

**MANITOBA CHICKEN PRODUCERS**  
**APPLICATION FOR DESIGNATION**  
**AS AN ANNUAL SPECIALITY PRODUCER**

To: Manitoba Chicken Producers  
1357 Kenaston Blvd.  
Winnipeg, MB R3P 2P2

Attention: Executive Director

1. \_\_\_\_\_  
[Name of Applicant]

hereby apply for designation as an Annual Speciality Producer under the Chicken Broiler Quota Order.

2. The Applicant currently participates in

Strike out  
(a) or (b) as  
applicable

- (a) the Annual Farm Site Marketing Permit System; or
- (b) the Special Market Development and Servicing Policy

established by the Board and acknowledge that these programs will expire as of December 31, 201\_\_.

3. As of January 1, 201\_\_ the Applicant intends to supply the following Speciality Market for chicken broilers in Manitoba under the Annual Speciality Quota Program replacing the above Programs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. A comprehensive Business Plan of the Applicant to supply this Speciality Market for chicken broilers in Manitoba is attached as Schedule "A".

5. The Applicant intends to raise chicken broilers pursuant to any Annual Speciality Quota allotted to the Applicant at the following land location in Manitoba \_\_\_\_\_.

6. The registered owner of the property on which chicken production and marketing activities will occur is: \_\_\_\_\_.  
**[Current Status of Title for the real property is attached as Schedule "B"]**

7. The following is a description of the facility in which the Applicant intends to raise chicken broilers pursuant to any Annual Speciality Quota allotted to the Applicant (size, capacity, type of construction, etc.) (If facility is to be renovated, please indicate; and also indicate when the Applicant expects such facility to be ready for operation.)

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Sketch or "Google map" depiction of the land location property indicating the size and location of the facility is attached as Schedule "B".

8. (a) **TO BE COMPLETED ONLY WHEN APPLICANT IS A PARTNERSHIP**

Name of partnership under which the Applicant will carry on the business described in the Business Plan: \_\_\_\_\_

***[A copy of the written Partnership Agreement and a notarial copy of the name registration under The Business Names Registration Act is to accompany this Application.]***

Is the partnership registered under The Partnership Act? \_\_\_\_\_

Give each partner's name, age, investment and profit shares:

<b><u>Name</u></b>	<b><u>Age</u></b>	<b><u>Investment</u></b>	<b><u>% Profit Share Ratio</u></b>
_____			
_____			
_____			

(b) **TO BE COMPLETED ONLY WHEN APPLICANT IS A CORPORATION:**

- (a) Date of Incorporation \_\_\_\_\_
- (b) Provincial or Federal Charter \_\_\_\_\_
- (c) Can shares be distributed to the public? Yes \_\_\_\_\_ No \_\_\_\_\_
- (d) Classes of Shares authorized

Class	Number		
i) _____	_____	Voting _____	Non-Voting _____
ii) _____	_____	Voting _____	Non-Voting _____
iii) _____	_____	Voting _____	Non-Voting _____
iv) _____	_____	Voting _____	Non-Voting _____

	Class	Number
(e) Classes of Shares issued	i) _____	_____
	ii) _____	_____
	iii) _____	_____
	iv) _____	_____

(f) Shareholders, Officers and Directors, their addresses and number of shares held:

	Name	Address	Class	No. of Shares held
President	_____	_____	_____	_____
Vice-Pres	_____	_____	_____	_____
Treasurer	_____	_____	_____	_____
Secretary	_____	_____	_____	_____
Director	_____	_____	_____	_____
Director	_____	_____	_____	_____
Shareholder	_____	_____	_____	_____
Shareholder	_____	_____	_____	_____

If the Applicant is a corporation acting on behalf of a communal group, disclose the name of the Communal Group and any Holding Corporation that holds the assets of the farming business:

(a) \_\_\_\_\_  
Name of Communal Group

(b) \_\_\_\_\_  
Name of Holding Corporation

***[A notarially certified copy of Articles of Incorporation, the latest Annual Return filed and all other Articles of the Applicant together with a recently issued Certificate of Status issued by the Companies Office must accompany this Application.]***

