

**Saskatchewan Cottage Industry Program (SCIP)  
On-Farm Processing Program Application Form**

**Basic Information:**

Farm Name (as it appears on your SaskMilk license) \_\_\_\_\_

Processor Name (if different than above) \_\_\_\_\_

SaskMilk License Number \_\_\_\_\_ SaskMilk Plant Number \_\_\_\_\_

Name(s) of Applicants \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Farm Land Location \_\_\_\_\_ Processor Land Location \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate/Cell Number \_\_\_\_\_

Email address \_\_\_\_\_ Fax Number \_\_\_\_\_

Approximate volume of milk processed on-farm \_\_\_\_\_ per day / week / month (circle applicable period)

How do you intend to move the milk from the production facility to the processing facility?

\_\_\_\_\_  
\_\_\_\_\_

**Please answer the following questions:**

	<b>Yes</b>	<b>No</b>
Do the applicants own and operate both the licensed farm and the processor?	_____	_____
Are both your production license and your facility license in good standing? <i>(If no, contact the SaskMilk office for assistance)</i>	_____	_____
	Facility	_____
	Production	_____
Do you process milk only from your own production facility?	_____	_____
Have all aspects of your processing been approved by Saskatchewan Health?	_____	_____

**<Please attach any further information that you think may be helpful to SaskMilk in assessing your application for the Program>**

**The undersigned certify that the information herein contained is complete, true, and correct in all respects. The undersigned further grants permission for SaskMilk to verify and investigate all information contained on or arising from this form and any attached documentation.**

**The undersigned hereby applies for the SCIP On-Farm Processing program benefits and has read, understood, and agrees to abide by all rules and policies of the Program. The undersigned further acknowledges and agrees that approval for and continued participation in SCIP is entirely at the discretion of SaskMilk.**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Witness \_\_\_\_\_

Print Name \_\_\_\_\_