

|                           |
|---------------------------|
| <b>LAC USE ONLY</b>       |
| 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 Authorization to

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ESTABLISH      
 CONSTRUCT      
 MODIFY/EXPAND      
 MOVE

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### PERSONAL INFORMATION (PLEASE PRINT)

|   |                 |            |                  |                 |
|---|-----------------|------------|------------------|-----------------|
| <b>Applicant</b>  |                 |            |                  |                 |
| <b>Primary Contact<br/>(if applicant is Corporation)</b>  |                 |            |                  |                 |
| 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<br>(if different from above)  | Street/P.O. Box | City/Town  | Prov/State       | Postal/Zip Code |
| Other Jurisdiction(s) In Which You Are Currently Providing<br>or Have Previously Provided Outfitting Service(s) |                 |            |                  |                 |

### NAME AND LOCATION OF FACILITY

|  |                    |                                   |
|--|--------------------|-----------------------------------|
| Name of Business   |                    |                                   |
| Registered Business Name? Yes  | No                 | If yes, Business Registration No. |
| Proposed Location of Facility  | Latitude/Longitude | Section/Township/Range            |
| Select as Appropriate  |                    |                                   |
| City / Town / Village / Municipality / Unorg'd Territory / Crown / Private / Prov Park / Nat'l Park / First Nation Reserve |                    |                                   |
| Proposed Lake  | Legal Name         | Local Name                        |
| River  | Legal Name         | Local Name                        |
| or Other Water System<br>to be Used  | Legal Name         | Local Name                        |
| Attach additional sheet if required.   |                    |                                   |

**TYPE OF FACILITY**

**RESOURCE USE**

Lodge   units  capacity

Permanent:   
 Semi-Permanent:   
 Private Residence:  Occupied: Yes  No

Outcamp   units  capacity

Permanent   
 Semi-Permanent   
 Private Residence  Occupied Yes  No

Portable Camp

Tent   units  capacity

Trailer   units  capacity

Motorhome   units  capacity

Houseboat   units  capacity

Campground   units  capacity

Related Facility

Shelter   units \_\_\_\_\_  
 specify use

Cache   boats \_\_\_\_\_  
 other (specify)

Angling  Hunting

| Species    | Resident                 | Non-Resident             |
|------------|--------------------------|--------------------------|
| 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

Please specify \_\_\_\_\_  
 Include details in operational plan \_\_\_\_\_

**Game Hunting Area(s) – Specify by Species (also required for game bird and waterfowl)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: Depending on the type of facility being applied for, appropriate building plans approval, site plan, floor plan, and/or pictures must be provided with this application. Please refer to the *Licensing/Permitting Requirements for Outfitters* guidebook for more information.**

**PERIOD OF OPERATION**

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

**METHOD OF OPERATION**

**A) MANAGEMENT:**

- Name of Manager (**lodge**) \_\_\_\_\_
- Name of Manager (**outcamp**) \_\_\_\_\_  
 (outcamps with capacity of 6 or more are required to have camp management)
- Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

B) SERVICES TO BE PROVIDED:

- Guide Services \_\_\_\_\_
- Accommodation \_\_\_\_\_
- Food Service \_\_\_\_\_
- Rentals \_\_\_\_\_
- Other \_\_\_\_\_

C) OPERATIONAL PLAN / DEVELOPMENT PLAN (where applicable): **Please provide details of your proposal on a separate sheet**

D) EQUIPMENT: List all equipment to be used in conjunction with your facility/service on a separate sheet

**FINANCIAL DATA**

| <b>Planned Total Investment for Proposed Development or Expansion</b> |   |                        |
|---|---|------------------------|
| \$ _____<br>First Year  | \$ _____<br>Second Year                       | \$ _____<br>Third Year |
| 1. Value/Cost of Land<br>\$ _____                                     | 9. How to you intend to finance?              |                        |
| 2. Cost of Site Improvements<br>\$ _____                              | 10. Name and Address of Financial Institution |                        |
| 3. Cost of Buildings<br>\$ _____                                      |   |                        |
| 4. Cost of Furnishings<br>\$ _____                                    |   |                        |
| 5. Cost of Equipment<br>\$ _____                                      | 11. References                                |                        |
| 6. Total Capital Cost<br>\$ _____                                     |   |                        |
| 7. Total Equity<br>\$ _____   |   |                        |
| 8. Total Financing Required<br>\$ _____                               |   |                        |

**DECLARATION**

I (We) expressly consent to the Manitoba Government conducting a prerequisite background check for the purpose of determining my (our) eligibility for establishing, constructing, modifying, expanding or moving a resource tourism facility.

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:**

- Lodge \$200 • Outcamp \$100 • Portable Camp \$100 • Campground \$100 • Related Facility \$25 •
- Structurally Alter/Expand/Move Lodge \$125 • Structurally Alter/Expand/Move Outcamp \$50 •
- Move/Expand Portable Camp \$50 • Expand Area of Operation \$25 •

|      |                               |
|------|-------------------------------|
|      |                               |
|      | Applicant Name (Please Print) |
| Date | Applicant Signature           |