

**2024**  
**Application for BCCMB Grower's Licence**  
**Under Part 5 of the General Orders**  
**Form BC104**

Please complete application in its entirety and return to the Board office on or before the **deadline of October 31, 2023**

Please return to the BCCMB Office: #220 – 1848 McCallum Rd, Abbotsford, BC, V2S 0H9  
OR

Email to: [reception@bcchicken.ca](mailto:reception@bcchicken.ca)

\*All completed licence renewals received at the Board office **prior to October 31<sup>st</sup>** will be processed for a fee of **\$0**

\*All completed licence renewals received **after October 31<sup>st</sup>** will be processed at a fee of **\$150**

**OWNERSHIP INFORMATION**

REGISTERED FARM NAME _____	LICENCE # _____
OWNER'S SURNAME _____	FIRST NAME(S) _____
OWNER'S SURNAME _____	FIRST NAME(S) _____
OWNER'S SURNAME _____	FIRST NAME(S) _____
OWNER'S SURNAME _____	FIRST NAME(S) _____
MAILING ADDRESS _____	CITY _____ POSTAL CODE _____
PHONE NUMBER _____	CELL _____
**OWNER EMAIL ADDRESS _____	
** BCCMB will use above email address for BCCMB correspondence as well as CFIA AVIAN INFLUENZA contact	

**PRODUCTION UNIT ADDRESS (S)**

<b>LOCATION #1:</b> Registered Premise Address: _____ CITY _____ POSTAL CODE _____
<b>LOCATION #2:</b> Registered Premise Address: _____ CITY _____ POSTAL CODE _____
<b>LOCATION #3:</b> Registered Premise Address: _____ CITY _____ POSTAL CODE _____
<b>LOCATION #4:</b> Registered Premise Address: _____ CITY _____ POSTAL CODE _____
<b>LOCATION #5:</b> Registered Premise Address: _____ CITY _____ POSTAL CODE _____
If additional space is required for ownership please use separate sheet & attach

## BCCMB CORRESPONDENCE CONTACT(S)

Please Note:

Contacts listed below will be sent the following correspondence from the BCCMB - Grower Licence, Quota Production Allotments, Quota Production Updates, Post Audit Summary Report, Audit Letter and Audit Certificates

1) CONTACT NAME: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

2) CONTACT NAME: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

3) CONTACT NAME: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

4) CONTACT NAME: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

## ANNUAL VOTING REGISTRATION

**VOTING REPRESENTATIVE MUST BE AT LEAST 19 YEARS OF AGE:**

Voter Name \_\_\_\_\_

(Please Print Name in Full)

**NOTE: Please do not use any generic emails.  
Examples: [info@shaw.ca](mailto:info@shaw.ca), [office@telus.net](mailto:office@telus.net) or [admin@gmail.com](mailto:admin@gmail.com)**

Voter E-MAIL ADDRESS: \_\_\_\_\_

This portion of the BC104 will register you or your designate on the Voting Grower List for the election of Board Members. Changes may be made at any time prior to the deadline as indicated on the election timeline for that election.

*All information provided is subject to verification.*

*I/We hereby agree to abide by the General Orders and any directions of the Board and accept the Licence on the understanding that it may be cancelled without notice for violation of any provision of the Scheme, the General Orders or directions of the Board and is subject to all restrictions placed on the licence by Order of the Board.*

*I certify that the information provided in this application is complete and correct in all respects.*

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Please return to the BCCMB Office: #220 – 1848 McCallum Rd, Abbotsford, BC, V2S 0H9

OR

Email to: [info@bcchicken.ca](mailto:info@bcchicken.ca)