



P.O. Box 8700
St. John's, NL A1B 4J6

Fisheries, Forestry and Agrifoods

Application for a Fish Buyer's Licence

Company Name (Applicant): _____

Address: _____

Postal Code: _____

Telephone Number: _____ Fax Number: _____

Cell Phone Number: _____ Email Address: _____

Company Contact Person: _____

Phone Number: _____

Does the company hold a Food Establishment Licence? _____ If yes, Licence No. _____

Does the company have any outstanding debts with the Government of Newfoundland and Labrador?

Yes ___ No ___ If yes, please indicate the amount: \$ _____

Please provide details of outstanding debts

CRA Business #: _____ WHSCC Registration #: _____

Is the company in good standing with the Workplace, Health, Safety and Compensation Commission of Newfoundland and Labrador? Yes _____ No _____

Is your company registered with the Registry of Companies and Deeds? _____ If yes Company No. _____

I certify that the information contained in this application and the related documents are true and correct.

Date: _____ Signature: _____

Position in Company: _____ Print Name: _____

Note: This information is collected for the purpose of DFA to assess this application. For further information about the program or questions related to this application, please contact the Licensing Administrator, Licensing and Quality Assurance at Tel: (709) 729-3719.