9. Will the Applicant be the legal owner and the sole operator of the chicken broiler production business to be carried on in the facility? \_\_\_\_\_ If no, state particulars. \_\_\_\_\_  
\_\_\_\_\_
- 10.(a) The full particulars of registrations, allotments, or quotas currently issued by the Board to the Applicant, or any individual or person associated with the Applicant, are: \_\_\_\_\_  
\_\_\_\_\_
- (b) Has the Applicant any connection, financial or otherwise, direct or indirect, with any other registered producer? \_\_\_\_\_ If yes, state particulars.  
\_\_\_\_\_  
\_\_\_\_\_
- (c) Is the Applicant indebted to any registered producer or to any person, firm or corporation which is a registered producer or which is associated to another registered producer? \_\_\_\_\_ If yes, state particulars.  
\_\_\_\_\_  
\_\_\_\_\_
- (d) Has any registered producer, Designated Annual Speciality Producer or processor any interest, financial or otherwise, direct or indirect, in the facility or in the proposed chicken broiler production business? \_\_\_\_\_ If yes, state particulars. \_\_\_\_\_
- (e) Does the Applicant intend to allow any registered producer, Designated Annual Speciality Producer or processor to have any interest, financial or otherwise, direct or indirect, in the proposed facility, or in the proposed chicken broiler production business? \_\_\_\_\_ If yes, state particulars.  
\_\_\_\_\_  
\_\_\_\_\_
11. Is the information set out in Schedules "A" and "B" correct and complete in all respects? \_\_\_\_\_.
12. If Applicant is a corporation or partnership, or if the Applicant does not intend to manage the chicken broiler production operation personally, give name and address of proposed manager. \_\_\_\_\_  
\_\_\_\_\_

## **APPLICANT UNDERTAKINGS AND ACKNOWLEDGEMENTS**

1. The Applicant agrees to abide by all of the Orders and Regulations made by the Board and by Manitoba Regulation 246/2004 and to be bound by the terms of the Annual Speciality Quota Program, this Application and the terms of any Annual Speciality Quota allotted to the Applicant.
2. The Applicant undertakes to only market chicken in accordance with The Public Health Act and by the terms of this Application, and specific to the details of the Annual Speciality Quota Program terms and conditions.
3. The Applicant recognizes and agrees that by applying for designation as an Annual Speciality Quota Producer, and by submitting this Application to Manitoba Chicken Producers, the Applicant is subject to a farm inspection, at any time, by an employee of the Manitoba Chicken Producers.
4. The Applicant acknowledges that its production facilities must meet the requirements of Manitoba Chicken Producers and must receive and maintain a certification to such effect from Manitoba Chicken Producers.
5. The Applicant acknowledges that a Designated Annual Speciality Producer must comply with all of the provisions of the Chicken Broiler Information Order (including keeping and maintaining complete and accurate books and records of all matters relating to the producer's production and marketing; at all times must permit any authorized representative of the Board to inspect such books and records and facilitate such inspection; and upon request of the Board, must promptly report to the Board such information respecting such production and marketing as the Board may require).
6. The Applicant consents to have this application information being shared with employees of the Government of Manitoba for the purposes of premise identification.

***The Applicant certifies that the information provided in this Application is true, accurate, and complete in every respect.***

***The Applicant certifies that I/we have read, understand, and agree to the above Undertakings, Acknowledgements, and Information.***

Dated at \_\_\_\_\_, Manitoba, this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Signature of Applicant or Authorized  
Officer of Applicant

**OTHER REQUIREMENTS THAT MUST ACCOMPANY THE APPLICATION**

1. The Applicant must be a resident of Manitoba.
2. The individual Applicant must be 18 years of age, effective November 30, 2016.
3. The Applicant Contact Information must be attached to this Application.
4. The non-refundable Application for Designation Processing Charge of \$210.00 (\$200 + \$10.00 GST) (GST#R122877335) payable to Manitoba Chicken Producers must be included with this Application in the form of a Certified Cheque, Money Order or Bank Draft. Payments via E-transfers, credit cards, Pay Pal and Interac will not be accepted.

SCHEDULE "A"  
BUSINESS PLAN

(a) Proposed Speciality Market

(b) Production Plans

(c) Processing Plans

(e) Marketing Plans

(f) Name and location of hatchery which will supply chicks to the Applicant:

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(g) Name and location of the operator of federally or provincially inspected processing facility which will slaughter and process the chicken broilers produced and marketed by the Applicant: \_\_\_\_\_

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SCHEDULE "B"

COPY OF CURRENT STATUS OF TITLE

SKETCH OR GOOGLE MAP SHOWING LOCATION  
OF FACILITY ON LAND



## Applicant Contact Information

**Applicant Name:**

**Mailing address:**

<b>Name of Primary Contact</b>	
<b>Daytime Telephone</b>	
<b>Cell Phone</b>	
<b>Email</b>	
<b>Fax</b>	
<b>Emergency Telephone</b>	

<b>Name of Secondary Contact</b>	
<b>Daytime Telephone</b>	
<b>Emergency Telephone</b>	

<b>Name of Farm Manager</b> (if applicable)	
<b>Daytime Telephone</b>	
<b>Cell Phone</b>	
<b>Email</b>	
<b>Emergency Telephone</b>	