

**LAC USE ONLY**

Date Application Received \_\_\_\_\_

Licensing Advisory Committee  
Room 315 – 1181 Portage Avenue  
Winnipeg MB R3G 0T3



This Application is made pursuant to the provisions of **The Resource Tourism Operators Act**

**Application for**

**RESOURCE TOURISM OPERATORS LICENCE**  (Non-refundable application fee - \$100.00)  
**ADDING PARTNER**  (Non-refundable application fee - \$ 25.00)

**PERSONAL INFORMATION (PLEASE PRINT)**

**Applicant (1)** ( Mr / Mrs / Ms / Corporation ) \_\_\_\_\_

**Primary Contact** ( Mr / Mrs/ Ms ) \_\_\_\_\_  
**(if applicant is Corporation)**

Telephone (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Day/Month/Year)

Permanent Address \_\_\_\_\_  
Street/P.O. Box City/Town Prov/State Postal/Zip Code

Mailing Address \_\_\_\_\_  
(if different from above) Street/P.O. Box City/Town Prov/State Postal/Zip Code

Other Jurisdiction(s) In Which You Are Currently Providing \_\_\_\_\_  
or Have Previously Provided Outfitting Service(s)

• • • • •

**Applicant (2)** ( Mr / Mrs / Ms ) \_\_\_\_\_  
(or add partner  )

Telephone (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Day/Month/Year)

Permanent Address \_\_\_\_\_  
Street/P.O. Box City/Town Prov/State Postal/Zip Code

Mailing Address \_\_\_\_\_  
(if different from above) Street/P.O. Box City/Town Prov/State Postal/Zip Code

Other Jurisdiction(s) In Which You Are Currently Providing \_\_\_\_\_  
or Have Previously Provided Outfitting/Lodge Service(s)

**Attach additional sheet, if required.**

**NOTE: If partnership or corporation, a copy of partnership agreement or Articles of Incorporation and a list of names and dates of births of all directors or shareholders who hold more than 10% of all voting shares must be provided (with initial application).**

**NAME AND LOCATION OF SERVICE**

Existing/Proposed Name of \_\_\_\_\_  
Outfitting Business

Registered Business Name **(Please circle)** Yes / No If yes, Business Registration No. \_\_\_\_\_

Proposed Location of \_\_\_\_\_ / \_\_\_\_\_  
Service Game Hunting Area(s) Game Bird Hunting Zone(s)

Please Specify and \_\_\_\_\_  
Circle as Appropriate City / Town / Village / Municipality / Unorg'd Territory / Crown / Private / Prov Park / Nat'l Park / First Nation Reserve

Proposed Lake, River, or \_\_\_\_\_ / \_\_\_\_\_  
Water System to be Utilized Legal Name Local Name

**RESOURCE USE**

Angling  \_\_\_\_\_

Hunting  \_\_\_\_\_

Species	Resident	Non-resident	Game Hunting Area(s) (GHAs)
Black Bear	<input type="checkbox"/>	<input type="checkbox"/>	_____
Moose	<input type="checkbox"/>	<input type="checkbox"/>	_____
Deer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Caribou	<input type="checkbox"/>	<input type="checkbox"/>	_____
Elk	<input type="checkbox"/>	<input type="checkbox"/>	_____
Game bird	<input type="checkbox"/>	<input type="checkbox"/>	_____
Waterfowl	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Ecotourism  \_\_\_\_\_  
(include details in operational plan)

**PERIOD OF OPERATION**

All Year

Seasonal From \_\_\_\_\_ to \_\_\_\_\_ Total Days/Year \_\_\_\_\_  
Month Month

A) **OPERATIONAL PLAN / DEVELOPMENT PLAN:** Provide details of your proposal on a separate sheet

B) **EQUIPMENT:** List all equipment to be used in conjunction with this service on a separate sheet

**DECLARATION**

I (We) expressly consent to the Manitoba Government conducting a prerequisite background check for the purpose of determining my (our) eligibility for being licensed as an outfitter.

I (We) understand and certify that the above information is complete and accurate to the best of my (our) knowledge.

I (We) enclose the non-refundable application fee of \$\_\_\_\_\_ made payable to the Minister of Finance.

**Application Fees:**

- Outfitter Licence \$100 • Add Partner \$25 •

	Applicant (1) – Name (Please Print)
	Applicant (1) – Signature
Date	Applicant (2) – Name (Please Print)
Date	Applicant (2) – Signature

Attach additional sheet, if necessary