## 2024-25 APPLICATION FOR FISH DEALER LICENCE



## **Licence Fee Structure**

Allow up to 20 working days for this application to be processed.

NEW APPLICATION: ☐ RENEWAL: ☐ Current Dealer #:

- This application will not be processed unless the required fee is included.
- Your cheque or money order should be made payable to "The Minister of Finance."
- It is your responsibility to be aware of the laws that pertain to fish dealing in Manitoba. Please ensure you understand the Fish Marketing Regulations that apply to you. Seel the regulations at: https://web2.gov.mb.ca/laws/regs/current/\_pdf-regs.php?reg=145/2017
- Licences expire November 30th of every year. You must renew your licence annually to continue to conduct commercial fish dealing activities.

| Purchased weight of fish (kgs) | Licence Fee<br>(check one) |
|--------------------------------|----------------------------|
| Less than 20,000               | \$100 <b>□</b>             |
| 20,000 to 99,999               | \$300                      |
| 100,000 or more                | \$1,000                    |

## **SEND THIS APPLICATION ANDIFEEITO:**

NATURAL RESOURCES AND INDIGENOUS FUTURES, FISHERIES BRANCH BOX 20 - 14 FULTZ BOULEVARD WINNIPEG MB R3Y 0L6

| APPLICANT'S FULL LEG  | AL NAME :                           | DATE OF BIRTH:                                      | NAME OF REGISTERED COM | NAME OF REGISTERED COMPANY: |  |
|---|-------------------------------------|---|------------------------|-----------------------------|--|
| MAILING ADDRESS AND PHYSICAL ADDRESS (PROVIDE BOTH IF DIFFERENT):   |                                     | REGISTERED COMPANY PHYSICAL ADDRESS (IF DIFFERENT): |                        |                             |  |
| CITY/TOWN:  |                                     | PROVINCE/STATE:                                     | CITY OR TOWN:          | PROVINCE:                   |  |
|   | TELEPHONE NUMBER(S):<br>(RESIDENCE) | (CELL)  | POSTAL/ZIP CODE:       | TELEPHONE NUMBER(S):        |  |
| EMAIL ADDRESS:  |                                     | COMPANY EMAIL ADDRESS:                              |                        |                             |  |
| LIST ALL LOCATIONS, INCLUDING NAME OF BUSINESS AND PHYSICAL ADDRESS WHERE FISH WILL BE RECEIVED, STORED AND PROCESSED BY APPLICANT (SUCH AS: MOBILE, TEMPORARY, SEASONAL, SHEDS, DELIVERY POINTS). AT LEAST ONE LOCATION MUST BE LISTED. (LOCATION MUST BE LISTED AS SECTION/TOWNSHIP/RANGE; LOT/BLOCK/PLAN, TITLE #, TAX ROLL #, OR LAT/LONG. FAILURE TO INCLUDE A SPECIFIC LOCATION MAY RESULT IN A DELAY IN YOUR APPLICATION OR DENIAL OF YOUR LICENCE.) (APPENDIX B OF LICENCE):  |                                     |   |                        |                             |  |
| LIST ALL PRINCIPALS (IF ANY) OF THE COMPANY ALONG WITH THEIR ADDRESS AND DATE OF BIRTH:  CASHIER VALIDATION BOX/MRO # (FOR OFFICE USE ONLY)  LIST ALL AGENTS/PERSONS, THEIR DATE OF BIRTH, AND PHYSICAL ADDRESS OF THOSE WHO WILL  BE RECEIVING FISH ON YOUR BEHALF (attach list if necessary (APPENDIX A OF LICENCE):  |                                     |   |                        |                             |  |
| I, NOR ANY PRINCIPAL OF THIS APPLICATION HAS HAD HIS OR HER COMMERCIAL FISHING LICENCE SUSPENDED, REVOKED OR CANCELLED WITHIN THE LAST FIVE YEARS. CHECK ONE: NO   YES   I, NOR ANY PRINCIPAL OF THIS APPLICATION HAVE HELD A FISH DEALER LICENCE THAT WAS REVOKED OR HAVE APPLIED FOR A FISH DEALER LICENCE THAT WAS DENIED. CHECK ONE: NO   YES   I, NOR ANY PRINCIPAL OF THIS APPLICATION HAVE HELD A FISH PROCESSING FACILITY LICENCE THAT WAS REVOKED OR HAVE APPLIED FOR A FISH PROCESSING FACILITY LICENCE THAT WAS REVOKED OR HAVE APPLIED FOR A FISH PROCESSING FACILITY LICENCE THAT WAS REVOKED OR HAVE APPLIED FOR A FISH PROCESSING FACILITY LICENCE THAT WAS REVOKED OR HAVE APPLIED FOR A FISH PROCESSING FACILITY LICENCE THAT WAS DENIED. CHECK ONE: NO   YES    HAVE YOU OR ANY PRINCIPAL OF THIS APPLICATION BEEN CONVICTED OF AN OFFENCE UNDER THE FISHERIES ACT (MANITOBA), THE FISHERIES ACT (CANADA), OR ANY REGULATION UNDER THESE ACTS IN THE LAST FIVE YEARS. CHECK ONE: NO   YES    IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS, PLEASE PROVIDE FURTHER DETAILS ON A SEPARATE SHEET.  NOTE: YOUR APPLICATION MAY BE DENIED IF YOU MAKE A FALSE STATEMENT OR IF YOU OR ANY PRINCIPAL OF YOUR COMPANY HAVE CONVICTIONS AS NOTED ABOVE.  I HEREBY CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.  FOR OFFICE USE ONLY:  DATE  APPLICANT SIGNATURE |                                     |   |                        |                             |  |
|   |                                     |   |                        |                             |  |

Note: This information is being collected under the authority of *The Fisheries Act* and will be used within the context of informing the public of who is licenced to purchase, sell and export fish. Your information is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, please contact: Access and Privacy Coordinator at fippa@gov.mb.ca or phone 945-1252. Selected contact information will be posted on the Department webpage.