



Protected "B" when completed

Application for PROCESS Elevator Licence

We hereby apply for a process elevator licence under the provisions of the *Canada Grain Act*.

A. Company Information

Company name as registered or incorporated: _____

Head office: _____

Mailing address (if different from above): _____

Telephone no.: _____ Website: _____

Email: _____

Financial year-end: _____

B. Contact Information

| Senior Officer | Person responsible for CGC licence renewal | Person to receive CGC communications |
|-------------------|--|--------------------------------------|
| Name: _____ | Name: _____ | Name: _____ |
| Direct no.: _____ | Direct no.: _____ | Direct no.: _____ |
| Email: _____ | Email: _____ | Email: _____ |

C. Facility Information

The accuracy of the elevator station name is essential. It must be that of the actual siding where the licensed elevator is situated (not necessarily the name of the nearest town), and/or the name used by the railways to identify where railcars are to be spotted and where they have posted a freight tariff.

Station name: _____ Province: _____

Telephone no. at elevator: _____ Railroad line: _____

Are annexes attached? Yes No Is condominium storage provided? Yes No

Grain Storage Capacity

Please ensure that capacity amount for condominium storage is included in total capacity.

| | Capacity (MT) | Year built | Cleaner | Dryer |
|---------------------|---------------|------------|--|--|
| Principal elevator | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Annex | | | | |
| Annex | | | | |
| Annex | | | | |
| Annex | | | | |
| Annex | | | | |
| Condominium storage | | | | |
| Total capacity | | | | |

Scale Capacity

| | No. | Capacity (MT) | Hopper, Platform, Railway or Vehicle | Date scales last inspected (Day/Month/Year) |
|--------------------|-----|---------------|--------------------------------------|---|
| Receiving | | | | |
| Shipping | | | | |
| Receiving/Shipping | | | | |

D. Total Year-End Producer Purchases

Report all producer purchases (including purchases from U.S. producers).

| Type of Grain | As of company financial year-end | |
|---------------------------------|----------------------------------|---------------|
| | Metric Tonnes | Dollars (CDN) |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Producer Purchases | | |

E. Agents Listing

Please list all companies and individuals that act as agents for your company. Agents are defined as those (other than your company and its employees) who issue your company’s grain documentation (i.e. grain receipts, cash purchase tickets) when receiving or purchasing grain on your behalf.

Please check one:

Yes, I have agents.

No, I do not have agents.

1. Name: _____
 Address: _____ Telephone no: _____
 Email: _____

2. Name: _____
 Address: _____ Telephone no.: _____
 Email: _____

3. Name: _____
 Address: _____ Telephone no.: _____
 Email: _____

4. Name: _____
 Address: _____ Telephone no.: _____
 Email: _____

F. Statutory Declaration

This application is made in accordance with the *Canada Grain Act*. If the Canadian Grain Commission (the Commission) discovers, subsequent to the granting of the licence, that wrong information has been supplied, the Commission may revoke the licence.

In the matter of this application for primary elevator licence.

To Wit:

I _____ of the _____

Of _____ in the province of _____

do solemnly declare that the answers given in this application for a licence to operate a primary elevator are correct to the best of my knowledge and belief.

| | |
|------------|-----------------------|
| _____ | _____ |
| Print name | Title |
| _____ | _____ |
| Signature | Date (Day/Month/Year) |

Please submit this application in electronic format to:

licence@grainscanada.gc.ca

If you are unable to submit electronically, this application can be mailed to:

Canadian Grain Commission
 Licensing Program
 303 Main Street
 Winnipeg, MB R3C 3G8

| | |
|--------------------------|---------------------------------------|
| Internal use only | |
| Application no.: _____ | Date received: _____ (Day/Month/Year) |