



Apply online at:
novascotia.ca/mybusiness

Or mail this form to:
P.O. Box 1529
Halifax, NS B3J 2Y4

Business Applicant Profile Information:

Business Name:

Operating Name _____

Canada Revenue Agency BN #: _____

N.S. Registry of Joint Stock Companies #: _____

Business Civic Address (Not PO Box):

Street # Street Name _____ Unit/Suite/Apt # _____

City/Town/County _____ Province _____ Country _____ Postal Code _____

Business Mailing Address (If Different):

Street, P.O. Box, RR #, Site #, etc. _____

City/Town/County _____ Province _____ Country _____ Postal Code _____

Business Address in Nova Scotia (If Different than above):

Street, P.O. Box, RR #, Site #, etc. _____

City/Town/County _____ Postal Code _____

Business Contact Information:

Name _____ Title _____

Primary Phone # _____ Fax # _____

E-mail Address _____

Please Note: The submission of an application with payment does not guarantee application approval.



Farm Registration Application – Sole Proprietorship / Partnership

Information on this form is collected under the authority of the *Farm Registration Act* and may be subject to disclosure under the *Freedom of Information and Protection of Privacy Act*. It will be used by the Department of Agriculture for administration under the Act; to develop policies and programs; and to distribute material to farm businesses and their owners. Information may be released to the Registry of Motor Vehicles, the Provincial Tax Commission or other departments of government for verification of eligibility for program benefits.

To apply Online, go to www.novascotia.ca/mybusiness and follow these steps:

- If you have not created an Access to Business account, select 'Create Account' and follow the instructions. If you have an existing account, please log in with your Nova Scotia online username and password.
- Once logged in, click on the 'Licenses, Permits and Applications' link on the home page.
- Type 'Farm Registration' as the keyword, select your municipality, choose your business (if applicable) and 'Search'.
- Next to the Farm Registration search result, click 'Complete form online'.
- Complete the form and review your application.
- Once you have completed the form, you will be able to pay for your application online using Visa, MasterCard, American Express or Interac® Online.

Or you may complete this form and submit by:

Mail - Service Nova Scotia
Nova Scotia Business Registry
PO Box 1529 Halifax, NS B3J 2Y4

Fax - (902) 424-0602
(Credit Card Payment Only)

Drop Off - Access Nova Scotia Centres

Section 1 - Farm Income & Fee Schedule

Please select (x) appropriate income level.

The level you select must match the amount of Gross Income declared on line 9659 of the farm's most recent filing of the Statement of Farming Activities (T2042) with the Canada Revenue Agency. This amount will be verified with the CRA.

Gross Commodity Income	Annual Fee	Please Select Appropriate	Please Provide Income Amount from Line 9659
Under \$29,999.99	\$205.00	<input type="checkbox"/>	\$
\$30,000.00 to \$99,999.99	\$325.00	<input type="checkbox"/>	\$
\$100,000.00 to \$249,999.99	\$500.00	<input type="checkbox"/>	\$
\$250,000.00 to \$499,999.99	\$675.00	<input type="checkbox"/>	\$
\$500,000.00 to \$749,999.00	\$850.00	<input type="checkbox"/>	\$
\$750,000.00 to \$999,999.99	\$1,030.00	<input type="checkbox"/>	\$
\$1,000,000.00 to \$2,499,999.99	\$1,205.00	<input type="checkbox"/>	\$
\$2,500,000.00 or more	\$1,380.00	<input type="checkbox"/>	\$

Information on alternative methods to verify income is available at <https://www.novascotia.ca/sns/paal/agric/paal005.asp> or by contacting the Farm Registration office at farmreg@novascotia.ca. If you wish to have your income verification done in person at one of the Department of Agriculture Regional Offices or the Farm Registration Office, please call the appropriate office to book an appointment.

