



TURKEY FARMERS OF ONTARIO

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**APPLICATION FOR DEALER LICENCE
T O
SELL TURKEY POULTS**

OWNERSHIP STRUCTURE

_____ Sole proprietorship — enter full name of person on lines below

_____ Partnership — enter full names of partners on lines below

_____ Corporation or Limited Corporation— enter corporation's full name on lines below

COMPANY NAME: _____

CONTACT PERSON: _____

**911 ADDRESS, COUNTY,
TOWNSHIP:** _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

CURRENT DEALER LICENCE #: _____

TELEPHONE: _____ **FAX:** _____

I AGREE TO SUBMIT TO THE TURKEY FARMERS OF ONTARIO THE NAME OF THE HATCHERY AND QUANTITY OF POULTS PURCHASED, TOGETHER WITH A LIST OF ALL PERSONS TO WHOM POULTS ARE SOLD, WITHIN 30 DAYS OF THE DATE OF PURCHASE.

THIS LIST MUST INCLUDE EACH PERSON'S FULL NAME, 911 NUMBER AND ROAD NAME, TOWNSHIP, COUNTY, TELEPHONE NUMBER AND NUMBER OF POULTS PURCHASED

I ALSO AGREE TO DISTRIBUTE ALL POULTS PURCHASED BY ME PRIOR TO 21 DAYS OF AGE, AND NOT TO SELL IN EXCESS OF 50 TURKEY POULTS TO ANYONE WHO IS NOT THE HOLDER OF REGISTERED QUOTA OR A CURRENT POULT DEALERS LICENCE WITH THE BOARD IN EACH CALENDAR YEAR.

I AGREE TO FULLY COMPLY WITH SECTION 11 OF TURKEY FARMERS OF ONTARIO GENERAL REGULATION - 2015.

DATE: _____ **SIGNED:** _____