APPLICATION FORM FOR LICENCE

APPLICANT

Applicant Name: _____

The Applicant hereby makes application to the Saskatchewan Milk Marketing Board ("**SaskMilk**") to obtain a:

Producer Licence _____   Milk Production Facility Licence _____ (check each licence as applicable)

Requested Effective Date of Licence: _____

Email: _____   Fax: _____   Phone: _____

Address: _____   City: _____   Prov: _____

Barn Land Location: _____   Postal Code: _____

By signing the below, the Applicant:

1) Undertakes to complete the Quota Limit Disclosure Form.

2) Certifies that each statement made by the Applicant in this application and the Quota Limit Disclosure Form is true and complete.

3) Acknowledges that SaskMilk may require the Applicant to submit any additional information that the board considers necessary in considering this application.

4) Certifies that any additional information submitted in support of this application is true and complete.

5) Certifies that the Applicant is, and will continue to be after the completion of the transactions set forth in this Application, in compliance with *The Milk Marketing Plan Regulations* and all of SaskMilk's published policies and orders.

6) Undertakes to notify SaskMilk if any of the information disclosed in the Quota Limit Disclosure Form changes.

7) Undertakes to notify SaskMilk if the Applicant does not comply with *The Milk Marketing Plan Regulations* or any of SaskMilk's published policies or orders at any time.

8) Acknowledges that SaskMilk may issue a licence subject to any terms and conditions that SaskMilk considers appropriate.

9) Acknowledges that SaskMilk has 90 days to either issue or refuse to issue a licence after the date of receipt of this application.

_____   _____
Signature of Applicant or Authorized Officer of Applicant   Witness Signature
                                                              Print name of witness:

Milk Production Facility Licence Approved by: _____ **Effective Date:** _____

Producer Licence Approved by: _____ **Effective Date:** _____