

BC VEGETABLE MARKETING COMMISSION
#207 -15252 32nd Ave Surrey BC V3S 0R7
Phone 604 542 9734 FAX 604 542 9735

APPLICATION FOR CLASS I WHOLESALER'S LICENSE

APPLICATION AND LICENSE MUST BE OBTAINED OF EACH PERSON AND/OR PLACE OF BUSINESS OPERATED

APPLICANT'S NAME _____

BUSINESS NAME _____

POSTAL ADDRESS _____

LOCATION OF PREMISES SAME AS ABOVE , or

PHONE _____ FAX _____

EMAIL ADDRESS _____

License Fee	\$100.00
GST (#119480598RT001)	\$ 5.00
TOTAL	\$105.00

Complete and return this form with payment to the address above.

I understand the orders and rules of the Commission and apply for the license subject to those provisions.

DATE _____ 20_____

(Signature of Applicant)

You may also complete and submit this Form online at www.bcveg.com (go to Forms)