless the person holds a licence for the activity issued under the *Food Safety and Quality Act, 2001*.

Take further notice that it is an offence to contravene the *Food Safety and Quality Act, 2001* or its regulations.

I, the undersigned, certify that as of the effective date set out above, no activities requiring a licence issued under Ontario Regulation 465/19: Fish Processing will be carried out at my operation. I am requesting that the licence for the fish processing operation described above be revoked.

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

Name of Authorized Operator of Plant (First and Last Name) *

Date (yyyy/mm/dd) *

Section 3. For Office Use Only

Area Manager

Last Name

First Name

Signature

Date (yyyy/mm/dd)