

# QUARRY RETURN FOR CASUAL QUARRY PERMIT

(In accordance with section 197 of The Mines and Minerals Act)

Return showing the total quantity of aggregate quarry mineral produced as authorized under CASUAL QUARRY PERMIT NO. CP- [ ] between [ ] [ ] [ ] and [ ] [ ] [ ] in accordance with The Mines and Minerals Act and Quarry Minerals Regulation MR 65/92.

Month                      Day                      Year

Month                      Day                      Year

Name of Holder [ ] iMaQs ID #: [ ]  
 Address [ ]  
 City [ ] Province [ ] Postal Code [ ]  
 E-mail [ ]

Location - LS /QS [ ] Section [ ] Township [ ] Range [ ] [ ]  
WPM/EPM

**If no quarry mineral is produced, a quarry return must still be submitted showing "NIL" production.**

**CONVERSION FORMULA: (CUBIC YARDS X 1.5 X .9072 = TONNES)**

Type of AGGREGATE Quarry Mineral	AGGREGATE Quarry Mineral produced (in tonnes)	Rate of Royalty (per tonne) As indicated on permit	Total Royalty	Rehabilitation Levy 0.24 as of 1/1/2025	Total Payment

The royalty payment or Certificate of Exemption where applicable and the rehabilitation levy shall accompany this quarry return. Remit the above payment in cash, credit card, cheque or money order **payable to the Minister of Finance**, with this statement to: **Office of the Recorder, Business, Mining, Trade and Job Creation, Unit 360 - 1395 ELLICE AVE., Winnipeg, MB, R3G 3P2**; Telephone: 204-945-6503; Fax: 204-948-2578; Email: [mines\\_br@gov.mb.ca](mailto:mines_br@gov.mb.ca); Website: [www.gov.mb.ca/iem/mines/imaqs/index.html](http://www.gov.mb.ca/iem/mines/imaqs/index.html)

I certify that this return is a complete record of all aggregate quarry mineral taken or produced as authorized under CASUAL QUARRY PERMIT NO. [ ]. **Filing this return prior to the expiry date constitutes the surrender of the Casual Quarry Permit.**

**NOTE: IT IS AN OFFENCE UNDER THE MINES AND MINERALS ACT TO MAKE A FALSE STATEMENT ON THIS DOCUMENT.**

Date: [ ]

\_\_\_\_\_  
Signature of Permittee

<b>OFFICIAL USE ONLY</b>	
Cheque/Cash/Auth. No. _____	Date _____
Amount _____	Receipt No. _____
Payer _____	Amount: _____
Client No. _____	