

Domestic Game Farm Licence Application

Application is hereby made, under the provisions of *The Animal Products Act* (Act) and *The Domestic Game Farm Animal Regulations, 2019* (The Regulations) for a game farm licence to be issued to:

Licencee information (Please print clearly)

Name ☐ Individual ☐ Corporation ☐ Partnership ☐ Indian Band:

Street address or P.O. Box: City/Town: Province: Postal Code:

Telephone: Fax: Email:

Legal Land Description(s):

(Please include Quarter, Section, Township, Range and Meridian where the facilities and/or animals will be located.)

Premises Identification (PID) Number:

PIDs are mandatory for all game farms. If you don't have a PID, please register at premisesid.saskatchewan.ca or call 1-866-457-2377, 8:00am to 5:00pm, Monday to Friday for information and a printed PID form.

Note: Pursuant to Section 11 of The Regulations, no domestic game farm operator shall stock a new or expanded enclosure with domestic game farm animals without first obtaining the written approval of an inspector. Call 306-787-6423 for more information.

Do you currently hold or have you previously held a game farm licence in another jurisdiction? ☐ Yes ☐ No Province (if yes):

Please choose three letters that best describe your name or farm's name, as these become your permanent game farm identification.

First choice: ___ ___ ___ Second choice: ___ ___ ___ Third choice: ___ ___ ___

Species to be raised

☐ Antelope ☐ Caribou ☐ Elk ☐ Fallow Deer ☐ Moose
☐ Mule Deer ☐ Musk Deer ☐ Reindeer ☐ Thick & Thin Horn Sheep ☐ White-tailed Deer

The rural municipality (RM) in which you wish to establish your game farm may have an official community plan and/or zoning bylaw that controls the use of land. This license does not override requirements of the RM. You are advised to contact your RM before undertaking any work to establish your game farm operation.

Farm located in RM# _____. I have contacted the RM to determine their requirements.

Applicant's or Authorized Representative's Name (Print)

Signature

Date

Information of applicant or authorized representative (If different from page 1)

Street address or P.O. Box: _____ City/Town: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ Email: _____

Please select licence duration:

1 year at \$100 (Ending December 31st of each year)

5 years at \$400 (Ending December 31st of the 5th year)

For assistance completing this application or further questions,
phone 306-787-4606 or email doris.zwozdesky@gov.sk.ca.

For inspection and compliance issues, phone 306-787-6423.

For billing inquiries, phone 306-787-7191.

Payment Methods:

- ☐ Credit Card – Call 306-787-7191
- ☐ Cheque – Ministry of Agriculture
Livestock Branch Billing
Room 226-3085 Albert Street
Regina SK S4S 0B1

Please make cheque payable to Minister of Finance.

For Office Use Only**Licence:** ☐ Recommended☐ Not Recommended

Place cash stamp here

Licensing officer:

Date Entered:

Livestock Services Manager:

Date Reviewed:

Director, Livestock:

Date Approved:

Livestock Number:

Date Issued: