



SASKATCHEWAN MILK MARKETING BOARD
470 Maxwell Crescent, Regina, SK S4N 6L7
Telephone: (306) 949-6999 Fax: (306) 949-2605

APPLICATION FOR PROCESSOR LICENCE

The Applicant hereby makes application to the Saskatchewan Milk Marketing Board (“SaskMilk”) to obtain a Processor License.

Applicant Business Name: _____

Requested Effective Date of Licence: _____

Primary Contact Information:

Name: _____

Email: _____

Address: _____

Telephone: _____

Fax: _____

By signing the below, the Applicant:

1. Certifies that each statement made by the Applicant is true and complete.
2. Acknowledges that SaskMilk may require the Applicant to submit any additional information that the board considers necessary in considering this application.
3. Certifies that any additional information submitted in support of this application is true and complete.
4. Certifies that the Applicant is, and will continue to be, in compliance with *The Milk Marketing Plan Regulations* and all SaskMilk’s Orders and Policies.
5. Certifies that the Applicant is, and will continue to be, in compliance with all applicable and appropriate Saskatchewan legislation and regulations.
6. Undertakes to notify SaskMilk if the Applicant does not comply with *The Milk Marketing Plan Regulations* or any of SaskMilk’s Orders or Policies at any time.
7. Acknowledges that SaskMilk may issue a licence subject to any terms and conditions that SaskMilk considers appropriate.
8. Acknowledges that SaskMilk has 90 days to either issue or refuse to issue a licence after the date of receipt of this application.

Applicant/Authorized Officer of Applicant Signature
Print name of Applicant:

Witness Signature
Print name of witness:

Processor Licence Approved by: _____ **Effective Date:** _____