



**APPLICATION FOR LICENSE  
FOR THE OPERATION OF A  
MEAT PLANT / MEAT PROCESSING PLANT**

Applicant: _____	
Mailing Address _____	
City/Town: _____	Postal Code: _____
Phone: _____	Fax: _____

I (We) hereby apply for a license to engage in the business of operating a meat plant/meat processing plant under the *Meat Inspection (Nova Scotia) Act* and the Regulations, and in support of this application the following facts are stated:

Name under which business is carried on _____						
Owner of plant (if partnership, list names of all partners) _____						
Location of plant (civic address, town, postal code) _____						
a)	Abattoir - species and number of animals slaughtered per week _____ _____					
b)	Processing (only) species product to be processed _____					
Days of the week on which the work operations are carried out						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

I undertake to furnish the Director, Food Protection and Enforcement, details of any changes from the facts stated in this application within ten (10) days from the date on which the changes are made.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
*Signature of Applicant*

Return to: William Feltmate, Senior Meat Inspector  
Food Protection and Enforcement Division  
Nova Scotia Department of Agriculture  
PO Box 550 Truro, Nova Scotia B2N 5E3