Section 2 – Farm Products

Gross Income Percentage by Commodity: *Indicate approximate % where applicable (e.g. Beef 75% Hogs 25%)
Must total 100%*

_____ % Dairy Milk Production	_____ % Mink	_____ % Honey, Bees, Pollination	_____ % Grapes
_____ % Dairy Replacements	_____ % Fox	_____ % Greenhouse Crops	_____ % Cranberries
_____ % Beef	_____ % Apples	_____ % Forages	_____ % Oilseeds
_____ % Hogs	_____ % High Bush Blueberries	_____ % Grains	_____ % Hops
_____ % Eggs	_____ % Low Bush Blueberries	_____ % Custom Work	_____ % Haskaps
_____ % Chicken	_____ % Strawberries	_____ % Christmas Trees	_____ % Other _____
_____ % Turkey	_____ % Vegetable Crops	_____ % Small Fruits	_____ % Other _____
_____ % Sheep/Lambs	_____ % Maple	_____ % Hemp	

Section 3 - Production Units

Farm Land Hectares and Livestock Numbers: *Please indicate numbers on applicable lines*

Hectares (in production):	Hectares (in production):	Livestock Numbers:	Livestock Numbers:
_____ ha Forage	_____ ha Strawberries	_____ Dairy Cows	_____ Chicken
_____ ha Pasture	_____ ha Other Small Fruits	_____ Beef Cows	_____ Turkey
_____ ha Grains	_____ ha Vegetables	_____ Beef Feeders	_____ Mink
_____ ha Protein Crops	_____ ha Maple	_____ Sows	_____ Foxes
_____ ha Oilseeds	_____ ha Greenhouses	_____ Feeder Hogs	_____ Horses for Commercial Breeding
_____ ha Grapes	_____ ha Christmas Trees	_____ Ewes	_____ Other _____
_____ ha Apples	_____ ha Other _____	_____ Feeder Lambs	_____ Other _____
_____ ha Blueberries	_____ ha Other _____	_____ Egg Layers	

Section 4 – Employment

Please report all employment on your farm, including your own labour as well as family members.

Select (x) appropriate box for each employee type.

Employees	None	1 to 4	5 to 10	11 to 19	Over 20
Full Time (year-round)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Time (seasonal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5 - Declaration

- I **wish** to be a member of the Nova Scotia Federation of Agriculture (NSFA), affiliated with the _____ (County Federation), and authorize the Registrar to forward my information (excluding SIN), and my Farm Registration number to the NSFA; or

- I **do not wish** to be a member of the Nova Scotia Federation of Agriculture; and understand that my information and my Farm Registration number will not be forwarded to the NSFA.

Signature Required

I/we hereby consent to the release, by the Canada Revenue Agency to an official of the Nova Scotia Department of Agriculture, of information from my/our income tax returns, and, if applicable, other required taxpayer information about me/us, whether supplied by me/us or my/our designate. The information will be relevant to and used solely for the purpose of determining and verifying my/our eligibility and entitlement for Farm Registration under the Nova Scotia Farm Registration Act and will not be disclosed to any other person or organization without my approval. This authorization is valid for the most recently available of the two taxation years prior to the year of signature. I will inform the Nova Scotia Department of Agriculture in writing if I withdraw this consent.

Taxpayer's Signature (Primary Owner): _____ **Date:** _____

Optional Signature(s) of Additional Owner(s): _____ **Date:** _____

Section 6 - Ownership

Note: We will use the following information to verify the gross commodity income of the farm with the Canada Revenue Agency (CRA). The “Primary Owner” is the individual who most recently filed the Statement of Farming Activities (T2042) for this farm with the CRA. The Primary Owner’s legal name, social insurance number (SIN), and date of birth (DOB) is required. Additional Owner SIN and DOB are optional.

	<u>First Name</u>	<u>Last Name</u>	<u>Social Insurance Number</u>	<u>Date of Birth (mm/dd/yyyy)</u>
Primary Owner:	_____	_____	_____	_____
Additional Owners (SIN & DOB Optional):	_____	_____	_____	_____
	_____	_____	_____	_____

With remittance of the non-refundable registration fee, I agree that the information I have provided in this form is complete and accurate.

Section 7 - Payment

Payment Type: Cheque Money Order Visa MasterCard American Express

_____	_____
(Credit Card Account Number)	(Card Holder's Name)
_____	_____
(Expiry Date MM/YY)	(Card Holder's Signature)

- All payments must be in Canadian funds and made payable to: **The Minister of Finance.**
- Neither post-dated cheques nor cash will be accepted.
- To obtain your new registration this application must be submitted with payment.
- The submission of an application with payment does not guarantee application approval or registration issuance.