

LAC USE ONLY

Date Application Received _____

Licensing Advisory Committee
 Manitoba Conservation
 Box 38 – 200 Saulteaux Crescent
 Winnipeg MB R3J 3W3



This Application is made pursuant to the provisions of *The Resource Tourism Operators Act*

Application for

RESOURCE TOURISM OPERATORS LICENCE (Non-refundable application fee - \$100.00)
 ADDING PARTNER (Non-refundable application fee - \$ 25.00)

PERSONAL INFORMATION (PLEASE PRINT)

Applicant (1) (Mr / Mrs / Ms / Corporation) _____

Primary Contact (Mr / Mrs/ Ms) _____
 (if applicant is Corporation)

Telephone (H) (____) _____ (W) (____) _____ Fax (____) _____

E-mail Address _____ Date of Birth _____
 (Day/Month/Year)

Permanent Address _____
 Street/P.O. Box City/Town Prov/State Postal/Zip Code

Mailing Address _____
 (if different from above) Street/P.O. Box City/Town Prov/State Postal/Zip Code

Other Jurisdiction(s) In Which You Are Currently Providing _____
 or Have Previously Provided Outfitting Service(s)

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Applicant (2) (Mr / Mrs / Ms) _____
 (or add partner)

Telephone (H) (____) _____ (W) (____) _____ Fax (____) _____

E-mail Address _____ Date of Birth _____
 (Day/Month/Year)

Permanent Address _____
 Street/P.O. Box City/Town Prov/State Postal/Zip Code

Mailing Address _____
 (if different from above) Street/P.O. Box City/Town Prov/State Postal/Zip Code

Other Jurisdiction(s) In Which You Are Currently Providing _____
 or Have Previously Provided Outfitting/Lodge Service(s)

Attach additional sheet, if required.

NOTE: If partnership or corporation, a copy of partnership agreement or Articles of Incorporation and a list of names and dates of births of all directors or shareholders who hold more than 10% of all voting shares must be provided (with initial application).

NAME AND LOCATION OF SERVICE

Existing/Proposed Name of _____
 Outfitting Business

Registered Business Name? **(Please circle)** Yes / No If yes, Business Registration No. _____

Proposed Location of _____ / _____
 Service Game Hunting Area(s) Game Bird Hunting Zone(s)

Please Specify and _____
 Circle as Appropriate City / Town / Village / Municipality / Unorg'd Territory / Crown / Private / Prov Park / Nat'l Park / First Nation Reserve

Proposed Lake, River, or _____ / _____
 Water System to be Utilized Legal Name Local Name

RESOURCE USE

Angling	<input type="checkbox"/>	Hunting	<input type="checkbox"/>		
Species	(3)	Resident	Non-resident	Game Hunting Area (GHA)	Game Bird Hunting Zone (GBHZ)
Black Bear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Moose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Deer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Caribou	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Elk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Game bird	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
Waterfowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
Other _____		<input type="checkbox"/>	<input type="checkbox"/>	_____	
Eco-Tourism	<input type="checkbox"/>	_____			
(Include details in operational plan)					

PERIOD OF OPERATION

All Year
 Seasonal From _____ to _____ Total Days/Year _____
Month Month

A) **OPERATIONAL PLAN / DEVELOPMENT PLAN** : Provide details of your proposal on a separate sheet

B) **EQUIPMENT**: List all equipment to be used in conjunction with this service on a separate sheet

DECLARATION

I (We) expressly consent to the Manitoba Government conducting a prerequisite background check for the purpose of determining my (our) eligibility for being licensed as an outfitter.

I (We) understand and certify that the above information is complete and accurate to the best of my (our) knowledge.

I (We) enclose the non-refundable application fee of \$_____ made payable to the Minister of Finance.

Application Fees:

- Outfitter Licence \$100 • Add Partner \$25 •

	Applicant (1) – Name (Please Print)
Date	Applicant (1) – Signature
	Applicant (2) – Name (Please Print)
Date	Applicant (2) – Signature

Attach additional sheet, if necessary