***Protected A when completed***

**Application for a Charity Permit under the *Migratory Birds Regulations, 2022***

*All information included in this application is treated as confidential. Personal information collected as part of the permitting process is protected under the Privacy Act.*

**IMPORTANT:** Please consult the document **“Instruction Sheet: Applying for a Charity Permit under the *Migratory Birds Regulations, 2022*”** when filling out this application. Incomplete, illegible or unsigned application forms will be returned and may result in a refusal of your application or a delay in the issuance of your permit. Send the completed application form and any additional documents to your regional Canadian Wildlife Service office (contact information can be found in Annex A on the accompanying instruction sheet).

For the purpose of this application, “birds” are defined as migratory game birds or murres.

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| **SECTION 1 – Applicant information** | | | | |
| **1.1 –** **Previous permits** | | | | |
| Do you currently have or have you previously held a charity permit in Canada?  Yes  No If yes, provide the most recent permit number:  Have you ever been refused a charity permit or had one cancelled or suspended?  Yes  No (If yes, provide reason):  Have you ever been convicted of an offence under the *Migratory Birds Convention Act* or the *Migratory Birds Regulations, 2022*?  Yes  No (If yes, provide reason): | | | | |
| **1.2 – Primary contact information of applicant** | | | | |
| Surname: | | | Given name: | |
| Position/Title (e.g. Director of Outreach), if applicable: | | | | |
| Mailing Address (street number and name, incl. P.O. Box if applicable): | | | | |
| City: | Province/Territory: | | | Postal Code: |
| Telephone Number (day): | | | Telephone Number (other): | |
| Email Address: | | | Fax (if applicable): | |
| **1.3 – Charitable organization information (If applicable)** | | | | |
| Name of charitable organization: | | | | |
| Mailing Address (street number and name, incl. P.O. Box if applicable): | | | | |
| City: | | Province/Territory: | | Postal Code: |
| Is the organization a registered charity?  Yes (indicate registration number):  No | | | Registration number of registered charity: | |
| Mandate/Statement of purpose of organization: | | | | |
| **1.4 – Nominees [Annex 1 – additional lines]** | | | | |
| Name | | Name of organization | | Position/Title |
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| **SECTION 2 – Charitable Cause Information** | | | | |
| **2.1 – Activities to be conducted** | | | | |
| Select all activities that will apply to this permit:  serving preserved birds at a charitable fundraising event  serving preserved birds at a soup kitchen  giving preserved birds to clients of a food bank | | | | |
| **2.2 Activity description** | | | | |
| (a) Describe the purpose of the activity indicated in section 2.1:    (b) Will this activity produce any profit? Yes No  If “Yes,” please explain how the profit that is made will be used to protect or conserve migratory birds or other wildlife: | | | | |
| **2.3 – Anticipated activity duration** | | | | |
| Complete (a) for soup kitchen or food bank or (b) for a single fundraising event | | | | |
| **(a) Soup kitchen or food bank** | | | | |
| Start Date (YYYY/MM/DD): | | End Date (YYYY/MM/DD): | | |
| **(b) Single fundraising event** | | | | |
| Start date of fundraising event  (YYYY/MM/DD): | | End date of fundraising event:  (YYYY/MM/DD): | | |
| Start date of period for accepting birds  (YYYY/MM/DD): | | End date of period for accepting birds  (YYYY/MM/DD): | | |
| **2.4 – Activity location address** | | | | |
| Please indicate the legal address of the location(s) where the permitted activities will occur. [Annex 2 – additional lines] | | | | |
| **Location 1** | | | | |
| Check all activities that will apply to the designated location | Birds will be accepted  Birds will be stored  Birds will be given to clients of a foodbank  Birds will be served as a meal at a soup kitchen  Birds will be served as a meal at a fundraiser | | | |
| Street Name and Civic Number: | | | | |
| City: | Province/Territory: | | Postal Code: | |
| **Location 2** | | | | |
| Check all activities that apply to the designated location | Birds will be accepted  Birds will be stored  Birds will be given to clients of a foodbank  Birds will be served as a meal at a soup kitchen  Birds will be served as a meal at a fundraiser | | | |
| Street Name and civic number: | | | | |
| City: | Province/Territory: | | Postal Code: | |
| **SECTION 3 – Statement of certification and applicant signature** | | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print full name) attest that I have the knowledge to conduct the above activities and certify that:   * all information submitted in this application is accurate and has been completed to the best of my knowledge; * the nominees (if applicable) have the knowledge to conduct the permitted activities; * I will submit a report by the date indicated on the permit; * I agree to an inspection of the premises if one is required; * I may not commence any activities that are the subject matter of this application before a valid charity permit is in my possession; and, * I understand that in order to legally conduct the activities I may need to obtain additional federal, provincial, territorial, municipal or other permits or authorizations (e.g., food safety laws and regulations). | | | | |
| **Signature of applicant**:  ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (sign with dark ink) | | | | (yyyy/mm/dd) |

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| **For internal use only** | | | |
| Date Received: | | | |
| Permits Officer: | Approved | Refused | Date (YYYY/MM/DD): |
| Previous report on file | Yes | No | NA |
| Documentation missing | Yes | No |  |
| Comments: | | | |

**Annex 1**

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| **1.4.1 Additional Nominees (If applicable)** | | |
| Name | Name of Organization | Position/Title |
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**Annex 2**

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| **2.4.1 Additional activity location address (If applicable)** | | |
| Please indicate the legal address of the location(s) where the permitted activities will occur. | | |
| **Location 3 (If applicable)** | | |
| Check all activities that apply to the designated location | Birds will be accepted  Birds will be stored  Birds will be given to clients of a foodbank  Birds will be served as a meal at a soup kitchen  Birds will be served as a meal at a fundraiser | |
| Street Name and civic number: | | |
| City: | Province/Territory: | Postal Code: |
| **Location 4 (If applicable)** | | |
| Check all activities that apply to the designated location | Birds will be accepted  Birds will be stored  Birds will be given to clients of a foodbank  Birds will be served as a meal at a soup kitchen  Birds will be served as a meal at a fundraiser | |
| Street Name and civic number: | | |
| City: | Province/Territory: | Postal Code: |
| **Location 5 (If applicable)** | | |
| Check all activities that apply to the designated location | Birds will be accepted  Birds will be stored  Birds will be given to clients of a foodbank  Birds will be served as a meal at a soup kitchen  Birds will be served as a meal at a fundraiser | |
| Street Name and civic number: | | |
| City: | Province/Territory: | Postal Code: |
| **Location 6 (If applicable)** | | |
| Check all activities that apply to the designated location | Birds will be accepted  Birds will be stored  Birds will be given to clients of a foodbank  Birds will be served as a meal at a soup kitchen  Birds will be served as a meal at a fundraiser | |
| Street Name and civic number: | | |
| City: | Province/Territory: | Postal Code: |