

## Application for SaskMilk Dairy Entrant Assistance Program (DEAP)

### Basic Information:

Name of Enterprise (as it will appear on SaskMilk license) \_\_\_\_\_

Given Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Farm Land Location \_\_\_\_\_ RM # \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate/Cell Number \_\_\_\_\_

Email address \_\_\_\_\_ Fax Number \_\_\_\_\_

### Please answer all of the following questions:

	Yes	No
Are all of the applicants at least 18 years of age or older?	_____	_____
Has SaskMilk approved your dairy operation?	_____	_____
(If no, contact Deb Haupstein for assistance)	_____	_____
Have you been a licensed dairy producer in Saskatchewan within the past 5 years?	_____	_____
Have you had a past indirect or direct interest in quota or an existing dairy production unit?	_____	_____
If yes, please provide details:		
_____		
_____		
Do you NOW have any indirect or direct interest in any existing dairy production unit?	_____	_____
Do you currently own quota?	_____	_____
If yes, what is the amount:		
_____		

### Application Package Requirements Checklist:

1. Application Form for DEAP
2. Designated Representative Form
3. Corporate registry profile report (if applicable)
4. Certificate of incorporation (if applicable)
5. Articles of incorporation (if applicable)
6. Written plan for the operation that includes the following information (please provide as much detail as possible):
  - Description of the land, buildings, and equipment used or planned to be used for the proposed production facility;
  - Dairy industry knowledge and experience of the applicant, his/her family, employees, or other stakeholders; and
  - Proposed date of the start of production.

**The undersigned certify that the information herein contained is complete, true, and correct in all respects. The undersigned further grants permission for SaskMilk to verify and investigate all information contained on this form and in attached documentation.**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Witness \_\_\_\_\_

Print Name \_\_\_\_\_

# SASKMILK DESIGNATED REPRESENTATIVE FORM

470 Maxwell Crescent, Regina, SK S4N 6L7

Fax: (306) 949-2605

SaskMilk requires a record of signing authorities/designated representatives for each licensed producer. Please fill in this form and return by fax or mail to the SaskMilk office as soon as possible.

Legal name of licensed producer: \_\_\_\_\_

Producer ID #: \_\_\_\_\_

Name of signing authority for all milk-related **financial** matters (ie: levy, quota buying/selling, transfer credits and other financial issues and programs, etc.):

#1 (Required)

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

#2 (Optional)

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Name of signing authority for **production facility** (ie: licences, milk quality, CQM, etc.):

#1 (Required)

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

#2 (Optional)

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Name of signing authority for **governance**-related issues (ie: producer meeting attendance, voting, nominations, etc.):

#1 (Required)

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

#2 (Optional)

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Name of person(s) authorized to receive information related to the licensed production unit (not a signing authority):

#1 (Optional)

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_

#2 (Optional)

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_

If you have any specific requests such as witnessing documents for transfer credits or quota transactions please indicate on this form. If you have any questions, please call (306) 949-6999.

If any of the above authorities change you are responsible for notifying the Board office as soon as possible.

2021