

**MEAT INSPECTION ACT (NEWFOUNDLAND AND LABRADOR)  
APPLICATION FOR A LICENCE TO OPERATE A MEAT PLANT**

Personal information collected by the Animal Health Division is used to assess applications for new slaughterhouse operations. This information is kept confidential and handled as required by the *Access to Information and Protection of Privacy (ATIPP) Act*. It may be shared within the Government of Newfoundland and Labrador and with involved parties for program delivery purposes only. Any questions or comments related to collection or use of this information please contact the Animal Health Division at 709.729.6879.

TO: Director of Animal Health  
Animal Health Division  
Fisheries and Land Resources  
P. O. Box 7400  
St. John's, NL A1E 3Y5

\_\_\_\_\_  
(Name of applicant) PHONE # \_\_\_\_\_

\_\_\_\_\_  
(Mailing address) FAX # \_\_\_\_\_

E-mail \_\_\_\_\_

applies for a licence to engage in the business of operating a meat Plant under the *Meat Inspection (Newfoundland and Labrador) Act* and the Regulations, and in support of this application, the following facts are stated:

1. Name under which business is carried on

\_\_\_\_\_

2. Owner of Plant (if partnership, list names of partners)

\_\_\_\_\_

3. Business address of applicant

\_\_\_\_\_

4. Location of Plant

\_\_\_\_\_

5. Species and number of animals slaughtered per week

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6. Days of the week on which the slaughtering operation is carried out

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7. Time of year that slaughter usually occurs (continually, fall, Christmas, etc.)

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8. Waste (offal) and sewage disposal technique

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9. Other relevant statements (attach additional pages, if necessary)

Attach a diagram identifying dimensions of facility, number of rooms, their use, location of major equipment, drainage and sanitary facilities, location of surrounding facilities and properties in relation to the Plant. Include details such as drainage, offal removal, materials for the walls and floors and pictures illustrating the details if possible. Include as much information as possible.

I undertake to furnish to the Director, Animal Health Division, 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\_\_\_\_.

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(Signature of applicant)

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(Title of applicant)