

Date Received:

PROGRAM FUNDING REGISTRATION – Agri-Business Applicants

Business Contact Information (print or type)

Business Name

Mailing address	Town	Postal code
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Civic address (if different from above)	Town	Postal code
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Telephone	Cell	Fax
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Email

County (Select one)

- | | | | | | | |
|------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Annapolis | <input type="checkbox"/> Antigonish | <input type="checkbox"/> Cape Breton | <input type="checkbox"/> Colchester | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Digby | <input type="checkbox"/> Guysborough |
| <input type="checkbox"/> Halifax | <input type="checkbox"/> Hants | <input type="checkbox"/> Inverness | <input type="checkbox"/> Kings | <input type="checkbox"/> Lunenburg | <input type="checkbox"/> Pictou | <input type="checkbox"/> Queens |
| <input type="checkbox"/> Richmond | <input type="checkbox"/> Shelburne | <input type="checkbox"/> Victoria | <input type="checkbox"/> Yarmouth | | | |

Primary Contact Name: authorized to request, receive or change information

Title / Position

- | | | | | |
|---|---------------------------------------|-----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Owner/Operator/Partner | <input type="checkbox"/> CEO | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary | <input type="checkbox"/> Shareholder |
| <input type="checkbox"/> Executive Director | <input type="checkbox"/> Project Lead | <input type="checkbox"/> Manager | <input type="checkbox"/> President | |

Telephone	Cell	Email
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Additional Contact: authorized to request, receive or change information

Title / Position

- | | | | | |
|---|---------------------------------------|-----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Owner/Operator/Partner | <input type="checkbox"/> CEO | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary | <input type="checkbox"/> Shareholder |
| <input type="checkbox"/> Executive Director | <input type="checkbox"/> Project Lead | <input type="checkbox"/> Manager | <input type="checkbox"/> President | |

Telephone	Cell	Email
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Business Information (print or type)

A. Please identify your Business Sub-Type: (select one)

Sole Proprietor Partnership Corporation (for-profit) Corporation (Not-for-profit) Cooperative Other: _____

B. Is your organization registered with the Nova Scotia Registry of Joint Stocks?

Yes No If yes, please provide your RJS # _____

C. County where the Agri-Business Facility is located:

Annapolis Antigonish Cape Breton Colchester Cumberland Digby Guysborough
 Halifax Hants Inverness Kings Lunenburg Pictou Queens
 Richmond Shelburne Victoria Yarmouth

D. Please identify your current Business Operations (1 -4): select all that apply

1. <input type="checkbox"/> Processing Facility	<input type="checkbox"/> Meat	<input type="checkbox"/> Chicken <input type="checkbox"/> Turkey <input type="checkbox"/> Beef <input type="checkbox"/> Pork <input type="checkbox"/> Sheep <input type="checkbox"/> Other _____
	<input type="checkbox"/> Non Meat	<input type="checkbox"/> Dairy <input type="checkbox"/> Egg <input type="checkbox"/> Strawberry <input type="checkbox"/> Blueberry (High Bush) <input type="checkbox"/> Oilseed / Grain <input type="checkbox"/> Cranberry <input type="checkbox"/> Apples <input type="checkbox"/> Blueberry (Low-Bush) <input type="checkbox"/> Distillery <input type="checkbox"/> Brewery <input type="checkbox"/> Winery <input type="checkbox"/> Maple <input type="checkbox"/> Field Vegetable <input type="checkbox"/> Greenhouse Vegetable <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____

Is your processing facility: Provincially Inspected Yes No

Is your processing facility: Federally Inspected Yes No

Are you registered with the Canadian Food Inspection Agency? Yes No

If yes, please provide your CFIA registration # _____

2. <input type="checkbox"/> Abattoir Only	<input type="checkbox"/> Chicken	<input type="checkbox"/> Turkey <input type="checkbox"/> Beef <input type="checkbox"/> Pork <input type="checkbox"/> Sheep <input type="checkbox"/> Other _____
	<input type="checkbox"/> Sheep	<input type="checkbox"/> Other _____

Is your Abattoir Provincially Inspected? Yes No

Is your Abattoir Federally Inspected? Yes No

Are you registered with the Canadian Food Inspection Agency? Yes No

If yes, please provide your CFIA registration # _____

3. <input type="checkbox"/> Auction Facility	4. <input type="checkbox"/> Other: _____
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E. Do you have a Premise ID #? (this number is currently used for all traceability projects)

Yes No If yes, please provide your # _____

F. Please list your locally sourced raw agriculture inputs or products

Supplier	Location (County)	Phone #	Annual Purchases (approx....)

Statement of Certification

By submitting this registration form, I acknowledge and agree with the following:

- to the best of my knowledge and ability, that the information provided on this form is accurate;
- I consent to the disclosure and use of the information by officials of the Nova Scotia Department of Agriculture, officials of other programs offered by the Government of Canada or the Province of Nova Scotia, and cooperating funding partners, where the Information is relevant for the purposes of audit, analysis, evaluation, program development and determining assistance;
- I acknowledge that any information provided, unless disclosed in the manner and for the purposes to which I have consented above, will be subject to the confidentiality and disclosure provisions of the *Freedom of Information and Protection of Privacy Act (FOI/POP)*.

Applicant Name (print)

Signature

Date

Return completed Program Funding Registration Form to:

Department of Agriculture
Programs and Business Risk Management Division
74 Research Drive, Suite A, Bible Hill, NS B6L 2R2
Phone 902-893-6377 or toll-free 1-866-844-4276 Fax:
902-893-7579
Email: prm@novascotia.ca
Website: <http://novascotia.ca/programs/>

Je préfère recevoir le formulaire
d'inscription au financement pour les
programmes agricoles en français